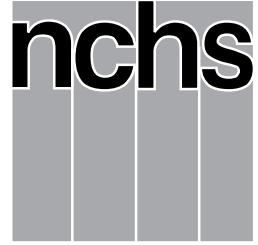


Series 1
No. 32



Vital and Health Statistics

From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988–94

July 1994



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics



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Suggested citation

Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. National Center for Health Statistics. Vital Health Stat 1(32). 1994.

For sale by the U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328

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Preface and acknowledgments

Planning and implementing the third National Health and Nutrition Examination Survey, 1988–94 (NHANES III), involved hundreds of people in numerous organizations. It is not possible to list all the individuals, but we thank every one of them. Without their diligent efforts, the national resource represented by the NHANES III data would be significantly diminished in scope and quality.

The outstanding work of the staff of the Division of Health Examination Statistics whose involvement began in the conceptualization phase of the study and continues through the analysis and release of the information is clear and commendable. We also thank the staffs of other units of the National Center for Health Statistics: the Office of Research and Methodology, whose technical consultation has been invaluable; the Office of Data Processing and Services, who aided in the processing of the data and the publication of this report; and the Office of Analysis and Epidemiology, who contributed at each stage of the study. Special recognition is given to staff of the National Center for Environmental Health, most particularly those in the Division of Environmental Health Laboratory Sciences, Nutritional Biochemistry, Molecular Biology, and Toxicology Branches, who have provided valuable advice and developed and maintained outstanding systems to produce comparable analyses of biological materials over the years of the study.

The NHANES III was truly a collaborative effort with more than 20 organizations and their staffs. Without their support, the study could not have been undertaken. The following organizations supported the program in major ways—funding, staff support, intellectual development and consultation, or direct contractual arrangements:

Department of Health and Human Services

Centers for Disease Control and Prevention, Agency for Toxic Substance and Disease Registry:

- National Center for Chronic Disease Prevention and Health Promotion
- National Center for Environmental Health
- National Center for Infectious Diseases
- National Center for Preventive Services
- National Institute for Occupational Safety and Health
- Agency for Toxic Substance and Disease Registry

Food and Drug Administration:

- Center for Biologics Evaluation and Research
- Center for Devices and Radiological Health
- Center for Food Safety and Applied Nutrition

Health Resources and Services Administration:

- Division of Maternal and Child Health

National Institutes of Health:

- National Institute on Aging
- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- National Institute of Allergy and Infectious Diseases
- National Institute of Child Health and Human Development
- National Institute on Deafness and other Communication Disorders
- National Institute of Dental Research
- National Institute of Diabetes and Digestive and Kidney Diseases
- National Heart, Lung, and Blood Institute
- National Library of Medicine
- National Institute on Drug Abuse
- National Institute on Mental Health

Substance Abuse and Mental Health Services Administration:

- Center for Substance Abuse Prevention

Social Security Administration:

- Office of Disability

Department of Agriculture

Human Nutrition Information Service
Agricultural Research Service

Environmental Protection Agency

Office of Health Research

Department of Commerce

National Institute of Standards and Technology

Recognition for the contractors and consultants who have been associated with all phases of the study from design

through final editing and processing of the data is warranted. We embarked upon a mammoth national study that required attention to minute detail and engaged with them in a process of continuous improvement and evaluation. The completeness and quality of the final products are a tribute to their organizations and staffs. Special thanks to the headquarters and field staff of Westat, Inc., who were the primary contacts with the communities and individuals who participated in the study. They interviewed, they measured, they transmitted the information and materials to the central processing unit, and they worked with us to ensure the highest quality of data.

We thank the contract diagnostic centers and laboratories and their staffs for working with us so diligently. They

performed, documented the quality of, and aided us in the interpretation of measures and tests; these organizations are listed in appendix table III.

We thank the community leaders who helped us set up and operate our examination centers in each of our study sites; they helped us establish credibility among those selected for the study. Finally, we thank those who participated in the study. Their personal contribution of time and effort will help us better understand and possibly improve the health and nutritional status of all Americans.

Introduction

The third National Health and Nutrition Examination Survey (NHANES III) is the seventh in a series of national examination studies conducted in the United States beginning in 1960. Three of these studies, the National Health Examination Surveys (NHES) (1–3) were conducted in the 1960's. Beginning in 1970 a large nutrition component was added to the basic design, and the name was changed to the National Health and Nutrition Examination Survey (4–6). A special study of Hispanic populations in the United States was conducted in 1982–84 (7). These studies have contributed to our knowledge of public health in the United States and have contributed to the formulation and conduct of public health policy.

Planning for the NHANES III began in 1985 with a broad solicitation for topics to be considered for inclusion in the survey. Announcements were published in professional journals and newsletters, and letters were sent to all parts of the Public Health Service and other parts of the Federal Government. As a result of this solicitation for topics, about 100 suggestions were received. All of these suggestions were considered and some were developed into 30 detailed proposals by the National Center for Health Statistics (NCHS) staff and collaborators and were peer-reviewed by 20 staff members at the NCHS. Evaluation criteria were: scientific worth, public health importance, practical utility, and feasibility. Protocols for the worthy proposals were developed by NCHS staff and Federal collaborators, and these projects were tested during the three pilot studies and the dress rehearsal. The topic areas included in the NHANES III and their rationale, aims, and methods are described in this report.

As a result of the broad solicitation for topics, many parts of the Public Health Service and other parts of the Federal Government displayed great interest in collaborating with NCHS on the design and operation of the NHANES III and the analysis of the data. The NHANES III Research Consortium of Federal Agencies resulted from this interest.

The goals of the NHANES III are in many respects similar to those of earlier NHANES:

1. to estimate the national prevalence of selected diseases and risk factors
2. to estimate national population reference distributions of selected health parameters
3. to document and investigate reasons for secular trends in selected diseases and risk factors
4. to contribute to an understanding of disease etiology
5. to investigate the natural history of selected diseases

Previous NHANES have shared the first three of these goals, but the last two are new for the NHANES III. The previous NHANES were designed as descriptive surveys and sometimes used for analytic purposes. The NHANES III has been designed to be both a descriptive survey and an analytic study as well, and the last two goals in the list reflect this new analytic intent of the study design. The NHANES III was also intended to be a longitudinal study enhancing the analytic goals of the study.

The sample for the NHANES III was selected from households in 81 counties across the United States. The survey period is 1988–94, consisting of two phases of equal length and sample size. Both Phase 1 and Phase 2 comprise random samples of the U.S. population living in households. About 40,000 persons 2 months of age and over were selected and asked to complete an extensive interview and an examination in a large mobile examination center.

The goals of the NHANES III included the need for precise descriptive information on the health status of selected population groups of the United States and required that these groups be sampled in large proportions to ensure the precision of the information. Children aged 2 months to 5 years and persons 60 years of age and over comprised two of these groups. Children in this age group represent about 23 percent of the NHANES III sample but only 9 percent of the U.S. population. Growth charts were produced from the NHANES I, NHES II, and NHES III (8) and have been used worldwide as a reference standard, although with some known methodological limitations. Revised growth charts, which required about 9,400 children aged 2 months to 5 years to obtain estimates of the required precision, will be produced from the NHANES III data and will correct these limitations. The U.S. population is aging, and health issues regarding the elderly have grown in importance in recent years. Therefore, a large number of elderly persons was also selected for the survey. Persons 60 years of age and over (about 8,200 persons) represent 20 percent of the NHANES III sample and 16 percent of the population.

The previous NHANES II and the Hispanic HANES have shown that some minority groups in the United States can have very different health status and characteristics, and thus black Americans (12,000) and Mexican-Americans (12,000) were selected for the NHANES III in large numbers also. Each of these groups separately comprises 30 percent of the sample but only 12 percent and 5 percent of the population, respec-

tively. These data will allow the investigation of risk factors that may explain ethnicity or racial differences in health and nutritional status.

As previously mentioned, growth charts were produced from the earlier NHANES I and have been adopted by the World Health Organization as the standard for comparison (8). The National High Blood Pressure Education Program and the National Cholesterol Education Program, both programs of the National Heart, Lung, and Blood Institute, use data from the NHANES to track secular trends in high blood pressure (9) and blood cholesterol (10–12) and to evaluate the progress in reducing the U.S. population's risk for heart disease. In the 1980's the data on blood lead from the NHANES II (1976–80) were instrumental in persuading policymakers to eliminate lead from gasoline (13). The NHANES is the cornerstone of the Department of Health and Human Services efforts to meet the requirements of the National Nutrition Monitoring and Related Research Act of 1990 (14), and the Surgeon General's Report on Nutrition and Health makes liberal use of the data from the NHANES (15). Thirty-three of the National Health Promotion and Disease Prevention Objectives of the Healthy People 2000, including six objectives in the nutrition priority area, rely on the data collected in the NHANES to evaluate the Nation's progress in meeting these objectives (16). Although this is a short list of the contributions of the NHANES, many more could be listed. A bibliography of articles using the NHANES surveys lists nearly 750 articles published by university researchers and Public Health Service staff in the period 1980–92. The breadth and depth of topics covered in the NHANES III are greater than found in previous studies. As a result, the NHANES III should make an even greater contribution to the Nation's dialogue on public health issues.

This report is an overview of the plan and operation of the NHANES III. Health policymakers that use the information obtained in the NHANES III will gain better insight into the strengths and limitations of the study and therefore, its applicability to the policy issues under their consideration. Those who use the public release data sets for the NHANES III will find this report to be useful and to provide information that will allow them to use the data sets intelligently. (NCHS

requests that researchers using the NHANES III include this acronym or the full study name in their abstracts for their published papers to facilitate identification in health bibliographic data bases.) Others may wish to design studies using the methods employed in the NHANES III for comparability purposes and will need to reference the data collection instruments. The aims of the study and the rationales will also be helpful to these other study planners.

Using the NHANES III methods and instruments in other studies conducted in the United States and other countries allows the comparison of the results from these studies with data collected nationwide in the NHANES III. In 1992 the Division of Health Examination Statistics (DHES) within NCHS was appointed as a World Health Organization (WHO) Collaborating Centre for Health and Nutrition Examination Surveys. The terms of reference for the center are: (1) to support the World Health Organization's programs in noncommunicable diseases; (2) to give advice and technical assistance and to provide training to developed and developing countries that wish to carry out national or subnational health and nutrition examination surveys; (3) to serve as an archive for methods and data from national and subnational health and nutrition examination surveys; and (4) to coordinate and facilitate efforts to integrate data from surveys by other WHO member states to provide more useful data for health policy, planning, or epidemiologic analyses.

The section entitled "Health status assessment" briefly describes the rationale, aims, and methods for each of the study components for the health status assessment; the next section is similarly organized for nutritional status assessment. "Sample design and analysis guidelines" briefly describes the sample design for the NHANES III, which is more completely described elsewhere (17), and issues related to the analysis of the data. "Data collection and reports of findings" describes the operational plan for the survey, including safety and ethical issues. Several appendixes are also included that contain the data collection instruments and lists of the examination components and laboratory measurements. Detailed descriptions of the data collection procedures are available from NCHS in an extensive set of data collection manuals.

Health status assessment

Because of the variety and complexity of the data collected in NHANES III, the information in this section is presented in different ways. The first part provides overviews of some of the main areas of special interest addressed in NHANES III and highlights some of the public health and scientific issues covered by the survey in each of these areas. The second part provides a more detailed account of the data collected by examination and interview for each of the major health topic areas included in the survey. The third part describes the risk factors and health behaviors measured in NHANES III, and the fourth part describes three special studies.

Health of population subgroups and topics of special interest

In this section some of the major contributions made by NHANES III in assessing and monitoring the health of population subgroups of interest, including children and adolescents, the elderly, women, and minorities, are described. Also covered are contributions in providing information on special topics, including environmental and occupational health and the assessment of health care coverage and needs. NHANES III is a national survey, designed to collect information to assess the health status of the entire U.S. civilian, noninstitutionalized population. Within that framework, however, the survey was also designed to sample large numbers of young children, older persons, black persons, and Mexican-Americans, so that reliable estimates of health status can be produced for these population subgroups.

Child and adolescent health

NHANES III is the first NHANES to include children as young as 2 months of age. The survey was designed to oversample children aged 2 months to 5 years so new growth charts could be created for use in assessing children's growth and development. To increase the response rates among infants aged 2–11 months, the option of a home examination was offered to parents unwilling to bring very young children to the mobile examination center (MEC).

NHANES III data on child health are relevant to many key areas of public health for children in the United States. Environmental lead exposure and progress in reducing children's lead exposure were assessed by questionnaire data and measurements of blood lead levels for all children 1 year of

age and over. Information on children's exposure to tobacco smoke was gained by questionnaire data on smoking by household members, coupled with measurement of serum cotinine levels. Measurements of hepatitis B markers, tetanus antitoxin, diphtheria antibody, and rubella antibody levels serve to assess and monitor immunization levels in children. The use of NHANES III data in the creation of new growth charts is discussed in more detail in the section "Nutritional health assessment." Also relevant to child health is the knowledge gained from NHANES III about the health status of women of childbearing age, including folate status and susceptibility to the rubella virus.

The content of the survey varied for children of different ages. However, in general, for infants and young children (2 months to 5 years of age), the survey included information on oral health, growth, and motor and social development. For older children and adolescents, NHANES III collected data on varied conditions that include asthma and allergy, pulmonary function, oral health, hearing, cognitive function, blood pressure, and stage of sexual maturation as well as questionnaire data on physical activity and tobacco use and many laboratory determinations. In addition, adolescents were asked in private interviews about tobacco, drug, and alcohol use, reproductive history, and mental health.

Health of older persons

NHANES III is the first NHANES to include persons 75 years of age and over. In order to address scientific and policy issues pertinent to the older population in the United States, NHANES III included an oversample of older persons (aged 60 years and over). To minimize nonresponse in older persons, a home examination was developed for those persons who were unable or unwilling to come to the MEC for a complete examination. This home examination included an abbreviated set of measures parallel to those performed in the MEC.

The survey content of NHANES III is particularly useful for the study of the contribution of multiple diseases to disability in old age. As covered in other sections of this report, this content included nutritional status, cardiovascular disease, pulmonary disease, dental disease, diabetes, retinopathy, osteoarthritis, and osteoporosis. Besides these specific diseases, the survey included measures of functional status in older persons to ascertain the prevalence of disability and limitations in function and the correlations of patterns of disease with functional health status. The survey addressed

three major areas of function: social, cognitive, and physical function. Much of the content of NHANES III in these areas was shaped by a special workshop, "Innovations in the Measurement of Function for Older Persons: A Focus on National Surveys," held in September 1985.

Minority health

NHANES III is the first NHANES to include planned oversampling of the two largest minority groups in the United States. The black and Mexican-American populations were oversampled to obtain statistically reliable estimates for the two largest minority groups in the United States. In previous national surveys, although these groups were included in the sample according to their representation in the national population, sample sizes were often too small to provide adequate estimates. As a result, it was decided to include planned oversampling of these two groups in NHANES III.

The content of the examination is targeted to the national population as a whole and to specific age ranges, rather than to specific minority groups. However, many health conditions studied in the survey occur at high rates in minority populations, including diabetes mellitus among Mexican-Americans and hypertension among black persons. The survey provides extensive data for minorities on chronic diseases, renal function, pulmonary function, environmental exposures, immunization status, risk factors, and health behaviors. In addition, because the survey included oversampling of children and the elderly, NHANES III provides information on the health of black and Mexican-American children and older persons. In many of these areas, NHANES III provides the first comprehensive national data and reference standards for the black and Mexican-American populations. Further, NHANES III data allow for valid comparisons among different race-ethnic groups because data were collected in a standardized manner for all survey participants. Race-ethnic groups were defined based upon combinations of the reported race and reported ethnicity of survey participants. These data can be used to provide insight into the causes and concomitants of the disparities in health status among race-ethnic groups in the United States.

Women's health

Women's health has traditionally referred primarily to issues related to reproduction. In recent years there has been a heightened awareness that women's health encompasses a wide range of conditions, for many of which adequate data are lacking. Although NHANES III does not include oversampling of the female population, it was designed to include equal numbers of males and females in each age and race-ethnic subgroup. Thus the survey provides extensive data on the health status of girls and women in the United States. Because the survey included special emphasis on the health of older persons, as well as oversampling of minority populations, data will be available on older women and on black and Mexican-American women. Many of the components in NHANES III were also included in previous surveys, allowing study of trends over time.

The survey content includes extensive information on reproductive health as well as on many conditions that are either of high prevalence in women or that occur more frequently in women than in men. These conditions include cardiovascular disease, the leading cause of death in women (18), osteoporosis, diabetes, arthritis, thyroid dysfunction, obesity, gallbladder disease, and mental conditions.

Environmental and occupational health

NHANES III provides new national population data relevant to occupational and environmental health. Markers of exposure to toxic metals and assessments reflecting indoor air quality were the focus of the environmental health data collected in the survey. These activities were, in part, a response to Title IV (Radon Gas and Indoor Air Quality Research) of the Superfund Amendments and Reauthorization Act of 1986 (Public Law 99-499).

In NHANES III, blood lead level, a key indicator of exposure to environmental lead, was measured for the second time in the U.S. population. NHANES II (1976-80) lead data were used extensively to assess the extent of exposure to lead in the United States, to identify correlates of exposure (e.g., urbanization, age), to monitor trends in exposure, to support policy and regulatory decisions regarding lead in gasoline, and to identify health effects resulting from lead exposure (e.g., blood pressure elevations, diminished height in children) (19). It is expected that the lead data from NHANES III will serve a similar purpose during the 1990's. Cadmium, a toxicologic concern ranking close to that of lead (20), was measured for the first time in NHANES III.

In 1985, the Interagency Committee for Indoor Air Quality identified NHANES III as providing an important opportunity to examine the relation of indoor pollutant exposures to potential health effects on a national basis (21). Although levels of indoor air pollutants were not directly measured in the NHANES III homes, data were collected on housing characteristics, water sources, and cooking and heating fuel systems. Information on health outcomes related to the indoor environment included data on respiratory symptoms and smoking history, measurements of allergic reactivity to mites (house dust), pulmonary function testing, and the physician's assessment of bronchial sounds. Tobacco smoke is a significant indoor air pollutant, and passive exposure to tobacco smoke has been determined to be a major health hazard by the Environmental Protection Agency (22). In NHANES III, serum cotinine levels were measured to determine active and passive exposure to tobacco smoke and other sources of nicotine.

A report by the House Committee on Government Operations entitled "Occupational Health Hazard Surveillance—72 Years Behind and Counting" (23) provided the impetus for the NHANES III collection of more data related to occupational health. Three examination components were designed to assess potential health effects that may result from occupational exposure: the neurobehavioral evaluation system (NES) for central nervous system testing, the physician's examination for assessing hand blistering and redness, and the spiroometry test for measuring pulmonary function. Questions on current

and longest held occupation, use of protective equipment at work and passive exposure to smoke at work were also included.

Health care coverage and health care needs

NHANES III provides a unique opportunity to assess the prevalence of unrecognized disease and unmet health care needs. Because this is an examination survey, it allows for objective determination by examination and measurement of many health conditions. Thus it is possible to assess the degree to which these conditions are recognized and the implications for health care needs.

For example, NHANES III measurements of blood pressure, combined with information on prior diagnosis and on the use of antihypertension medications or nonpharmacologic therapy can be used to estimate the extent to which persons with high blood pressure are aware of their condition, the extent to which those who are aware are receiving treatment, and the extent to which those receiving treatment have reduced their blood pressure to acceptable levels. National data on blood cholesterol levels from NHANES III were used to estimate the numbers of people requiring intervention and treatment under the Adult Treatment Panel guidelines of the National Cholesterol Education Program and to monitor changes since similar data were collected in NHANES II. Dental examination data can be used to describe the extent of population needs for dental care, the extent to which existing conditions have been treated, and, coupled with information on dental care utilization, the degree of access to dental care for people with differing needs. Immunization data obtained from blood samples can be used to assess the level of protection in the population.

As part of NHANES III, data on health care utilization, health insurance coverage for all family members, and income assistance, including Medicaid, Social Security, and Supplemental Security Income, were collected to assess health care needs and participation in public assistance programs. Participants were asked detailed questions about coverage by Medicare, other forms of health insurance or reasons for lack of coverage, and about their use of health services and medications, established relationships with providers, and history of health conditions and hospitalizations. These data can be used in conjunction with the other information collected in the survey to determine the relationships between access to care and health status.

Health status components

This part provides a brief account of the data collected by examination and interview for each of the major target conditions and physiological measurements in NHANES III. In the survey, data were collected on dietary intake and nutritional status (described in the section "Nutritional health assessment"), anthropometric measurements (described in that same section), reproductive history and sexual behaviors, use of vitamin and mineral supplements and medications, tobacco and alcohol use, physical activity, and sociodemographic

characteristics. These data, although not mentioned specifically, are relevant to many of the components. A list of topics included in the questionnaires administered during the household interview and in the questionnaires and procedures administered in the examination can be found in appendix tables I and II. Other summary information is included in appendix I and appendix tables III–XII and the data collection forms are in appendixes III and IV.

The examination teams, described more fully in the section "Data collection and reports of findings," included a physician, a dentist, a certified ultrasound technician, health technicians, medical technologists, a phlebotomist, a health interviewer, and dietary interviewers, as well as other personnel. Except as noted under specific components, a health technician administered all MEC examination procedures, and the health interviewer administered the MEC adult, youth, and proxy questionnaires. Examinees were excluded from each of the examination components for specific safety, health, or logistical reasons. These exclusion criteria are specified in appendix table VIII.

Fasting instructions were common to all components. For morning examinations, examinees aged 12–19 years were instructed to fast at least 8.5 hours preceding the examination, and those 20 years of age and over were instructed to fast 12 hours. For afternoon or evening examinations, all examinees 12 years of age and over were instructed to fast for 6 hours preceding the examination. Children under age 12 and persons of any age who reported using insulin were instructed not to fast.

Many laboratory determinations were conducted on blood and urine specimens obtained during the MEC examination. Most of these determinations are mentioned briefly under the relevant topic headings. However, the laboratory methods are not described in any detail in this section. Full procedural descriptions of the laboratory methods are available from NCHS, and a summary of the assay methods is provided in appendix I. For the convenience of the reader, the laboratory analyses conducted in all three of the NHANES and the Hispanic HANES are provided in appendix table VI. A complete list of all the laboratory determinations on blood and urine specimens can be found in appendix table IV. The laboratories and diagnostic centers are also listed in appendix table III.

Cardiovascular disease

Cardiovascular disease, including coronary heart disease and stroke, is the leading cause of death in the United States for both men and women (18). Since the first National Health Examination Survey in 1960–62, the assessment of cardiovascular disease-related risk factors and, to a lesser extent, cardiovascular disease have been a central component of the NHANES program (1). The main elements of the cardiovascular disease component in NHANES III were measurements of blood pressure, measurements of blood lipid levels, and electrocardiograms (ECG's).

For the first time in any NHANES, blood pressure was measured on two separate occasions to reduce misclassifica-

tion error. For adults 17 years of age and over, a total of six seated blood pressure measurements were obtained: three by the interviewer in the household interview and three by the physician during the MEC examination. For children 5–16 years of age, three blood pressure measurements were made in the MEC by the physician. In the MEC, the first, fourth, and fifth Korotkoff sounds (K1, K4, and K5) were recorded for those 5–19 years of age, and K1 and K5 were recorded for those 20 years of age and over. Blood pressure measurements were conducted according to the standardized measurement protocols recommended by the American Heart Association (24).

ECG's were done on all examinees 40 years of age and over. The ECG's were interpreted by computer using the Minnesota Code (25). The physician's examination in the MEC included assessment of systolic and diastolic heart murmurs for all examinees.

Blood lipid levels were determined on a specimen obtained by venipuncture during the MEC or home examination. Serum total cholesterol, high-density lipoprotein (HDL) cholesterol, and serum triglycerides were measured on all examinees 4 years of age and over. Measurements of total and HDL cholesterol and fasting triglyceride levels permit low-density lipoprotein (LDL) cholesterol levels to be calculated using the equation developed by Friedewald, Levy, and Fredrickson (26). Phase 1 of the survey also included measurements of apolipoproteins A₁ and B, and Phase 2 included measurements of Lp(a), both for all examinees 4 years of age and over.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included questions on family history of heart attack; history, knowledge, and treatment of high blood pressure and high blood cholesterol; and history of heart attack, stroke, transient ischemic attacks, and congestive heart failure. The questionnaire also included three sections from the London School of Hygiene Cardiovascular Questionnaire (27), including the Rose Angina, Possible Infarction, and Intermittent Claudication questions. During the household interview, the interviewer made three seated blood pressure measurements (K1 and K5) for adults aged 17 years and over.

The Household Youth Questionnaire included questions on history of rheumatic fever and heart disease for children aged 2 months to 16 years and questions on history of high blood pressure and high blood cholesterol for children aged 4–16 years.

Respiratory disease

Respiratory disease has a substantial effect on morbidity and mortality rates in the United States. It is estimated that up to 20 percent of the adult population suffer from one of the chronic obstructive pulmonary diseases (asthma, chronic bronchitis, or emphysema) (28).

The respiratory disease component for NHANES III was designed to measure pulmonary function and chronic obstructive pulmonary disease. The main element of the component was assessment of pulmonary function by spirometry. Respondents were also tested for skin-test reactivity to selected standardized allergens.

Spirometry was conducted for all examinees 8 years of age and over in the MEC or home examinations. Procedures for testing were based on the current recommendations and standards of the American Thoracic Society (29). A customized Ohio Censored 822 or 827 dry rolling seal spirometer was used in the MEC and a portable spirometer was used in the home examination. Examinees performed five to eight blows to obtain curves acceptable according to the protocol. The National Institute for Occupational Safety and Health (NIOSH) was responsible for training the technicians, providing the equipment, and processing the spirometry data.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on the medical history of respiratory and allergic symptoms and conditions. Additional questions ascertained previous diagnosis of asthma, chronic bronchitis, or emphysema. The Household Youth Questionnaire included a similar set of questions for children aged 2 months to 16 years.

Diabetes mellitus

Diabetes mellitus is well recognized as a major public health problem in the United States. The disease affects virtually every organ system in the body, and the rates of such conditions as kidney disease, blindness, hypertension, ischemic heart disease, stroke, and disability are significantly higher in persons with diabetes. The direct and indirect costs of diabetes in the United States were estimated to be more than \$20 billion in 1987 (30), and diabetes ranks as the seventh leading cause of death (18).

The diabetes component was designed to assess glucose tolerance and diabetes. The main elements of the component were an oral glucose tolerance test and other diabetes-related laboratory determinations. Related information includes the data collected in the diabetic retinopathy and vision component.

The MEC examination included a 2-hour 75-gram oral glucose tolerance test (OGTT). Adults 40–74 years of age examined in the morning session were given the OGTT after being instructed to fast for 12 hours prior to the examination. After a fasting blood specimen was obtained by venipuncture, examinees were then administered a glucose challenge (Dextol-75) containing the equivalent of 75 grams of glucose. A second blood specimen was drawn 2 hours after the fasting blood specimen. Measurements of fasting and 2-hour plasma glucose levels permit identification of diabetes and impaired glucose tolerance according to World Health Organization (WHO) criteria (31).

Adults 40–74 years of age who were examined in the afternoon or evening were given the OGTT after being instructed to fast for 6 hours prior to the examination. This procedure does not follow exactly the WHO recommendations. However, the National Diabetes Data Group of the National Institute of Diabetes and Digestive and Kidney Diseases strongly recommended that all adult participants 40–74 years of age be screened for glucose tolerance in order to have sufficient numbers of subjects to ascertain the natural history of glucose intolerance and to quantify risk factors for the development of diabetes.

Fasting blood specimens obtained by venipuncture during the MEC examination from adults 20 years of age and over were tested for glucose, levels of insulin, and C-peptide. Glycated hemoglobin concentration ($\text{Hb}_{\text{A}1\text{c}}$) was determined in all individuals 4 years of age and over as a measure of glucose levels over time. In Phase 2, insulin and C-peptide levels were also measured on the 2-hour blood specimens for adults 40–74 years of age.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included questions designed to ascertain those individuals with a medical history of diabetes. Information collected included family history and age at diagnosis; use, frequency, and amount of insulin taken; use of oral hypoglycemic agents or diet to lower blood glucose levels; and reported retinopathy. The Household Youth Questionnaire included questions on diabetes and insulin use for safety screening purposes only.

Diabetic retinopathy and vision

The diabetic retinopathy and vision component of NHANES III was designed to assess diabetic retinopathy and macular degeneration, two of the major causes of severe visual handicap and blindness among adults in the United States (32). The main element of the component was retinal photography carried out in the MEC. Related information includes the data collected in the diabetes component.

The MEC examination included a nonmydriatic fundus photograph of either the right or left eye for all examinees 40 years of age and over (33–35). The eye to be photographed was randomly selected according to the last digit of the examinee's identification number. Photographic fields were graded by masked, trained graders for macular degeneration, for the presence and severity of retinopathy and for the presence of specified diabetic lesions using the Modified Airlie House Classification scheme (36). The training of photographers and the grading of photographic slides was done by the staff of the Department of Ophthalmology, University of Wisconsin Medical School.

In the physician's examination, examinees aged 2 months to 18 years were evaluated for a missing globe or blindness; children 2 months–4 years of age were examined for ability to track light; and those 5–18 years of age were examined for strabismus. No funduscopic examination was included in the physician's examination and no vision examination was included in the survey.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on problems with vision and presence of blindness, cataracts, or retinopathy. The Household Youth Questionnaire included an abbreviated set of vision questions for children aged 2 months–16 years.

Thyroid function

The thyroid component of NHANES III was designed to provide information on the prevalence of autoimmune thyroid disease, thyroid function, iodine intake, and population estimates for normal hormone levels through laboratory measurements.

Measurement of serum thyroid-stimulating hormone (TSH), thyroxine (T_4), and antithyroglobulin and antimicrosomal antibodies were conducted on blood specimens obtained by venipuncture during the MEC examination from examinees 12 years of age and over. Urinary iodine and creatinine were also measured for examinees 12 years of age and over to evaluate the relationship between iodine intake and thyroid dysfunction.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included questions regarding history of goiter or other thyroid diseases.

Reproductive health

The reproductive health component of NHANES III was composed of questions on the menstrual cycle, pregnancy history, menopause, use of contraception, and sexual experience among women, as well as laboratory determinations of follicle-stimulating hormone (FSH), luteinizing hormone (LH), and pregnancy and lactation status. Related information includes data collected in the immunization and infectious disease component.

In the MEC Proxy Questionnaire, data were collected on age of menarche for girls 8–9 years of age. In the MEC Youth Questionnaire, girls 10–16 years of age were asked about age of menarche and were asked to estimate the time since their last period. Girls aged 12–16 years were asked about pregnancy history, breast feeding, use of oral contraceptives, and sexual experience. In the MEC Adult Questionnaire, women 17 years of age and over were asked about age at menarche, pregnancy history, breast feeding, natural and surgical menopause, use of NORPLANT®, use of estrogen, sexual experience, and whether they had ever had genital herpes. A similar set of reproductive history questions was included in the home examination for women 20 years of age and over.

FSH and LH levels were determined on blood specimens obtained by venipuncture during the MEC examination from women 35–60 years. In addition, a urine pregnancy test was administered in the MEC to women 20–59 years of age.

Kidney disease

Kidney diseases constitute a major public health problem with rapidly increasing visibility because of the fast-growing numbers of patients with end stage renal disease (ESRD). The number of patients enrolled in the Medicare ESRD program increased from 113,542 in 1984 to more than 170,000 in 1989 (37). The annual costs of the ESRD program have continued to increase since 1974. The annual expenditures for 1974 were reported to be \$229 million and had reached almost \$3 billion in 1989 for this program (38). Based on both the escalating costs and increasing numbers of patients being served by the ESRD program, cost-effective preventive measures must be implemented.

The kidney disease component of the NHANES III was designed to assess renal function. The main elements of the component were laboratory determinations on blood and urine specimens. Urinary albumin (microalbuminuria) and creatinine levels were measured in urine specimens collected during the MEC examination from examinees aged 6 years and over.

Measurements of serum creatinine and blood urea nitrogen (BUN) were made on blood specimens obtained by venipuncture from examinees 12 years of age and over.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included questions on the history of kidney and urologic disorders.

Gallstone disease

Approximately 600,000 patients undergo cholecystectomy each year, making it the most common abdominal surgical procedure. As a cause of hospitalization, gallstone disease is the most common and most costly digestive disease, with an annual overall cost of well over \$5 billion (39).

The gallbladder component for the NHANES III was designed to determine the prevalence of diagnosed and undiagnosed gallstone disease. The main element of the component was real-time ultrasonography, a noninvasive technique for detecting gallstones. The ultrasound examination of the gallbladder was administered by a certified abdominal ultrasound technician to all examinees 20–74 years of age. Examinations were conducted with examinees in both supine and left decubitus positions. A diagnosis of gallstone disease was made by commonly used criteria of echoes within the gallbladder with shadowing in two views. Diagnoses were first made by the ultrasound technician in the MEC and later confirmed by radiologists. If a right upper quadrant or epigastric scar was observed and the gallbladder was not seen, it was concluded that a cholecystectomy had been performed. Data for other abnormal pathologies observed in the surrounding areas, such as the liver or the right kidney, were also recorded.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on previous diagnosis of gallstone disease, surgery for gallstones, or other gallbladder disease. Further questions ascertained occurrence, frequency, and character of pain in the abdomen or lower chest.

Arthritis and related musculoskeletal conditions

Arthritis and related musculoskeletal disorders are frequently chronic, disabling, and painful. It is estimated that the total economic cost to the United States of musculoskeletal conditions was more than \$126 billion in 1988 (40).

The arthritis component of NHANES III was designed to identify rheumatoid arthritis and osteoarthritis in adults 60 years of age and over. The main elements of the component were radiographs and physician's examination of joints. Related information includes data collected in the osteoporosis and functional health status of the elderly components.

During the MEC examination, straight posterior-anterior x rays of the hands and wrists and straight anterior-posterior non-weight-bearing views of the knees were obtained for examinees aged 60 years and over. The knee position was selected because of safety considerations related to the space limitations in the MEC. Additional data were collected during the physician's examination for those 60 years of age and over. Hand, knee, and great toe joints were examined for tenderness, swelling, and pain on passive motion. The pres-

ence of hand and foot deformities was also recorded. Abnormalities in gait were evaluated by the physician for all examinees 3 years of age and over.

Serologic analyses of rheumatoid factor for examinees aged 60 years and over and of C-reactive protein for examinees 4 years of age and over were conducted on blood obtained by venipuncture during the MEC examination.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on joint pain, stiffness and swelling in hands, wrists, and knees, back pain, and medical history of arthritis.

Osteoporosis

The growing recognition of the public health significance of osteoporosis coupled with the lack of prevalence estimates based on a nationally representative sample motivated the inclusion of the osteoporosis component in NHANES III. The cost of hip fractures was estimated to be \$3.5 billion per year in the United States (41). Those who survive hip fracture are often permanently disabled and must be institutionalized. The extent of problems associated with hip fracture is likely to increase in the future as the population ages, so that the number of hip fractures may double or triple by the year 2050 (42). The NHANES osteoporosis component was designed to assess many of the suspected risk factors for osteoporosis and hip fracture in a nationally representative sample of adults over 20 years of age.

Although osteoporosis cannot currently be defined by bone density alone, low bone density is a primary risk factor for osteoporotic fracture, with the risk of fracture increasing as bone density decreases (43, 44). The cornerstone of the osteoporosis component was the measurement of bone density at the proximal femur of adults 20 years of age and over. Related information includes data collected in the functional health status of the elderly and arthritis and related musculoskeletal conditions components. Several bone-related biochemistries were also measured.

Bone density measurements were made with dual-energy x-ray absorptiometry or DXA (45). The equipment measured areal bone density (bone mass per unit of area scanned) in five regions of interest in the proximal femur: femoral neck, trochanter, intertrochanter, Ward's triangle, and total region. Scans were reviewed by consultants at the Mayo Clinic for the purpose of quality control.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included an extensive series of questions on history of falls and fractures and on maternal history of fractures and osteoporosis. Data on historical milk intake and use of antacids and calcium supplements were also collected as part of the dietary section. Data were also collected on tobacco use, physical activity, reproductive health, medication use, and family history of osteoporosis.

Functional health status in the elderly

The functional health status component was designed to ascertain the prevalence of disability and limitations in func-

tion among the elderly. This component addressed three major areas: cognitive, physical, and social function.

Cognitive and physical function were assessed in the MEC and home examination for persons 60 years of age and over. Cognitive assessment consisted of a short paragraph given as an immediate and delayed recall task as part of the MEC Adult Questionnaire or the home examination. Physical function was assessed with a short battery of physical performance tests chosen to test different aspects of physical function important in everyday life. The measures included: range of motion of the shoulder, timed task of hand function (using a key to open a lock), rising out of a chair without the use of arms and timed rising five times from a chair in similar fashion, mobility of the hip and knee, timed task of balance (tandem stand), and timed walk with counting of steps on an 8-foot course.

Cognitive function among persons 60 years of age and over was assessed in the Household Adult Questionnaire through administration of a modified version of the Mini-Mental State Examination (46). The questions included counting backward from 20 by 3's and immediate and delayed recall of 3 items. In addition, all persons 17 years of age and over were assessed for orientation to location and date in the Household Adult Questionnaire.

For persons aged 60 years and over, the Household Adult Questionnaire contained standard questionnaire items on physical function derived from the NHANES I Epidemiologic Followup Study and the Supplement on Aging to the 1984 National Health Interview Survey. These items included questions on performance of activities of daily living and need for help and several questions directed to instrumental activities of daily living and need for help. Questions directed toward higher level function such as walking distances and climbing stairs were also included.

For adults aged 17 years and over, the Household Adult Questionnaire contained questions on social support. The questions included information on contact with friends and family members, attendance at organized religious activities, and involvement in other types of organizations.

Allergy

The primary element of the allergy component consisted of assessment of skin-test reactivity to standardized allergens. Related information includes data collected in the respiratory disease component.

Skin-prick tests were administered in the MEC to all examinees 6–19 years of age and to a random half-sample of examinees 20–59 years of age who were assigned to receive the allergy tests if their identification number ended in an even digit. Immediate hypersensitivity to any of 10 licensed commercially available allergens (mite, cat, short ragweed, perennial rye, alternaria, Bermuda grass, cockroach, Russian thistle, white oak, peanut) was determined. Histamine phosphate was used as a positive control and 50-percent glycerol saline was used as a negative control. The skin reactions were read 15–20 minutes after the skin was punctured and the allergens applied. Both the length and width of the wheal and flare were measured.

The Household Adult Questionnaire, administered to adults aged 17 years and over, included an extensive series of questions on respiratory symptoms related to allergies. The questions were designed to obtain information on trigger factors, severity, medication use, and hospitalization. An additional question ascertained previous diagnosis of asthma. The Household Youth Questionnaire included a similar set of questions for children aged 2 months–16 years.

Immunization and infectious diseases

Almost all infectious agents—bacteria, viruses, and parasites—elicit long-lasting and detectable immunity in the host. Therefore, NHANES III provides an important opportunity to study the seroepidemiology of the following infectious diseases: hepatitis A, B, C, and delta, herpes simplex I and II, human immunodeficiency virus (HIV), varicella, hantavirus, and Toxoplasma gondii. In addition, antibodies to the following microbial agents have been determined to assess the level of protective antibody in the population: tetanus, diphtheria, and rubella. Finally, antibody to Cryptosporidium parvum will be determined in sample persons from selected communities to assess exposure to this water-borne pathogen based on water source.

Serologic tests for antibodies will provide national estimates of exposure to hepatitis A, B, C, delta, and E and will assist in validating surveys that are more localized or that involve samples with potential sources of bias not found in NHANES. Because hepatitis A, B, and delta were performed on NHANES II (1976–80) sera, trends over time in the prevalence of infection can be determined (47). Hepatitis C virus is the name assigned to a newly detected virus that is thought to be the primary cause of transfusion-associated non-A, non-B hepatitis in the United States (48, 49). Testing of the NHANES III sera provides the unique opportunity to produce a baseline measure of the extent of infection in the U.S. population by this agent.

The presence of specific antibodies directed against herpes simplex I and II will also be determined by serology. The population prevalence estimate will be used as a comparison for validating reporting systems involving patient-based and other smaller studies. NHANES II surplus sera were also previously tested for antibodies to these viral agents (50). Continuation of herpes serologic testing in NHANES III will produce trend data that will help to delineate the extent of a possible herpes epidemic. Other information related to sexual behavior and history of genital herpes was collected in the MEC Youth and MEC Adult Questionnaires.

Human immunodeficiency virus (HIV) testing was performed on all sample people over the age of 18 years using an anonymous protocol. Serum collected for the many other laboratory tests was separated into a vial that had been randomly numbered and not linked to the sample person's identification number. The only demographic information attached to the HIV sample was: age in 20-year groups, sex, race or ethnic group, and sampling location. In Phase 2 of the survey, a basic sampling weight, an education variable, and the results of the urine drug testing were also linked to the

HIV result. Sample people were notified during the informed consent process that blood samples would be tested for HIV. As with any other component of the survey, the sample person had the right to refuse the test. The anonymous testing procedure was chosen for the HIV antibody testing to provide the maximum safeguard of the sample person's confidentiality. Anonymous testing was considered the only feasible method to provide unbiased estimates of seroprevalence of HIV antibody. The HIV prevalence estimate on a representative sample of the U.S. population will contribute further to the knowledge of the epidemiology of the disease previously obtained from select populations in the Center for Disease Control and Prevention's family of surveys (51, 52) and the distribution of reported cases.

A candidate vaccine for varicella has been developed and is currently undergoing final clinical trials prior to anticipated application for licensure for use in the United States. The seroprevalence and risk factors for varicella infection need to be established to better plan for wide use of this vaccine. NHANES III data will be used to target at-risk populations in the United States.

Because of the outbreak of adult respiratory disease syndrome caused by a newly described hantavirus during the summer of 1993, sera from NHANES III specimens were tested to determine the geographical distribution and prevalence of viruses in this family. These data will help quantify the extent of infection in the United States with these viruses to better assess the potential for additional cases of this often-fatal illness. The results of the testing will also immediately affect CDC educational efforts and surveillance activities directed against this virus.

Because congenital toxoplasmosis often leads to mental retardation, visual impairment, deafness, or death in an infected infant, prevention of maternal infection is critical. To look at the cost-benefit relationship of a screening program for women to prevent this infection, an accurate estimate of the prevalence of infection in the United States must be made. Determination of risk factors for women who become infected with *T. gondii* will help in targeting prevention strategies. The use of NHANES III serologic specimens to assess prevalence is essential to develop recommendations for prevention of congenital toxoplasmosis and to address the risk of exposure to acquired immunodeficiency syndrome (AIDS) patients.

The following serologic tests were performed to determine the level of protective antibody elicited by the respective vaccines. This is an important component of the U.S. immunization initiative. A tetanus antibody titer was determined to indicate the level of protection for all examinees 4 years of age and over. Children aged 2 months–16 years (or the parent or guardian) were asked if the children had ever had a diphtheria-pertussis-tetanus (DPT) shot and if so, when the last shot was given. In addition, diphtheria antitoxin levels were determined in sera specimens because of evidence that this component of the DPT vaccine may elicit a weaker immune response and provide reduced levels of protection against this bacterial toxin. Because of recent outbreaks of measles and rubella,

inclusion of a serologic test for rubella antibody using NHANES III specimens will provide information on populations at risk for these viruses.

Hearing

The principal elements in the hearing component were the measurements of pure tone air conduction audiometric thresholds and tympanic compliance in children. These examinations, pure tone audiometry and tympanometry, were conducted in a soundproof room in the MEC for examinees aged 6–19 years. Pure tone air conduction audiometry thresholds were obtained in both ears at 500, 1000, 2000, 3000, 4000, 6000, and 8000 hz. A screening questionnaire administered before the examination provided data on recent noise exposure and use of headphones. Because pure tone screening by itself may not be sensitive enough to detect middle ear disease, tympanometry was conducted to provide an estimate of tympanic membrane compliance.

The Household Adult Questionnaire, administered to adults aged 17 years and over, collected information on hearing status and use of hearing aids. The Household Youth Questionnaire included questions on frequency and treatment of ear infections, hearing status, and hearing aid use for children aged 2 months–16 years.

Lead exposure

The lead exposure component was designed to assess environmental lead exposure through measurement of blood lead levels. Blood lead levels were determined on examinees 1 year of age and over on specimens collected by venipuncture during the MEC or home examination. Analysis was performed by graphite furnace atomic absorption spectrophotometry. Erythrocyte protoporphyrin, a screening test only sensitive to high lead levels, was also measured.

The Household Youth Questionnaire included questions on history of testing and treatment for lead poisoning for children aged 2 months–16 years. Information on the age of the housing structure was also collected in the Family Questionnaire.

Mental health and neurobehavioral function

The primary elements of the mental health and neurobehavioral function component were conducted in the MEC and included assessment of depression and mania, cognitive function, and functioning of the central nervous system. Supplemental data were collected in the household interview.

The mental health and neurobehavioral function component of NHANES III included the depression and mania subsections from the Diagnostic Interview Schedule (DIS), developed by the National Institute of Mental Health (NIMH). Sections of the DIS have also been used in the Hispanic HANES and in several community studies (53–55). Trained interviewers administered the NHANES III DIS questions in the MEC, using automated data entry, as part of the MEC

Youth Questionnaire for examinees 15–16 years of age and as part of the MEC Adult Questionnaire for examinees 17–39 years of age. The data collected from the DIS permit diagnoses based on the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III)(56).

Intellectual function and academic performance were assessed for children aged 6–16 years with standardized cognitive tests. The examination included the block design and digit-span subtests from the Wechsler Intelligence Scale for Children, Revised (WISC-R) (57) and the reading and arithmetic sections from the Wide Range Achievement Test, Revised (WRAT-R) (58).

Central nervous system function was assessed with a set of simple, nonverbal performance tests designed to be minimally influenced by differences in language or education. The tests were administered to a random half-sample of all adults 20–59 years of age, who were assigned to receive these tests if their identification number ended in an odd digit. The examination was composed of three tests—simple reaction time, serial digit learning, and symbol digit substitution—selected from the larger battery of Neurobehavioral Evaluation System (NES) tests (59). Factors that might have affected performance such as motivation, use of drugs, alcohol, or caffeine, and the temperature, humidity, and air flow in the testing booth were recorded in a brief pre- and post-test questionnaire.

The Household Youth Questionnaire, administered to children aged 2 months–16 years, included questions on attendance to special classes in school as a result of impairment and diagnosis of mental retardation. Data were also collected on visits to a psychiatrist, psychologist, or psychoanalyst for children 4–16 years of age and on school attendance and relationships with friends for those 5–16 years of age.

The Household Youth Questionnaire also included a series of questions on motor and social development for children aged 2 months–3 years. The questions were modeled after the Denver Developmental Screening Test (60) and a similar component used in the Child Health Supplement to the 1981 National Health Interview Survey. Related information includes occupational history and the cognitive, physical, and social function data collected in the functional health status of the elderly component.

Oral health

The main element of the oral health component was an oral examination conducted in the MEC. Methods used in this component were designed to be consistent with previous health examination surveys conducted by NCHS and with previous national surveys of oral health conducted by the National Institute for Dental Research (NIDR). Related information was also collected on selected risk factors such as diet, the use of smokeless tobacco, and the use of fluoride supplements.

During the MEC examination, the dentist performed oral examinations on all examinees 12 months of age and over. Oral soft tissue lesions were assessed for examinees aged 2 years and over. The assessment involved visual observation of the oral mucosa and laboratory assessment of an oral mucosal

smear for the presence of hyphae of candida albicans. A dental caries examination included an evaluation of coronal caries for those aged 2 years and over, root surface caries for examinees 18 years and over, and baby-bottle tooth decay among children aged 12–23 months. Examinees were questioned about history of injury to front teeth and then were examined for evidence of traumatic injury to the four upper and four lower permanent incisors.

Occlusal characteristics were assessed in examinees aged 8–50 years and included measurement of the alignment of teeth and assessment of posterior crossbite, overjet, overbite, and maxillary diastema. A periodontal examination was performed on two randomly selected quadrants of the mouth for examinees 13 years of age and over. Restorations and tooth conditions for those 18–74 years were also evaluated.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on utilization of dental health services and information needed to interpret the oral examination findings, such as history of cold sores and receipt of orthodontic treatment. The Household Youth Questionnaire included similar questions for children aged 2–16 years, as well as infant feeding practices contributing to baby bottle caries.

Risk factors and health behaviors

Risk factors and health behaviors associated with many chronic diseases and conditions were evaluated in NHANES III both in the household interview and during the MEC examination. The five primary behaviors assessed in the survey were alcohol use, tobacco use, drug use, physical activity, and sexual experience. The component on drug use is described in the special studies topic of this section.

Alcohol use

The MEC Youth and MEC Adult Questionnaires included questions on alcohol use for all examinees 12 years of age and over. The questions were designed to identify nondrinkers, very light drinkers, and former heavy drinkers; to ascertain quantity and frequency of use for quantifying alcohol intake; and to determine the frequency of heavy drinking occasions. Data on any alcohol intake during the previous day were also recorded for all examinees as part of the 24-hour dietary recall. The section on “Nutritional health assessment” of this report also has some information on alcohol. Standard liver function tests were performed. The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on the frequency of consumption of beer, wine, and liquor as part of the food frequency section.

Tobacco use and exposure

To encourage honest reporting of tobacco use by youths aged 8–16 years, information on use of cigarettes and smokeless tobacco (snuff or chewing tobacco) was collected in the privacy of the MEC as part of the MEC Youth Questionnaire. Data were collected on age of initiation, frequency, duration, and amount of tobacco consumed. Recent use of tobacco or

nicotine gum within the past 5 days, for evaluation of laboratory results, was also assessed in the MEC Youth and MEC Adult Questionnaires and the home examination for those aged 8 years and over.

The Household Adult Questionnaire, administered to adults 17 years of age and over, included questions on the use of cigarettes, cigars, pipes, and smokeless tobacco (snuff or chewing tobacco). Data were collected on age of initiation, frequency, duration, and amount of tobacco consumed and on exposure to tobacco smoke at work. Data on passive smoke exposure were collected in the Family Questionnaire. Family members who smoked cigarettes in the home were identified and the amount smoked per day was estimated. The Household Youth Questionnaire included questions on history of maternal smoking during pregnancy for children aged 2 months–11 years.

A biochemical determination of tobacco exposure was used to assess both passive smoking and tobacco use through measurement of blood cotinine levels from specimens obtained by venipuncture in the MEC from examinees aged 4 years and over. Cotinine is a metabolite of nicotine and is thus an indicator of primary or secondary exposure to tobacco. Cotinine was detected using an isotope dilution, liquid chromatography, tandem mass spectrometry method developed by the National Center for Environmental Health, CDC, which conducted the analyses. This was a newly developed method designed to detect levels as low as 0.030 nanograms per milliliter. Related information includes data collected in the respiratory disease component and identification of oral soft tissue lesions in the oral health component.

Physical activity

For children 8–16 years of age, data on frequency of exercise and physical activity were collected during the MEC interview. The Household Adult Questionnaire, administered to adults aged 17 years and over, contained questions on leisure-time physical activity adapted from the 1985 National Health Interview Survey and included information on types of activity, frequency, and assessment of level of activity compared with others. Participants were also asked to compare current levels of physical activity with those of the past year and 10 years ago. Related information includes data collected in the functional health status of the elderly component.

Sexual experience

Questions on sexual experience were included in the MEC Youth and MEC Adult Questionnaires for examinees aged 15–59 years. Information on age at first sexual intercourse, total number of partners, and number of partners in the past year was collected for those 17–59 years of age. Males 17–59 years of age were asked about the numbers of male and female partners. Age at first sexual intercourse was obtained from youths aged 15–16 years. Related information includes data collected in the immunization and infectious disease and reproductive health components.

Special studies

Four special studies requiring an additional collection of blood or urine during the MEC examination were carried out in conjunction with NHANES III. Planned and sponsored with other agencies, their unique status was warranted either by the confidential or experimental design of the research. The two highly sensitive studies, HIV testing and drug testing, were conducted using a rigorous protocol that maximized anonymity and confidentiality. The HIV testing is described in the immunization and infectious diseases section. The results from these analyses can only be linked to a limited set of demographic and medical information collected in the survey. The priority toxicant range study and the establishment of a deoxyribonucleic acid (DNA) storage bank for genetic research were both designed, in part, to explore new and experimental laboratory techniques. Also, a portion of the sera was placed in a bank for unanticipated future research projects.

Drug use

All examinees aged 12 years and over were questioned in the MEC Adult and Youth Questionnaires about lifetime and past-month use of marijuana and cocaine. In Phase 2 of NHANES III (1991–94), anonymous urine testing was included in the MEC examination in order to detect the presence of marijuana, cocaine, phencyclidine (PCP), opiates (morphine and codeine), and stimulants (amphetamine and methamphetamine) among examinees 18–59 years of age. Urine specimens were randomly numbered so they could not be linked with the examinee identification numbers. Limited demographic data including age (in 20-year categories), sex, race or ethnicity, sampling location, and educational level were included with the random numbers on protected data files. The identical random numbers and the associated demographic variables were assigned to the HIV serum, so that the association between drug use and HIV status could be examined.

Specimens were screened using an enzyme multiplied immunoassay technique with cutoff concentrations lower than those generally used in drug screening. Positive specimens were confirmed and then quantified using gas chromatography mass spectrometry. Urine analyses for drug screening were performed in a National Institute of Drug Abuse (NIDA) certified laboratory according to NIDA guidelines.

Priority toxicant reference range study

The purpose of the priority toxicant reference range study was to assess the levels of common pesticides and volatile organic compounds (VOC's) in a large sample of the U.S. population and to evaluate laboratory analytic methods in the process. Two groups of organic compounds were measured in the priority toxicant study: selected pesticides and their metabolites at the low parts-per-billion levels in urine and VOC's at the low parts-per-trillion levels in whole blood (see appendix table VII). The Division of Environmental Health Laboratory Sciences, National Center for Environmental Health, CDC, conducted the Priority Toxicant Reference Range Study on approximately 3,600 persons aged 20–59 years examined in

NHANES III. Participants volunteered to complete a brief chemical exposure questionnaire and to provide an additional 20 ml of blood and 40 ml of urine. No formal sampling procedures were instituted; 45 volunteers participated at each survey location. A \$10 remuneration was awarded for participation. Demographic and medical information obtained from NHANES III can be linked to the resulting laboratory measurements.

Serum bank and DNA specimen bank

NHANES III provided an opportunity to establish two nationally representative specimen banks, a serum specimen bank and a DNA bank of preserved, viable cells. Serum specimens are stored at -70°C or less and will be used for unanticipated future research projects.

For the DNA analyses, new molecular genetic techniques make it possible to examine substantial portions of the DNA sequence and its variation in the population using small samples of nucleated cells obtained by venipuncture. The development of transformation and immortalization proce-

dures to maintain active cultures of cells means that small samples collected from a large population can be maintained and amplified to provide specimens for future studies. It is anticipated that this endeavor will help establish a new era of health research that integrates genetics and environmental factors in the understanding of human disease.

During the MEC examination, a 6-cm³ specimen of venous blood was collected in a vacutainer tube containing a Ficoll heavy-density layer overlaid with a thixotropic gel followed by ACD anticoagulant from examinees 12 years of age and over. The specimen was then prepared by the National Center for Environmental Health following one of two methods. Either the nucleated cells were separated from the blood sample and then separated in several aliquots or the cells were separated from the blood sample and virally transformed to yield an immortalized culture. In both instances, multiple aliquots from each subject were frozen, following a controlled freezing procedure. The frozen aliquots are maintained in liquid nitrogen.

Nutritional status assessment

Nutrition data from the National Health and Nutrition Examination Survey (NHANES) are vital to nutrition monitoring and public health. As the cornerstone of the “nutrition and related health measurement” component of the Federal Government’s National Nutrition Monitoring and Related Research Program (NNMRRP) (61), NHANES nutrition data are used in a variety of settings to enhance the health and nutritional status of the Nation. NHANES III data will be used to track progress toward the Nation’s health and nutrition objectives (62,63,16) for diet, serum cholesterol, hypertension, iron deficiency anemia, overweight, and infant feeding practices. Additionally, NHANES provides reference data for nutritional biochemistries (64–72), anthropometric measures (73–76,8), and nutrient intakes (77–78); and provides information for policymakers to set nutrition policy (16,62,79–82) and research agendas (79,83,84). NHANES III was also designed to demonstrate relationships between diet and health. The nutritional assessments were designed to complement and link to NHANES III health components such as cardiovascular disease, diabetes, hypertension, osteoporosis, and dental caries to maximize data utility. A longitudinal design was added to the traditional NHANES cross-sectional design and studies of the relationship between present diet and future disease will be possible.

Food and nutrient consumption

Dietary factors are associated with 5 of the 10 leading causes of death and are associated with other conditions such as obesity (16). Deficiencies of nutrients and minerals, such as iron and some vitamins, remain a problem in selected population subgroups. Inadequate food intake and undernutrition are problems in high-risk subgroups such as low-income populations. Overconsumption of food components such as fat, cholesterol, and salt and underconsumption of fruits, vegetables, and complex carbohydrates are significant problems in the general population. Measurement of nutrient intake is important in evaluating food fortification, nutrition education, and intervention programs aimed at improving the population’s dietary intake. Measurement of foods as they contribute to nutrient intake and as they comprise dietary patterns are important for evaluating and developing dietary guidance (81). Recognizing the importance of measuring both nutrient intake and food intake to meet current nutrition monitoring data needs, the NHANES III dietary component was developed to estimate total nutrient intake, nutrient intake from foods,

intake of specific foods, and problems and factors related to insufficient food and nutrient intake.

Vitamin and mineral supplement data will be used by NCHS and the Food and Drug Administration (FDA) to determine the prevalence of very low and very high total nutrient intake levels in the population and for assessing the contribution of supplements to total nutrient intake and nutritional status (83). Total nutrient intake is also important for evaluating diet-health relationships such as the association between total calcium intake, blood pressure, and hypertension risk (84), and total calcium intake and bone density (85–86).

Alcohol intake

Alcohol problems and associated health risks are prevalent problems in adolescents and adults (16). Excessive alcohol intake is associated with cirrhosis of the liver as well as accidents and suicides (16). Moderate amounts of alcohol have been related to both increased risk of certain cancers and decreased risk of coronary heart disease (87). Information on alcohol was collected in NHANES III to quantify the contribution of alcohol to total caloric intake for population reference data, to assess the proportion of the population who typically consume larger amounts of alcohol than recommended in the *Dietary Guidelines for Americans* (81), and to investigate the relationship between alcohol intake and health outcomes (87,15).

Food program participation and food security

In the 1980’s there were several reports that indicated that hunger was a serious problem in the United States on a national level and for certain subgroups of the population (88–93). However, accurately estimating the prevalence and severity of hunger is complex and historically has been controversial. In 1987, the University of California at Berkeley sponsored a workshop to bring together hunger researchers working at the local, State, and national levels. The workshop concluded that “of all the relevant Federal surveys, NHANES is probably the best equipped to look at the interrelationships between diet, food shortages, and health indicators” (94).

In addition to questions for families and individuals about having enough food or money to buy food, data were collected in NHANES III about the use of food stamps, participation in the Special Supplemental Food Program for Women, Infants,

and Children (WIC), school breakfast and school lunch programs, and elderly feeding programs. Assessment of the dietary status of participants of such programs is important in aiding the study of Federal food programs and their effect on the dietary intake of low-income and high-risk subgroups.

NHANES III will enable researchers to link food security and program participation with other nutrition and health indicators, including cognitive function. This is especially important for children. It has been documented that hungry children can be irritable, apathetic, or lethargic, which can interfere with learning (95). The National Education Goals were established in 1990, the first of which states that by the year 2000, "all children in America will start school ready to learn" (96). Having adequate food is a large part of this.

Vitamin and mineral status

Biochemical and hematological indicators of nutritional status are an essential part of the NHANES III nutrition component. Blood assessments have been included in past NHANES to determine the prevalence of compromised vitamin and mineral status at both the high and low ends of the population distribution (64–72); and the prevalence of nutrition-related risk factors, such as elevated serum cholesterol (10,11,97,98) or serum albumin (68).

Assessing fat-soluble vitamin status is of interest because of the widespread use of vitamin and mineral supplements in this country, coupled with the toxic potential of vitamin A (87) and the recent development of fat substitutes in food, which may influence fat-soluble vitamin absorption (87). In addition, serum levels of antioxidants, including alpha-tocopherol, carotenoids, selenium, and vitamin C, are of interest because of their possible role in reducing the risk of some cancers and heart disease (87). Finally, serum assays for the heavy metals lead and cadmium were included to assess toxicities of these contaminants and to correlate them with other health measures.

History of the use of certain drugs was ascertained because such use may be related to specific diseases. For example, long-term use of antacids containing calcium may be related to bone densitometry or blood pressure. In addition, chronic use of aspirin could affect risk of heart disease, stroke, or gallstones. This information will be used to assess the potential interaction of nutritional status and medications.

Iron-deficiency anemia

Iron deficiency has been described as the most common single nutritional deficiency in the developed and developing countries (64,68,72,99,100). Iron deficiency continues to be a special concern for children and women in poverty and women of childbearing age. NHANES II showed that 9 percent of children 1–2 years of age, 4 percent of children 3–4 years of age, and 5 percent of women aged 20–44 years had iron-deficiency anemia (16,68,72). The prevalence in low-income women and children was even higher. Because iron depletion develops gradually (72,100), a battery of iron-status indicators was included in NHANES III to assess all stages of

iron deficiency. Most of these indicators have also been included in previous NHANES, so it will be possible to examine secular trends.

Folate deficiency

There is some evidence that low serum folate levels in pregnant women are associated with neural tube defects in their infants (101,102). The Centers for Disease Control and Prevention (CDC), Food and Drug Administration, and other Public Health Service agencies are considering food fortification changes to increase folate intake in the target population, i.e., women of childbearing age (103). Assessment of anemia resulting from folate deficiency will be possible because of the availability of serum and red cell folate, dietary folate, and supplement-usage data in NHANES III. Because high intakes of folate can mask vitamin B₁₂ deficiency, it is also important to have a measure of vitamin B₁₂ status. An assessment of this status was added to Phase 2 in NHANES III to estimate the prevalence of vitamin B₁₂ deficiency in the population and to establish a baseline for evaluating future changes in folate food fortification policy.

Infant and child nutrition

Infants and children are particularly vulnerable to poor nutrition. Childhood and adolescence are important periods for establishing nutrition and health habits for later life. Whether or not an infant is breastfed, the type of milk or infant formula an infant is fed, and the types of solid foods first introduced are all critical infant feeding practices. Adequate dietary intake during infancy and childhood is necessary for proper growth and development and the prevention of future health problems. Of particular concern at this early age are iron deficiency, poor dietary habits, breastfeeding, and inadequate intake in high-risk populations (95). Also, overconsumption of certain foods is related to the development of obesity and dental caries in children.

Growth

Anthropometric measurements have been included in the National Health Examination Surveys since the first National Health Examination Survey (NHES I) was conducted in 1960–62 (1,104). These measurements were the basis for the NCHS growth charts, which were constructed with data from the earlier health examination surveys. The charts are used nationally in hospitals, health departments, and physicians' offices and have been adopted for international use by the World Health Organization (105,106). The production of these original growth charts, however, was affected by some inherent limitations. Because data were not available in previous NCHS surveys for the very youngest age group (age under 1 year), the data were supplemented with data from the Fels Research Institute (8). This resulted in growth curves for recumbent length (for children from birth through 3 years of age) based on Fels data and for stature (for children aged 2–18 years) based on NCHS data. Because the median statures for the Fels data were greater than the median statures in the

NCHS data, there was a disjuncture in the curves for children between 24 and 36 months of age (107). NHANES III was specifically designed to resolve both of these limitations; children 2 months of age and over were included in the survey (108), and more sophisticated curve-smoothing techniques that have evolved since the first NCHS growth charts will be used.

Overweight and obesity

Overweight and obesity are current public health issues and prevalent risk factors for chronic disease. NHANES III anthropometric data will be used to estimate the prevalence of overweight and severe overweight in the United States for various age, race or ethnicity, and gender subgroups (16,74). NHANES II data showed that 26 percent of adults were overweight (16). Assessment of body fat distribution has been shown to be related to chronic disease development (87). Body measurement data indicative of overweight or obesity will be used as control or explanatory variables in epidemiological analyses of many other examination items, including blood pressure, glucose intolerance, gallbladder ultrasound, and a battery of other indicators for cardiovascular disease.

Anthropometric measures can be utilized in many ways; for example, to estimate body composition, to develop various reference standards, to establish baseline data for future longitudinal studies, to monitor trends over time in the population, and to evaluate risks for adverse health outcomes (109).

Diet-health relationships

With the growing understanding of the role of nutrition in health promotion and disease prevention, nutritional status assessment has assumed greater prominence and has been integrally linked with other aspects of NHANES III. As the Surgeon General remarked upon the release of *The Surgeon General's Report on Nutrition and Health* (15), for the majority of adults who don't smoke and don't drink excessively, what they eat is the most significant controllable risk factor affecting their long-term health. The NHANES III has been designed to capture as many nutrition risk factors as feasible related to the major chronic diseases affecting Americans, while continuing to provide a comprehensive assessment of the population's nutritional status for nutrition monitoring purposes.

The dietary information will be useful for studying the relationship between dietary habits and health. For example, sodium-intake data from the dietary interview, more specific than in past NHANES, can be linked with blood pressure data, saturated fat can be linked to blood cholesterol, and intake of antioxidants such as vitamins A, C, E, and carotenoids can be joined with followup information on cancer and heart disease (15). Past NHANES data have been used to relate the number of meals and snacks eaten to dental caries (110); and information on the number of meals eaten away from home can be used to plan and evaluate nutrition education programs targeting overweight and obese clients.

Osteoporosis and calcium intake

Osteoporosis is a debilitating disease of reduced bone mass that causes fractures of the vertebrae, hip, forearm, and other bones. Intake of calcium, phosphorus, vitamin D, protein, and alcohol, as well as a sedentary lifestyle, may all be related to the development of osteoporosis (111). NHANES III measures intake of these nutrients, including total calcium and frequency of consumption of calcium-rich foods. In addition, a question on historical intake of milk was included in the household interview to investigate the relationship between past calcium intake and current bone densitometry results. Interest in past consumption of dairy foods has been raised by findings suggesting that the level of calcium intake by young adults may be related to peak bone mass (85,86).

Nutritional status methods

The nutritional assessment component of NHANES III was designed to include several data sources (dietary intake interviews, nutrition-related interviews, anthropometric data, hematological and nutritional biochemistries, and nutrition-related clinical assessments) in order to provide a comprehensive assessment of nutritional status (112).

Methodologies for the nutritional assessment were developed with input from experts and data users from government agencies, academic research institutions, and industry. In 1986, an NHANES III Nutrition Methodology Working Group was established. In addition to NCHS planning staff, it included Federal staff with specific expertise in the topics under discussion and/or who were primary data users with a nutrition policy need for the data. The Nutrition Methodology Working Group reviewed the literature and discussed survey methods, operational issues, and specific details that needed to be determined for the NHANES III nutrition component. Planning sessions included discussion of the following topics:

- General issues. Household versus mobile examination center (MEC) administration of the dietary interview; automated data collection; nutrition monitoring and comparability to other national surveys, primarily the food consumption surveys conducted by the U.S. Department of Agriculture (USDA)
- 24-hour dietary recall method. Automated versus manual data collection; number of days of observation; location of interview; number of interviews per individual; adults versus children in the household
- Food frequency questionnaire (FFQ). Review of FFQ's used in other surveys, including past NHANES and the 1987 National Health Interview Survey; appropriate uses of FFQ data
- Longitudinal study issues relative to nutrition
- Children's issues. Proxy rules; use of food models; data retrieval for day care and school lunch
- Dietary questions. Interview information needed on food security (hunger); water intake; dietary practices
- Vitamin and mineral supplement usage. Level of detail required; method of data collection

- Anthropometry. Measurements; bioelectrical impedance; supplemental interview questions (e.g., self-assessment of overweight)

Based on the study objectives, consideration of outside input, and the Nutrition Methodology Working Group discussions, a comprehensive nutrition proposal was developed by NCHS staff. The proposal was reviewed by NHANES III Research Consortium members and served as the basis for planning the nutrition component.

Dietary methodology

Prior NHANES conducted between 1971 and 1984 included 24-hour dietary recall and food frequency components as parts of the dietary interview (77,113). On March 16–18, 1986, NCHS sponsored the Dietary Methodology Workshop to review dietary methodologies and obtain recommendations for selection of methods for NHANES III (114). Experts in the fields of dietary survey methodology, epidemiology, nutrition, public health, and biostatistics presented papers that addressed statistical issues unique to the interpretation and use of dietary survey data, selection of dietary methods appropriate for nutrition monitoring activities, and approaches useful for assessing the relationship of diet to energy balance and three diet-related chronic diseases (cancer, cardiovascular disease, and osteoporosis) (114).

The overall workshop recommendation, based on the major aims of the NHANES III nutrition component, was that NCHS should continue to use the 24-hour recall as the principal methodology to provide detailed quantitative food and nutrient intake data for the U.S. population. Use of a food frequency was recommended to supplement data from the 24-hour recall and to provide typical or qualitative data for ranking persons by intake of specific foods and food groups.

Twenty-four-hour dietary recall

The 24-hour recall was collected through an automated interview using the Dietary Data Collection (DDC) system (appendix I). All NHANES III examinees, approximately 30,000 total, were asked to complete a 24-hour dietary recall during their MEC visit. In addition, about 5 percent of all adult examinees received a second replicate MEC examination that included a 24-hour dietary recall; replicate data will be used to estimate within- and between-person variances for estimating nutrient intake distributions. NHANES III examinations were conducted on all days of the week with the objective of conducting approximately 15 percent of the 24-hour recalls on each day of the week.

NHANES III, Phase 1 examinees 50 years of age and over (approximately 3,500 persons) who completed a 24-hour recall interview in the MEC were eligible to participate in a special dietary study of older persons—the Supplemental Nutrition Survey of Older Americans (SNSOA) (115,116). The SNSOA was funded through an interagency agreement with the National Institute on Aging at the NIH. The objective of the study was to obtain two independent replicate 24-hour recalls, administered by trained telephone interviewers, using

the DDC system. Replicate 24-hour recall data will be used to estimate usual intakes of older persons, to adjust nutrient intake estimates, and to explore methodologic issues (116).

The SNSOA telephone methodology was pretested in two pilot studies. SNSOA subjects were recontacted by telephone interviewers approximately 8 and 16 months after their MEC examination. Most of the telephone interviews were unscheduled and subjects were not compensated for their participation in the SNSOA. Appendix table IX indicates the administration of the 24-hour dietary recall and the FFQ in NHANES III by age of the sample person, respondent (self and/or proxy), place of interview (sample person's home or MEC), and interview type (nondietary, dietary, and telephone).

Food frequency

In a major innovation for the NHANES, a FFQ was incorporated into the household interview to provide general qualitative dietary information for individuals aged 17 years and over. The FFQ used a 1-month reference period and was not quantitative, i.e., did not collect portion sizes. It was not designed to produce population nutrient intake estimates, and use of food frequency data for this purpose is not appropriate (109,117–119).

The FFQ food list was developed to be comparable to food lists used in past NHANES for trend assessment but was expanded to capture more detailed intake of foods containing specific nutrients of interest. Foods containing nutrients related to risk for cancer, cardiovascular disease, and osteoporosis (87), such as vitamins A and C, caffeine, and calcium, respectively, were added to a general food list. In addition, the instrument was modified to be appropriate for use with the population subgroups sampled in NHANES III by including foods high in these nutrients that were reported by white and black persons in NHANES II and by Mexican-Americans in Hispanic HANES.

Because the FFQ was collected during the household interview, information on food intake is available for all interviewed persons and can also be linked with reported health conditions. Collection of the FFQ in the household for all interviewed persons will also allow assessment of potential nonresponse to the 24-hour recall, which was collected in the MEC for interviewed and examined persons. Another important use of the food frequency data is to provide baseline dietary data for followup analysis. Because all NHANES III sample persons are followed for mortality, a larger sample of interviewed persons with dietary intake information is available for followup analysis.

To complement the osteoporosis component, adults were asked to report their milk consumption during five age periods: 5–12 years, 13–17 years, 18–35 years, 36–65 years, and 65 years of age and over. Responses were recorded as “more than once per day,” “once per day,” “less than once per day, but more than once per week,” “once per week,” “less than once per week,” or “never.” Although several researchers have found that the recall of past diet was strongly influenced by present dietary habits (120–124) and that it is difficult to quantify the amount of calcium consumed during periods of

peak bone growth using retrospective dietary data, most people can probably retrospectively report whether or not they consumed milk products during these time periods in a qualitative sense.

Nutrition-related interview

A complete picture of dietary intake is not possible with a single 24-hour recall and food frequency. Therefore, additional interview questions were asked about water intake, usage of vitamin and mineral supplements, meal and snack patterns, infant feeding practices, alcohol intake, and food sufficiency. Appendix table X shows the nutrition-related interview information collected in NHANES III by age of individual.

Questions related to periodic or chronic food shortages were asked for both families and individuals to study the impact of food insecurity on dietary intake, nutritional status, and health (88). At the family level, questions were asked about the number of days per month on which there was no food or money to buy food and the reasons for the problem. The questions for individuals, modeled after those developed and used in the Community Childhood Hunger Identification Project (125), asked about the frequency of and reasons for skipping meals and going without food (88).

In addition to the 24-hour recall and food frequency, alcohol intake information was collected through additional questions about current and past alcohol consumption asked of respondents aged 12 years and over during a private interview in the MEC. When using and interpreting alcohol data from the various data collection methods used in NHANES III, it is important to note that alcohol intake estimates can vary between dietary methods because of method and reporting differences (126). To assess total nutrient intake, sources of nutrients such as discretionary salt, water, vitamin and mineral supplements, and nutrient-containing medicines were evaluated. The DDC system (i.e., 24-hour recall) was specifically designed to probe for fat and salt used in the preparation of foods, and additional questions about type and frequency of salt used at the table were asked. Usual daily water consumption and the amount of water consumed for the 24-hour recall period were collected. The source of the home water supply and the presence in the home of a water softening or conditioning system were assessed during the household interview. Serious consideration was given to the collection of a household drinking water sample, but it was decided that one casual water sample would not be representative of the usual content of household water for all seasons.

Information about current vitamin and mineral supplements and prescription and nonprescription medication usage for the month prior to the interview was collected during the household interview and for the 24-hour period prior to examination. If possible, the interviewer recorded brand and dosage directly from the supplement or prescription-medication container label and asked about the frequency of usage.

Anthropometry

A core set of body measures has been included in all past NHANES; however, the necessity of certain measures and the

availability of new equipment warranted the discontinuation of some measures and the addition of others. The current set of measures was selected from a public health perspective. Because of heightened awareness and the emergence of evidence of associations between fat distribution and health outcomes, the number of circumference measurements was expanded. Additionally, to be on the cutting edge of new technology amenable to the survey environment, bioelectrical impedance analysis (BIA) was included for those age groups for which stable prediction equations were expected to become available from empirical research (127).

The selection of both procedures and equipment was influenced by constraints inherent to the unique setting of this survey and by the need to ensure reasonable comparability with the past while collecting data to meet current needs. In order to include an optimal number of measures in a limited time frame, a considerable amount of planning and experimentation was devoted to modifying and refining applications of the equipment, the procedures, and the facility, including the automated data recording system. The final array of body measures was distilled to several sets that are variably administered, dependent upon the age of the sample persons. These measures are shown in appendix IV and may be categorized as weight, height, length, circumference, breadth, skinfold, and bioelectrical impedance.

As with all other components of this survey, the primary objective was to maximize validity and reliability. Because one major end product of the anthropometric component is to produce reference values, accuracy was emphasized through standardized training and a multifaceted quality control system. Related to this, reproducibility is also a paramount concern, not only within and between individual data collectors and trainers for NHANES III, but also to facilitate comparisons between the NHANES III and other surveys and studies. Specific consideration was given to selecting methods that incorporated, to the extent possible, objective procedures. For example, bony landmarks were selected to identify anatomical sites for placement of the instruments and proper positioning of the sample persons; marks were made on the measurement sites to locate midpoints and anchor the measuring devices; and where feasible, measures were taken directly on the skin. In general, the guidelines of the Anthropometric Standardization Reference Manual (128) were followed, although modifications were made for selected procedures. Documentation of complete details of the NHANES III anthropometric procedures will be disseminated in a separate publication.

Laboratory determinations

When selecting nutritional biochemistry and hematological indicators to include in NHANES III, first priority was given to scientific merit. An NCHS survey planning group was charged with developing a list of blood determinations for NHANES III, including priorities by age group. The planning group used recommendations from an ad hoc panel convened by the Life Sciences Research Office, Federation of American Societies for Experimental Biology, at the request of the FDA

(100), as well as other important sources, such as the first report of the Joint Nutrition Monitoring Evaluation Committee (129) and *The Surgeon General's Report on Nutrition and Health* (15). Individual agencies and institutes within the NIH also developed specific proposals for biochemical and hematological measures to be included in NHANES III. For example, the National Heart, Lung, and Blood Institute developed and funded the lipid analysis for NHANES III (see the part "Health status assessment"). The scientific merit of each measure was evaluated in the context of the goals of the survey, i.e., which NHANES III health conditions and examination measures were available for linkage with the laboratory data.

If deemed to have sufficient scientific merit, the next criterion considered was feasibility of measuring the indicator in a national survey. This included whether the state-of-the-art analytic methodology currently accepted by the scientific community was practical for a large field survey lasting 6 years. Specimen size requirements and staff and monetary costs also had a bearing on feasibility (130). Laboratory protocols and analytical methods for several nutritional determinations were developed at the National Center for Environmental Health (CDC). A list of the nutritional biochemistry and hematological variables assayed in NHANES III is shown by age in appendix table IV. In previous NHANES, blood was collected from children by fingerstick. However, because of problems in performing a fingerstick without creating contamination or causing hemodilution by "milking," it was decided to collect blood from children aged 1 year and over in NHANES III by venipuncture only (130,131). Because a lesser amount of blood can be collected from children than from adults, it was not possible to assay the full battery of nutritional biochemistries in children. For young children, only the most critical nutritional biochemistries were assayed (appendix table IV).

One new indicator, red cell distribution width, was added because it may become abnormal earlier in the development of iron deficiency than other blood cell count indicators, such as hemoglobin or mean cell volume, but after the fall of iron

stores (132). Many iron-status indicators are affected by inflammation as well as by iron deficiency (72). The ability to assess iron status in NHANES III has been enhanced by the addition of a biochemical measure of inflammation, C-reactive protein. The C-reactive protein measure, which will also be useful in the arthritis component, will aid determination of the prevalence of true iron deficiency without confounding by inflammatory conditions. This will be particularly useful when assessing iron status of older persons, in whom the prevalence of abnormal iron status indicators as a result of inflammation is high (133).

Serum and red blood cell folate were assessed on all examined persons 4 years of age and over. For Phase 2 of the survey (1991–94), assessment of homocysteine, methylmalonic acid, and vitamin B₁₂ were added to provide population reference data on vitamin B₁₂ status. This information will be critical to assessing the population's folate status and folate-vitamin B₁₂ relationships.

NHANES III provides the most comprehensive assessment of fat-soluble vitamin status available from an NHANES. In addition to vitamins A and E, which have been measured in at least one previous NHANES, vitamin D, retinyl esters (which may increase in vitamin A toxicity), and a profile of five different carotenoids are being assessed.

Clinical assessments related to nutrition

Unlike previous NHANES, the physician's examination component of NHANES III did not screen for overt clinical signs of nutritional deficiencies such as keratomalacia, pellagraous dermatitis, or follicular hyperkeratosis, which are uncommon in the United States. Instead, a number of nutrition-related health conditions were assessed in NHANES III (see the section "Health status assessment"), including cardiovascular disease and related risk factors, diabetes, osteoporosis, dental conditions, and gallbladder disease. Dietary and nutrition-related interview information (appendix table X) supplement the physical examination findings and allow for further study of the interrelationships between nutrition and health in the population and subgroups at increased risk.

Sample design and analysis guidelines

Sample design

The general structure of the NHANES III sample design is the same as that of the previous NHANES. Each of these surveys used a stratified multistage probability design. The major design parameters of the two previous NHANES and the special Hispanic HANES, as well as NHANES III, have been previously summarized (17). The NHANES III sample was designed to be self-weighting within a primary sampling unit (PSU) for subdomains and fairly close to self-weighting nationally for each of these subdomain groups (but not for the total population).

The NHANES III sample represents the total civilian noninstitutionalized population, 2 months of age or over, in the 50 States of the United States. The first stage of the design consisted of selecting a sample of 81 PSU's, which, in the first stage, are mostly individual counties. In a few cases, adjacent counties were combined to keep PSU's above a minimum size. The PSU's were stratified and selected with probability proportional to size (PPS). Thirteen large counties (strata) were chosen with certainty (probability of one). For operational reasons, these 13 certainty PSU's were divided into 21 survey locations. After the 13 certainty strata were designated, the remaining PSU's in the United States were grouped into 34 strata, and 2 PSU's were selected per stratum (68 survey locations). The selection was done with PPS and without replacement. The NHANES III sample therefore consists of 81 PSU's or 89 locations.

The 89 stands were randomly divided into 2 sets, 1 consisting of 44 sites and the other 45 sites. One set of PSU's was allocated to the first 3-year survey period (1988–91) and the other set to the second 3-year period (1991–94). Therefore, unbiased estimates (from the point of view of sample selection) of health and nutrition characteristics can be independently produced for both Phase 1 and Phase 2 as well as for both phases combined.

For most of the sample, the second stage of the design consisted of area segments composed of city or suburban blocks, combinations of blocks, or other area segments in places where block statistics were not produced in the 1980 census. In the first phase of NHANES III, the area segments were used only for a sample of persons who lived in housing units built before 1980. For units built in 1980 and later, the second stage consisted of sets of addresses selected from building permits issued in 1980 or later. These are referred to as "new construction segments." In the second phase, 1990

census data and maps were used to define the area segments. Because the second phase followed within a few years of the 1990 census, new construction did not account for a significant part of the sample and the entire sample came from the area segments.

The third stage of sample selection consisted of households and certain types of group quarters, such as dormitories. All households and eligible group quarters in the sample segments were listed, and a subsample was designated for screening in order to identify potential sample persons. The subsampling rates enabled production of a national, approximately equal, probability sample of households in most of the United States, with higher rates for the geographic strata with high Mexican-American populations. Within each geographic stratum, there is an approximate equal-probability sample of households across all 89 stands. The screening rate in each stratum was designed to produce the desired number of sample persons for the rarest age-sex domain in the race and ethnic group defining the geographic stratum.

Persons within the sample of households or group quarters were the fourth stage of sample selection. All eligible members within a household were listed, and a subsample of individuals was selected based on sex, age, and race or ethnicity. The definitions of the sex, age, race or ethnic classes, subsampling rates, and designation of potential sample persons within screened households were developed to provide approximately self-weighting samples for each subdomain within geographic strata and at the same time to maximize the average number of sample persons per sample household. Experience in previous NHANES indicated that this increased the overall participation rate.

Although the exact sample sizes will not be known until data collection has been completed, estimates have been made. A summary of the expected sample sizes at each stage of the design is as follows:

Number of PSU's	81
Number of stands (survey locations)	89
Number of segments	2,138
Number of households to be screened	106,000
Number of households with sample persons	20,000
Number of sample persons	40,600
Number of interviewed sample persons	35,000
Number of examined sample persons	30,100

A more detailed description of the sample design for NHANES III, including a description of the research that resulted in the final design, has been previously published (17).

Analysis guidelines

Because of the complex survey design used in NHANES III, traditional methods of statistical analysis based on the assumption of a simple random sample are not applicable. Detailed descriptions of this issue and possible analytic methods for analyzing NHANES data have been described previously (7,79,134,135). These previously recommended guidelines are revised on a periodic basis as new statistical procedures and analytic computer software are developed. However, there are some important analysis considerations that have not changed over time.

First, there are the two aspects of the NHANES design that must be taken into account in data analysis. One is the sample weights and the other is the complex survey design. Sample weights are needed to estimate means, medians, and other descriptive statistics. They must be used to produce correct population estimates because each sample person does not have an equal probability of selection. The sample weights incorporate these differential probabilities of selection and include adjustments for noncoverage and nonresponse. With the large oversampling of young children, older persons, black persons, and Mexican-Americans in NHANES III, it is essential that the sample weights be used in all analyses. Otherwise, misinterpretation of results is highly likely.

The second aspect of the design that must be taken into account in data analysis is the strata and PSU's from the sample design used to estimate variances and test for statistical significance. In general, sampling variances will be underestimated if calculated without incorporating the complex sample design.

The effect of the complex sample design on variance estimates is referred to as the design effect, which is the ratio of the variance of a statistic from a complex sample to the variance of the same statistic from a simple random sample of

the same size (3). A design effect of one indicates the equality of the simple random sample variance and the complex sample variance.

Design effects in NHANES have traditionally been higher than one, and the magnitude of the design effects have been variable. In NHANES I and NHANES II, the average design effect was calculated to be about 1.5. Preliminary analyses from NHANES III indicate that the average design effect might be lower (approximately 1.2 or 1.3).

Although preliminary analyses may be performed on unweighted data with standard statistical packages that assume simple random sampling, final analyses should be done on weighted data using special computer programs that use an appropriate method for estimating variances from a complex sample (e.g., SUDAAN (136) or PCCARP (137)). The calculation and use of "average" design effects (when unstable variances occur) along with the sample weights have been suggested as an alternative NHANES analytic approach (135).

Recently, NCHS staff have participated in an effort to establish guidelines for variance estimation and statistical reporting standards. In addition to delineating some of the previously mentioned issues, the staff produced a nomogram of recommended sample sizes for analyses of complex survey data (table 1). For means of fairly symmetric populations and proportions based on commonly occurring events (where $0.25 < p < 0.75$), a good rule of thumb is that the sample size should be no smaller than some broadly calculated "average design effect" times 30. The first column of the table represents a simple random sample design and the other columns reflect the increased sample size requirements for a more complex survey design. Thus, the minimum sample size for a normal approximation increases for more rare events as well as for survey designs that result in increased average design effects. Other criteria and approaches for estimating minimum

Table 1. Recommended sample sizes for a complex survey design, by design effect and specified proportion

Proportion	Design effect													
	1.0	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	2.0	2.5	3.0	3.5
0.99	800	880	960	1,040	1,120	1,200	1,280	1,360	1,440	1,520	1,600	2,000	2,400	2,800
0.95	160	176	192	208	224	240	256	272	288	304	320	400	480	560
0.90	80	88	96	104	112	120	128	136	144	152	160	200	240	280
0.85	53	59	64	69	75	80	85	91	96	101	107	133	160	187
0.80	40	44	48	52	56	60	64	68	72	76	80	100	120	140
0.75	32	35	38	42	45	48	51	54	58	61	64	80	96	112
0.56–0.74	30	33	36	39	42	45	48	51	54	57	60	75	90	105
0.55	30	33	36	39	42	45	48	51	54	57	60	75	90	105
0.50	30	33	36	39	42	45	48	51	54	57	60	75	90	105
0.45	30	33	36	39	42	45	48	51	54	57	60	75	90	105
0.26–0.44	30	33	36	39	42	45	48	51	54	57	60	75	90	105
0.25	32	35	38	42	45	48	51	54	58	61	64	80	96	112
0.20	40	44	48	52	56	60	64	68	72	76	80	100	120	140
0.15	53	59	64	69	75	80	85	91	96	101	107	133	160	187
0.10	80	88	96	104	112	120	128	136	144	152	160	200	240	280
0.05	160	176	192	208	224	240	256	272	288	304	320	400	480	560
0.01	800	880	960	1,040	1,120	1,200	1,280	1,360	1,440	1,520	1,600	2,000	2,400	2,800

NOTE: Minimum sample size requirements are adjusted for the relative inefficiency in the sample design by a factor equal to the design effect where design effect = complex sample variance/simple random sample variance

For midrange proportions ($0.25 < p < 0.75$), the simple random sample (SRS) minimum sample size is 30.

For extreme proportions ($p \leq 0.25$ or $p \geq 0.75$), the SRS sample size (n) satisfies the following rule: $n(p) \geq 8$ and $n(1-p) \geq 8$.

sample sizes exist; however, this is the approach currently proposed for NHANES III analyses.

These guidelines reflect a design-based approach to estimation and analysis. In some instances, a model-based approach may be used. The use of an “average design effect” to estimate the complex sample variances is one such instance. The use of model-based approaches is most appropriate when maximizing use of all available data is preferable (138,139).

It is important to remember that guidelines are just that, and they are not absolutes. They represent strategies that yield

the most sound statistical conclusions. Violating the guidelines introduces a greater degree of uncertainty about the soundness of the analytic conclusions but does not necessarily mean that a particular analysis is invalid. Consideration of the survey design, survey nonresponse, data collection and processing procedures, potential measurement errors, and the subject matter being studied are all equally important and should be evaluated to judge the merit of each analysis and interpretation of data from any survey, including NHANES III.

Data collection and reports of findings

This section describes the operation of NHANES III, particularly the many different logistical activities that had to come together smoothly for the survey to achieve high response rates and data of high and uniform quality. It is important to maintain consistently high quality throughout a long, complex effort involving many interviewers and examiners gathering data in many places under varying conditions. Because NHANES III provided a standard environment and operation that traveled from one survey location to the next, it was possible to collect data under identical conditions whether in Anchorage, Alaska, or in Brownsville, Texas.

Listed below are some operational "firsts" that distinguished NHANES III from earlier NHANES in both scope and complexity.

- This survey was the longest ever fielded, covering a period of 6 years
- The survey was also the longest in terms of individual respondent burden for both the household interview and examination
- The age range was expanded to include the youngest and oldest people ever covered
- Each of the mobile examination centers (MEC's) consisted of four trailers instead of three
- Oversampling of black persons, Mexican-Americans, the very young, and the very old dictated that many households be screened to sample adequate numbers from these groups
- Interviewers took blood pressure measurements in the households of sample persons
- Staff used computer-assisted personal interviewing (CAPI) procedures for the household interview and the home examination starting in fall 1992
- Trained examiners did a subset of examination components in the home on very young, very old, or handicapped persons who were unable or unwilling to come to the MEC
- All data collection procedures in the MEC were automated
- A contractor conducted all data collection activities
- The design included specifications to accommodate future followup surveys
- A formal emphasis on replicate examinations led to a much larger pool of complete replicate examination data than in any previous NHANES

NCHS contracted with Westat, Inc., a survey research firm, to carry out data collection for NHANES III. For the survey, Westat employed a full-time field staff of 27 household interviewers, 32 examination staff, and 15 administrative staff

who traveled 11 months of each year collecting data. Many of these staff, especially the interviewers and examiners, spoke both English and Spanish. Other activities carried out by Westat included translation of the survey instruments into Spanish, selecting the sample, creating instruction manuals, training staff, and conducting, under NCHS guidance, four pretests of the survey.

Staff carried out the first pretest of interviewing procedures in Spanish and English in Los Angeles, California, from October 3 through November 14, 1987. The pretest involved about 300 interviews with sample persons and tested questionnaire translations and listing, sampling, and household interviewing procedures.

The first examination pretest, held in Rockville, Maryland, from August 10 through December 11, 1987, involved about 600 volunteers from Federal agencies. Certain interviewing procedures were tested as well as all examination procedures including questionnaires.

The second examination pretest was held in Tampa, Florida, from January 4 through March 16, 1988. This pretest involved a probability sample of about 475 persons and tested questionnaire translations and all sampling, listing, interviewing, examination, automation, and quality control procedures. Experience with examinations of the elderly both in the examination center and the home was also a major concern in this pretest.

After several months of evaluating the results of these three pretests, condensing the examination by dropping some components and shortening others, and changing procedures, staff held the "dress rehearsal" in College Park, Maryland, from October 5 through November 25, 1988. The dress rehearsal, which involved about 650 sample persons, was meant only to refine all sampling, listing, interviewing, and examination procedures before the survey started. No changes of substance were made.

NHANES III itself was conducted from October 18, 1988, through October 15, 1994, in two phases, each of which comprised a national probability sample. The first phase was conducted from October 18, 1988, through October 24, 1991, at 44 locations. The second phase was conducted from September 20, 1991, through October 15, 1994, at 45 sites.

Schedule and logistics

The first task undertaken after the selection of the primary sampling units (PSU's) was to develop a schedule to conduct

the survey in each of the 89 locations. Several factors entered into the determination of the sequence of sites within each phase. These included geography, seasonal weather patterns, expected number of sample persons in the PSU's, expected number of households to be screened in each PSU, racial and ethnic profile of the PSU's, and relative distance between consecutive locations.

Because the MEC's are prone to physical breakdowns brought on by cold weather, and sample persons are less likely to participate in extreme winter conditions, the first consideration in scheduling was to avoid the North in winter. Although such a policy may have introduced seasonal variation in some of the data, the NHANES focus on chronic conditions tends to lessen the potential for bias. As it was also important to achieve economy of operation, sequencing survey locations according to their geographical proximity to each other was desirable. Carrying this goal to its most economical conclusion would have required going to all places located in one section of the country before moving on to the next. Because such a configuration would have introduced a time bias that could confound an attempt to analyze trends over time, compromises were necessary. One such compromise was to spread the operation over the survey years so that about one-sixth of each of the black, Mexican-American, and other populations would be sampled in each year. Then for each year, the most economical sequence of survey locations was chosen within the geographic and seasonal constraints. Thus, the conflicting goals of economy of operation and reduction of scheduling bias could both be satisfactorily met. As a result, NHANES III circled the United States each year for 6 years.

The optimal number of sample persons that can be interviewed and examined at any location for any of the Health and Nutrition Examination Surveys (HANES) ranges between 300 and 600. On one hand, for an examination schedule of less than about 3 weeks (the number of weeks normally allowed for 300 persons) it is not cost-effective to set up the MEC with its sewer, water, and electrical connections. On the other hand, 600 persons is the upper limit to allow for the selection of as many PSU's as possible. Therefore, NHANES III survey designers established a target number of sample persons that stayed within that range and averaged around 450 per site. This consistency in size made it easier to piece together a schedule that not only satisfied the restrictions mentioned earlier but the following requirements as well.

The schedule at each survey site contained an initial period of about 3–4 weeks of household interviewing before examinations began. During this time some 15 interviewers did most of the screening, household interviewing, and making of examination appointments. Then an examination team arrived to prepare the MEC and carry out examinations during a 4–7-week period. See figure 1 for a portion of a representative schedule.

The movement of staff between survey locations followed one of three patterns depending on the type of staff—household interviewer, examiner, or field office. Most household interviewers traveled to every site to do the bulk of screening and interviewing before examinations started. Then at the beginning of examinations, they went on to the next

place to do screening and interviewing. Each of the two teams of examination staff traveled to every second location to stay for the examination period. Each of the three field office teams traveled to every third location where they stayed from before the beginning of household interviewing through the end of examinations, a period of 8–11 weeks. A few household interviewers who specialized in convincing reluctant sample persons to participate in the examination phase of the survey, rather than in the initial screening and household interviewing, were more apt to follow different patterns. However, by and large, the model described represents staff movement throughout NHANES III.

Advance arrangements and public affairs

Carrying out NHANES III in each community involved a sequence of activities that covered a span of about 7 months (figure 2). Early activities focused on notification of local officials, selection and preparation of field office and MEC sites, and solicitation of support from the media and other local contacts. Then, as field office and interviewing staff arrived on site, the emphasis shifted to household interviewing of sample persons and making appointments for them to have the physical examination. Finally, after the examination staff arrived, examinations took place in the MEC's.

About 4 months before household interviewing started in a county, NCHS staff sent an introductory letter and an NHANES III Fact Sheet to each of a number of local officials, including the local health director and nutritionist; mayor or county executive; Chamber of Commerce president; police chief; sheriff; school superintendent; coordinator on aging; and heads of the medical, dental, and osteopathic societies.

Later, the NCHS and Westat advance team met with the local health director and key staff to explain the survey and ask their help in finding a site for the MEC. As in all HANES, the most desirable site was central, near major highways, level, and easily and cheaply accessible to sources of water, electricity, and sewage disposal. It also had to be in a neighborhood to which any person in the county would feel comfortable going. Good examples are parking lots of large hotel chains, hospital parking lots, and county fairgrounds.

At the initial meeting with the health department, the advance team learned of other key local officials to be informed. They discovered public information officers who could help promote the survey locally. They also asked for sources of medical care who would accept referrals when NHANES physicians or laboratories found conditions requiring treatment for sample persons who had no usual source of medical care.

When all advance arrangements were complete, NCHS staff sent each local official a followup letter giving the addresses and phone numbers of the field office and MEC.

NCHS personnel purposely maintained a direct role in the areas of advance arrangements and public affairs. As representatives of a Federal agency, NCHS staff could establish a rapport with local government officials that might not have been achieved as easily by a private contractor alone. Therefore the advance-arrangements team was comprised of both

	Team I (801 miles) MEC III (842 miles) Mytown Site 442		Team 2 (323 miles) MEC II (842 miles) Ourtown Site 443
	1,579 households screened 450 sample persons		1,300 households screened 391 sample persons
Office setup	8/13 (Thu)		9/2 (Wed)
Interviewing	8/20 (Thu)		9/10 (Thu)
Trailer arrival	8/23 (Sun)		9/3 (Thu)
Trailer setup	8/24 (Mon)		9/4 (Fri)
Travel days	2 days (9/3-9/4)		1 day (9/28)
Training days	-		9/29 (Tue)-10/2 (Fri)
Exam staff setup	9/5 (Sat)		10/3 (Sat)
Dry runs	9/9 (Wed)	Days	Days off
Examinations	9/10 (Thu)-9/12 (Sat)	3	10/6 (Tue) 10/7 (Wed)-10/12 (Mon)
	9/15 (Tue)-9/21 (Mon)	6	10/15 (Thu)-10/19 (Mon)
	9/24 (Thu)-9/28 (Mon)	5	10/22 (Thu)-10/26 (Mon)
Training	10/1 (Thu)-10/2 (Fri)	-	10/29 (Thu)-11/2 (Mon)
	10/3 (Sat)-10/5 (Mon)	3	11/5 (Thu)-11/7 (Sat)
	10/8 (Thu)-10/12 (Mon)	5	
	10/15 (Thu)-10/19 (Mon)	5	
	10/22 (Thu)	1	
	Total	28 days	Total
			23 days
Trailer teardown	10/23 (Fri)		11/8 (Sun)
Trailer departure	10/23 (Fri)		11/9 (Mon)
	Team 1 (617 miles) MEC I (1,043 miles) Theirtown Site 444		Team 2 (852 miles) MEC III (1,399 miles) Yourtown Site 445
	1,319 households screened 485 sample persons		1,786 households screened 446 sample persons
Office setup	10/1 (Thu)		10/20 (Tue)
Office training	10/8 (Thu)		10/26 (Mon)-10/27 (Tue)
Interviewer training	10/9 (Fri)		10/28 (Wed)
Interviewing	10/10 (Sat)		10/29 (Thu)
Trailer arrival	9/30 (Wed)-10/5 (Mon)		10/25 (Sun)
Trailer setup	10/6 (Tue)		10/26 (Mon)
Travel days	2 days (10/24-10/25)		2 days (11/9-11/12)
Exam staff setup	10/28 (Wed)		11/13 (Fri)
Dry runs	10/29 (Thu)	Days	Days off
Examinations	10/30 (Fri)-10/31 (Sat)	2	11/14 (Sat) 11/17 (Tue)-11/21 (Sat)
	11/3 (Tue)-11/7 (Sat)	5	11/24 (Tue)-11/30 (Mon)
	11/10 (Tue)-11/16 (Mon)	6	12/3 (Thu)-12/7 (Mon)
	11/19 (Thu)-11/23 (Mon)	5	12/10 (Thu)-12/14 (Mon)
	11/26 (Thu)-11/30 (Mon)	4	12/17 (Thu)-12/18 (Fri)
	12/3 (Thu)-12/7 (Mon)	5	1/5 (Tue)-1/8 (Fri)
	12/10 (Thu)-12/11 (Fri)	2	
	Total	29 days	Total
			26 days
Trailer teardown	12/12 (Sat)		1/9 (Sat)
Trailer departure	12/12 (Sat)		1/16 (Sat)
		Break	12/19-1/4

Figure 1. Example of a portion of a representative survey schedule used in the National Health and Nutrition Examination Survey: 1988-94

Month	-4	-3	-2	-1	0	+1	+2
Notification of local officials	X-----	-----	X				
Advance arrangements	X-----	-----		X			
Opening of field office				X			
Trailer setup				X--X			
Mailing of advance letters			X				
Household interviewing				X-----	X		
MEC examinations				X-----	X		
Home examinations				X---X	X		
Trailer teardown					X		
Closing of field office					X		
Month	-4	-3	-2	-1	0	+1	+2

NOTE: MEC is mobile examination center.

Figure 2. Sequence of activities at each survey location of the National Health and Nutrition Examination Survey: 1988-94

Westat and NCHS staff who together started early preparations in each county. Once the initial rapport was secure, Westat personnel continued the process.

NCHS workers produced several outreach materials for use in different ways to appeal to various audiences. The four-page NHANES III Fact Sheet explained the survey in detail to local officials, the media, and other inquiring professionals. One-page flyers emphasized the special benefits of the survey for older people. The Secretary of Health and Human Services recorded a short promotional videotape for television public service announcements. A longer videotape with footage from the examination was produced and made available for field staff to offer the local television stations. Special endorsement letters from the American Association of Retired Persons, the National Institute on Aging, the Social Security Administration, and the National Association of Area Agencies on Aging were available to promote the survey when appropriate. A distinctive flash card booklet helped the interviewers explain to sample persons how they were selected for NHANES III.

The most important of the outreach materials, the NHANES III Sample Person Brochure, was an eight-page two-color booklet with pictures that described the examination experience for the sample person. Written in simple language, in either English or Spanish, it used a question-and-answer format designed to make sure sample persons were fully informed of the benefits and risks of the examination before they consented to participate. The last page of the booklet was the actual consent form to be signed by the sample person or parent.

Another aspect of outreach was publicity—how to get it and how not to get too much of it. Before household interviewing commenced, NCHS staff sent a locally tailored press release to each newspaper, television station, and radio station in the community. Their hope was to get at least one NHANES III article published in a local newspaper just before household interviewers began knocking on doors. NCHS staff also sent special press releases to newspapers serving the senior citizen, Hispanic, and African-American populations

where such papers existed. When the approach was successful, the interviewers, carrying the article, a local affirmation of NHANES III, were better able to confirm the legitimacy of the survey to respondents.

At the start of the examination period, after household interviewing had been going on for about 3 weeks, the staff held a “dry run” examination session at which they conducted examinations on volunteers from the local community. Although the main reason was to make certain all examination equipment was running properly, it was also a chance to invite local officials and the media to an open house. Often the television stations shot examination footage (using volunteers so as not to violate the confidentiality guaranteed to sample persons) that appeared on the evening news programs. This television exposure, which often included all or part of the NCHS-produced videotape, gave an extra boost to the never-ending efforts to encourage participation among those selected for the survey.

Occasionally, when several operations were running simultaneously in neighboring communities, such as in the Los Angeles area, NCHS staff arranged press conferences. However, a more productive, and thus more commonly used, mechanism was an informative talk given by the Westat field manager at a local service club or senior citizen center.

Staffing and training

Westat advertised nationally to recruit field office, interviewing, and examination staff who were not only qualified in their specialties but came from a variety of geographic, racial, and ethnic backgrounds. For many positions it was imperative that staff speak both English and Spanish.

Although the interviewing staff were not required to have academic credentials, most were experienced interviewers who represented a cross-section of society; many were of Hispanic origin. Similarly, although the requirements for the field office administrative staff did not include academic credentials, many of these staff had previous field experience, even previous HANES experience.

Each of the two examination staffs was a group of 16 who worked and traveled together as a team. They included a physician, dentist, ultrasonographer, two dietary interviewers, four x-ray technicians, a phlebotomist, three medical technologists, a health interviewer, a home examiner (who was a medical technologist by training), and a coordinator. Many staff, especially the dietary interviewers, health interviewer, and coordinator, were fluent in both Spanish and English. Two locally hired staff supplemented them at each place.

Examining physicians were required to have either an M.D. or D.O. degree, be licensed, and be board certified or board eligible in family, internal, or preventive medicine. Dentists were required to have a D.D.S. degree and be licensed. Ultrasonographers carried Registered Diagnostic Medical Sonography credentials. Health technicians were certified by the American Registry of Radiologic Technologists. Dietary interviewers had a bachelor's degree in home economics or a related subject and at least 10 credit hours in foods and nutrition. Medical technologists had experience separating white cells from blood samples.

All staff went through month-long introductory programs that oriented them to NHANES III in general and trained them to do their jobs in particular. Conducted by Westat staff, these training programs relied on NCHS subject matter experts as well as outside consultants to bring the new employees to satisfactory skill levels before they went into the field to collect data. Yearly, throughout the survey, Westat and NCHS staff conducted formal retraining programs to make sure these skill levels were maintained.

Household interviewing and examination appointments

About 10 days before interviewing began in a county, the NCHS Director sent to each sample household in the 23–26 sampled neighborhoods a large-print letter saying that an interviewer would soon be visiting. The dwelling units selected to be screened were a probability sample of those identified by staff called "listers" who previously had walked throughout the sampled neighborhoods looking for all dwelling units.

At the beginning of the interviewing period, the field manager distributed segment (neighborhood) assignments to about 15 interviewers. They visited each household to administer a screening questionnaire that identified the household members, their ages and birth dates, and their racial and ethnic identities. Then according to the sampling instructions based on age, sex, and racial and ethnic identity contained on the screener, the interviewer selected sample persons from the household members.

Because of the effort to oversample the very young, the very old, black persons, and Mexican-Americans, interviewers had to screen many households. Although only about one household in five contained sample persons, in households with sample persons, an average of just over two people were chosen. Therefore, much of the early interviewing focused on screening. Nevertheless, the competing interest of filling the examination schedule early made it crucial at first not only to

screen households but also to complete interviews and make appointments for selected sample persons to have the health examination.

Because many Mexican-Americans preferred to have the household interview in Spanish, all survey data collection instruments were available in Spanish as well as English. As mentioned earlier, many interviewers were fluent in both languages. When it was necessary to conduct an interview in a language other than English or Spanish, a translator was engaged to assist the interviewer in administering the questionnaires.

At the beginning of each interview with a sample person over 16 years of age, the interviewer asked the respondent to refrain from smoking or drinking coffee or alcohol during the interview. The reason for this request was to prepare for the blood pressure measurements to be taken later. Then the interviewer administered, depending on the sample person's age, either the Household Adult Questionnaire (for persons aged 17 years and over) or the Household Youth Questionnaire (for persons 2 months–16 years of age). See appendix III for the content of these questionnaires and appendix table I for a list of interview topics by questionnaire. At the end of the adult interview, the interviewer, following a rigorous procedure, took three sets of systolic and diastolic blood pressure measurements and recorded the average of the last two. Then the interviewer gave the respondent a report that included the measurements; an assessment of whether they were normal, borderline high, or high; and recommendations for followup by a health care provider.

The final questionnaire was the Family Questionnaire (appendix III), which the interviewer administered to a responsible adult household member. The purpose was to find out about educational levels, ethnicity, occupational information, health insurance coverage, family income, and characteristics of the house itself.

Before asking sample persons to make an appointment for the health examination (which could last as long as 3½ hours), interviewers explained its various components. Participants also learned that they would receive free transportation to the MEC and a cash payment. The basic payment was \$30 for the examination. However, there was the possibility of receiving an additional \$20 under conditions relating to the time of the appointment and fasting status, conditions that are explained later in this section. Another incentive for sample persons to participate was that they would receive the findings from the examination.

After the sample person had read the Sample Person Brochure and signed the consent form, the interviewer called the field office to make the appointment, finding the earliest examination slot available, subject to a few constraints, on a day and time acceptable to the sample person. Then the interviewer gave the sample person an appointment slip showing the date and time of the scheduled examination appointment and explained the exact fasting instructions. The interviewer indicated that a taxi would take the person to the examination center at the appointed time and would return the examinee home. However, persons who preferred to drive would be paid for their mileage. The interviewer also told the

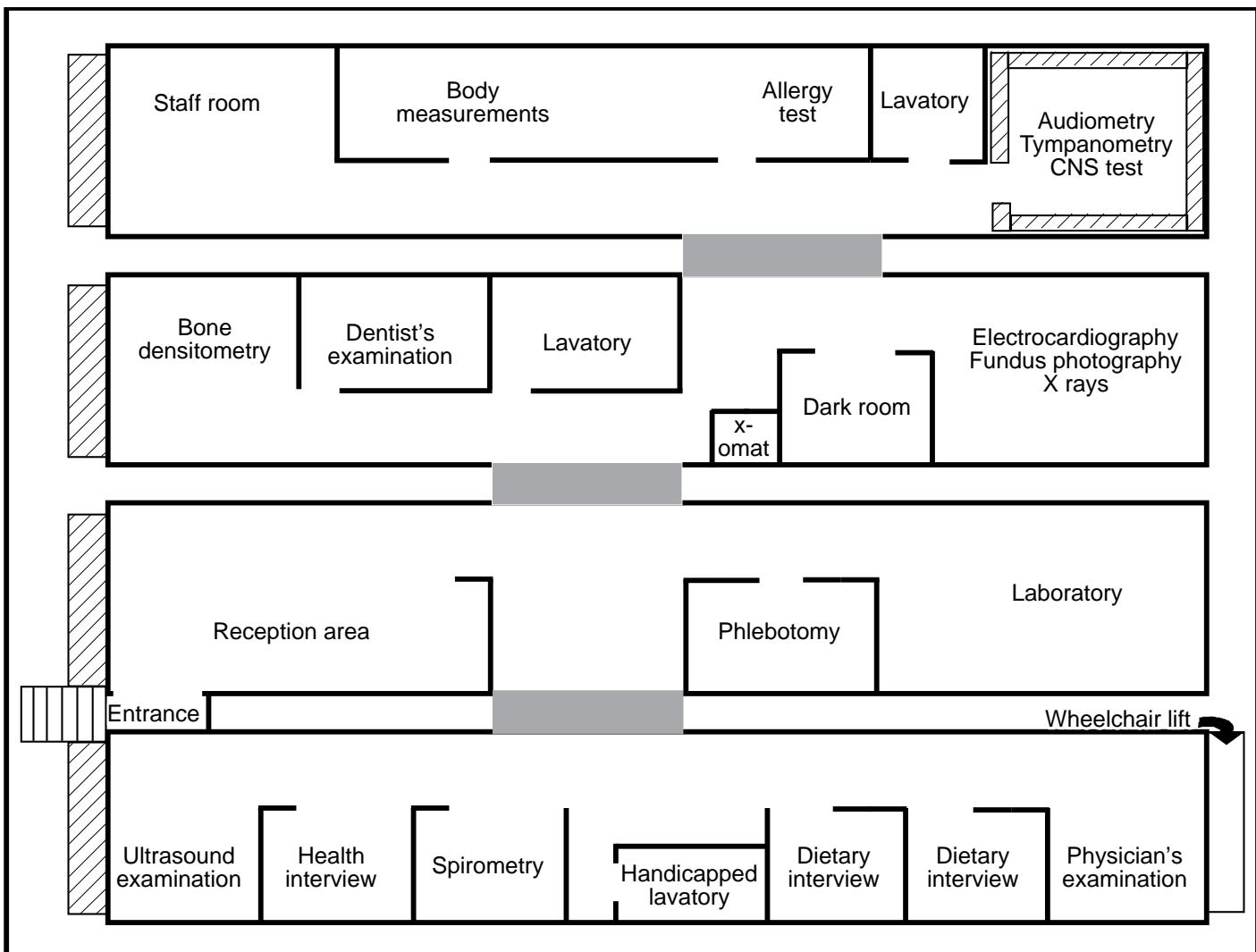


Figure 3. Floor plan of a mobile examination center used in the National Health and Nutrition Examination Survey: 1988-94

sample person that a reminder notice would arrive in the mail a few days before the scheduled examination. A day before the appointment, a field office staff member telephoned the sample person with a reminder of the appointment, the fasting instructions, and the taxi pickup arrangements if applicable.

The main limitation on scheduling a person for the examination, one considered so important that people were remunerated for following it, was related to the need to obtain blood specimens under controlled fasting conditions. In past HANES in which there was a glucose tolerance test (GTT), interviewers asked the people chosen for it to fast overnight and appear for a morning examination. Many people, however, were unwilling or unable to schedule a morning appointment. To avert a similar occurrence in NHANES III, NCHS staff tried something new. Households were divided randomly into two groups, "morning" and "other." Anyone over the age of 20 in the morning group fasted overnight and had a morning examination. The others over the age of 20 years fasted 6 hours and had either an afternoon or an evening examination. Whether or not the sample person was given the GTT (only those between 40 and 74 years of age were eligible

for this test), this arrangement enabled NCHS staff to analyze better the results of blood tests normally given under strict overnight fast conditions. For example, it allowed analysis of diurnal variations in the levels of laboratory test values such as lipids. What made the system work was that a \$20 bonus was paid to sample persons who participated during the designated examination session.

Another example of a scheduling constraint was the limit on the number of persons over the age of 60 who could participate during a given examination session. The examination could be very long and arduous for older persons; therefore, there would not have been time for all of them to complete the examination if too many older persons had been scheduled during the same session.

More than 73 percent of sample persons made an appointment, appeared at the MEC as scheduled, and completed the examination at that time. These people required no further followup visits. The rest, people who either broke their appointments or refused to make any at all, required additional persuasion efforts from the interviewers. Household interviewers were very diligent about recontacting these people and

succeeded in convincing many of them eventually to participate in the examination. These interviewers used a variety of techniques beyond the offer of remuneration, free transportation, and the results of the examination. Techniques included appealing to the sample person's sense of responsibility and community spirit. Eventually, about 14 percent of these people agreed to take part and contributed to raising the examination rate by 4 percentage points to more than 77 percent.

Examination center and equipment

As in previous surveys, NHANES III examinations were carried out in specially designed and equipped MEC's that were moved from one location to the next according to the survey schedule. Each of the three identical examination centers consisted of four trailers, approximately 48 feet long by 8 feet wide, with about 1,570 square feet of space. To form an examination center, the four trailers were parked on level hard ground, side by side, and connected with enclosed telescoping passageways. With four trailers instead of three, an NHANES III MEC was more than one-third larger than in previous NHANES. Through size alone, this permitted a far more extensive and complex examination than before. Other new features of the NHANES III examination center, added because of the emphasis on examining older people, were a wheelchair lift and a lavatory designed to accommodate handicapped people.

Shown in figure 3 is a diagram of the floor plan of each MEC. The shaded areas between the trailers represent the passageways, and those at one end of each trailer depict air conditioning units. The minicomputer serving the automation network was in the body measurement room that was adjacent to the staff room, which contained a network printer, copier, refrigerator, and range.

For any NHANES, the instruments used to collect examination data were chosen because they met certain criteria for acceptability. The preference was to use equipment normally used in a clinical or research setting if it could operate reliably in the survey setting with minimal alteration. The statistical data produced by the instrument had to be acceptable to the scientific community. The instruments had to be rugged enough to stand up to the rigors of constant travel. Ease of calibration and maintenance was also important, and the staff had to be able to use the equipment accurately and reliably. Lastly, the equipment had to fit into the small space available. Appendix I lists the equipment used during NHANES III.

The acceptability of the equipment was a factor in deciding which components could be done in the NHANES setting. For example, the bone density component would not have been in NHANES III had it not been for the timely availability of a bone densitometer that used x rays to produce an image of the hip in about 15 minutes. A bone densitometer considered early in the planning required about 30 minutes, an unaffordable luxury of time when planners were trying to fit a myriad of possible components into a 4-hour examination session.

Before examinations began at any location, the MEC manager directed the parking and alignment of the trailers, the

leveling of the individual trailers, the connection of the passageways, and the electrical, water, and sewer attachments. Because there were three MEC's and two examination teams, a set of trailers could always be moved from one survey location to another, parked, set up, and ready for examinations by the time an examination team arrived.

The MEC's were moved in synchrony with the three field office teams and served to transport each field office automation system from one place to another. Many other office and medical supplies also traveled with them. A running inventory of all office and medical supplies was kept with each examination center so that when supplies became low, the staff at the central warehouse could send out replenishments, usually after the trailers arrived at a survey location but before examinations began.

Several days before examinations began, the NCHS biomedical engineer arrived on site to inspect all the computer and medical equipment to make sure it was working satisfactorily. During this period the engineer arranged for company service representatives to do preventive maintenance work on the machines. On setup day the examination staff unpacked the rest of the instruments and supplies and put the machines through their paces while the engineer was still on site in case malfunctioning equipment needed to be repaired. The engineer usually stayed through the "dry run" examination session, at which staff tested the equipment using local luminaries and other volunteers to act as examinees. The engineer also stayed for at least a day of real examinations to be absolutely sure everything was functioning normally.

A typical schedule for the first half of the examination period embraced two 4-hour sessions a day, 5 days a week, Tuesdays through Saturdays. Wednesdays, Fridays, and Saturdays had morning and afternoon sessions; Tuesdays and Thursdays had morning and evening sessions. The target number of examinees scheduled for each session was 10. About halfway through the examining period the schedule shifted to a Thursday-through-Monday work week. Morning and afternoon sessions were on Fridays, Saturdays, and Sundays; morning and evening sessions were on Thursdays and Mondays. One reason for this intricate schedule was to provide the flexibility to accommodate all sample persons whenever they might be available. Another reason was to gather 24-hour dietary recall information for every day of the week, not just weekdays.

Examination center methods

Four types of data collection methods were employed in the MEC. Appendix table II shows the examination components and the age groups covered by each, as well as the topics covered by the supplemental questionnaires administered in the examination center. Appendixes III and IV give the specific content of the forms and questionnaires used. Other sections discuss the rationale and purposes of the components.

One method of data collection was the direct physical examination by a professional expert examiner, as in the physician's and dental examinations. Although the content of these examinations was quantified to the fullest extent pos-

sible, there still remained in each one aspects requiring the professional judgment of the expert examiner. Because these professionals were clinically educated to use their independent judgment, it was necessary that they be trained to conform exactly to the very different demands of a standardized survey examination procedure.

The tests and measurements done by the health technicians and ultrasonographers represented a second method. These measurements were quantifiable and objective, and the procedures for them could be clearly defined, leaving little room for judgment on the part of the examiner. Audiometry, tympanometry, fundus photography, radiography, electrocardiography (ECG), gallbladder ultrasonography, bone densitometry, body measurements, allergy testing, physical performance testing, and spirometry fall into this category of examination. Many of these examinations yielded products that required later expert review to quantify the findings contained therein.

The third method of data gathering in the MEC was interviewing, used to collect nutrition-related information, data on sensitive subjects such as tobacco use among youngsters, sexual experience, and depression; and tests of cognitive ability and learning achievement. For example, in a dietary interview room, with the help of food models to prompt respondents to identify portion sizes of foods consumed, dietary interviewers obtained and entered into the automated system 24-hour recall and food frequency information. A health interviewer in a private setting administered the WISC-R and WRAT-R to young respondents and the MEC Adult Questionnaire, MEC Youth Questionnaire, or MEC Proxy Questionnaire as appropriate for the examinee's age.

A fourth data collection method, specimen collection, was used by the phlebotomist who drew blood on examinees 1 year of age and over. Urine specimens were collected, too, from those 6 years of age and over. In the laboratory, medical technologists divided blood and urine specimens for analysis. Blood samples were tested for certain hematological assessments, then the remainder of the blood and urine specimens were processed and divided into many prelabeled vials. The vials were stored under appropriate cold (4–8°C) or frozen ($\leq 20^{\circ}\text{C}$) conditions in preparation for shipment to various analytical laboratories where numerous other tests were performed later. In appendix tables III–V the analytes measured in NHANES III, the assay methods used, and the laboratories where the assays were performed are listed.

Examination experience

When a sample person appeared at the appointed time at the examination center, the coordinator greeted the person in the reception area. The examinee first changed into the foam slippers and paper shirt and pants provided for all examinees. The coordinator then assigned the person to an examiner according to a flow system designed to make the best use of the 4-hour examination session. After each examination component or set of components, the examinee returned to the coordinator for assignment to another examiner. This continued until all components were complete.

The purposes of the flow system were to keep to a minimum the time examinees were in the examination center and to use examination staff efficiently. Because the examination components varied in length and because examinees did not receive the same components, the flow system had to be flexible. Therefore the first rule was to serve the examinee who had been waiting the longest. The second rule was to use priorities to determine which examiner served the examinee if more than one examiner was available. Sometimes the influence of one component upon another determined which one the examinee received first.

Before starting an individual examination component, the examiner asked the examinee a few questions to see if there was any reason why it would not be safe for the person to have that examination. The questions were different for each component. Safety exclusions are discussed further later.

Upon completion of an examination component, the examiner entered a completion code into the computer and also recorded the fact of completion on a paper control record. The examinee carried the control record along from one component to the next through the whole examination. After completing all examination components, the examinee changed back into street clothes and returned to the reception area. At the end of the examination session, the coordinator thanked and remunerated the examinee according to the established procedure.

Home examination

A goal in NHANES III was to examine the highest possible number of sample persons in the MEC. However, some frail older people and others who were bed-bound or in wheelchairs could not participate in the usual way. Because NHANES III had no upper age limit, many more individuals than in previous surveys fell into this group. Therefore, the home examination was designed to gather certain physical and physiological information on sample persons in their own houses through a subset of components normally done in the MEC. These are listed in appendix table II.

Sample persons 60 years of age and over whom interviewers found to be bed-bound or in wheelchairs were immediate candidates for the home examination. The household interviewer did not try to schedule such an individual for the MEC but instead arranged for a home examination to be done by a medical technologist. For other sample persons, interviewers did not suggest the possibility of a home examination until a decision was made that further efforts to persuade the person to come to the MEC would be futile.

A field office staff member made the appointment for the home examination. Sample persons who were at least 20 years of age were asked to fast exactly as if they had been going to the MEC. Although the appointment was at the sample person's convenience, preferred appointment times were during periods when the examination center was open and its lab available for blood processing. After the examination, which lasted 30–60 minutes, the home examiner gave the sample

person a cash payment of \$15. Then the examiner returned to the examination center to process the blood specimens. (Urine specimens were not collected.)

Data processing

During each examination component, examiners recorded all data directly into an automated data collection system that ended the need for most paper forms. Except for a few components (bone density, dietary, dental, spirometry, and neurological) that used independent automated systems, the system was integrated. However, administrative functions for all components were part of the central automated system. The need for hard-copy records did not vanish completely, though; technicians still took x rays; they took photographs of the fundus of the eye and of height measurements; they generated tympanogram, electrocardiogram, and spirometry tracings; and they made videotapes of the gallbladder ultrasound examination.

All data gathered about a sample person carried a unique identifying number. However, there were two exceptions that applied to the HIV seroprevalence test and the urine drug tests done for persons 18 years of age and over. Because of the special sensitivity of the tests, they were conducted as double-blind studies using randomly numbered specimen vials. There was no link between the random numbers and the corresponding sample person identification numbers. The only demographic information about a sample person that accompanied the vials was sex, age group (20-year group), race and ethnic group, survey location, and educational level.

At the end of operations at each location, field staff sent all records to various locations for processing, interpretation, and/or storage. Computer tapes of CAPI data and field office administrative records went to the NCHS data processing center at Research Triangle Park (RTP), North Carolina, for uploading to the mainframe computer. Tapes of examination data directly entered into the automation system went to NCHS headquarters for immediate uploading. Paper questionnaires done before NHANES III started CAPI procedures went to the RTP facility for keying and processing. X rays, spirometry and ECG tracings, tympanograms, and height and weight photographs went to NCHS headquarters. Fundus photographs, videotapes of the gallbladder ultrasound examination, and computer tapes of the spirometry and bone density examinations went to consultants for reading and interpretation before being returned to NCHS.

Quality control

Two sources of error may enter into survey data collection activities: sampling error and nonsampling error. The control of sampling error is discussed in the section "Sample design and analysis guidelines." Described in this section is the control of nonsampling error.

One type of error occurring in perhaps all surveys, especially those in which participation is voluntary, is that resulting from nonresponse. Nonresponse bias may occur if there is a large proportion of nonrespondents whose character-

istics differ from those of respondents for the measurements being made. The potential nonresponse bias is greater when response rates are low. Therefore, a major effort was made in NHANES III, as in all previous NCHS health examination surveys, to reduce the magnitude of nonresponse.

Two adaptations to earlier NHANES sample designs were still in effect for NHANES III, primarily to improve response rates. The number of sample persons selected per family was larger than in past NHANES (although smaller than in the Hispanic HANES), and the geographic size of the PSU's remained small (as it was in NHANES II and the Hispanic HANES), so the travel distance between the neighborhoods and the examination center was as short as possible.

Most efforts at increasing response were directed at making the examination experience more appealing. Although some of these methods have been mentioned previously, they included adapting the schedule of examination sessions to suit the needs of each particular locality; scheduling examination appointments at the convenience of the sample persons; scheduling whole families together for the examination; using bilingual Hispanic interviewers and examination staff members; printing the questionnaires in both Spanish and English; locating the examination centers in convenient and socially acceptable places; providing free transportation to and from the examination center; providing for babysitting; obtaining permission from the schools for student examinees to miss classes; sending the examination results to the examinee; and giving each examined person a cash payment as a token of appreciation. Also, an extensive followup system was used to help sway sample persons who refused the examination or broke their appointments.

Assuring the quality of the household interview data was a long, thorough process. First, the questionnaires developed by NCHS staff were translated into Spanish. During the pretests they were checked in both Spanish and English to see that they worked in both languages and that the two versions were equivalent. Precise definitions of questionnaire terms were written and incorporated into detailed instruction manuals. Before the interviewers went into the field, they received intensive training specific to the survey and its questionnaires. Later retraining sessions were conducted as necessary. In years 2 and 3 of the second phase of the survey, interviewers used CAPI procedures with built-in field edits that prevented many inconsistencies and out-of-range answers from ever being recorded.

Validation of completed questionnaires with respondents is a procedure often used in interview surveys to be sure questionnaires have not been falsified. In NHANES III supervisors conducted a 10-percent validation of all cases, some by telephone, others in person. If problems were discovered, the work was verified or redone to the extent necessary to ensure the validity of the data.

Field edits were a very important part of quality control. Throughout the survey an editor went over all questionnaires completely (whether on paper or in the CAPI system) and informed the interviewer's supervisor of any error patterns found, so interviewers could be corrected. Also, field personnel sent each questionnaire with errors to the MEC on the day

of the sample person's examination so the correct information could be retrieved directly from the examinee.

One of the most direct methods of monitoring, used in all NCHS health examination surveys, was observation of the interviews by NCHS and contractor staff. In addition, while these headquarters staff were in the field, they often took time to edit questionnaires.

Quality control of the health examination had the two goals of reducing systematic and random measurement error for each examination component and quantifying what error remained. Quality control measures that applied to the examination as a whole were the standard environment provided by the three identical sets of MEC's; standard state-of-the-art equipment and examination procedures; automation of all data collection procedures in the examination center through a local area network run by a minicomputer; detailed written instructions for all procedures; specialized training of examiners before they collected data; periodic retraining of examiners to reduce the drift in technique inherent in long surveys; formal transmittal procedures to account for and send data from the field to the processing centers; documentation of unusual occurrences that may have affected the data; a thorough check of all medical and automation instrumentation at each location; and the "dry run" examination session conducted to be sure all the equipment and staff were functioning properly.

Other elements of the field quality control program applied individually to the various components of the examination. For example, the technicians calibrated the equipment and instruments used for ultrasonography, bone densitometry, spirometry, audiometry, tympanometry, radiography, body measurements, and the laboratory procedures. These calibrations were done at various intervals depending on the instrument. The biomedical engineer saw that preventive maintenance for both medical and automation equipment was performed as scheduled with results recorded in instrument log books. Also, throughout the survey, the engineer and systems staff were on call to see that the equipment consistently functioned at the high performance levels required.

As with the household interview component, observation of examinations was an important quality control measure. Various NCHS, Westat, and consultant staff each visited the field about four times a year to observe the procedures under their respective domains. During these visits, the examiners were retrained as appropriate if technique had deteriorated since the last set of observations. For all these field visits, written reports documented the quality of the data gathered and retraining conducted.

Certain examination components, such as ECG, tympanometry, radiography, bone densitometry, spirometry, fundus photography, and ultrasonography yielded hard documents. The ECG's and spirograms were recorded not only on paper as tracings but also on computer tapes. The films and tracings produced by these components had to meet a number of standards of quality to be acceptable. To assess the quality of the hand and knee x rays, an expert radiologist read a sample of the films and transmitted those findings to the technicians so their techniques could be affirmed or corrected as necessary.

As a safeguard against recording error in the measurements of standing and sitting height, there was extra quality control. The technician took an instant photograph of the height scale setting for each standing and sitting height measurement and read the measurement to be recorded from the photograph, not directly from the scale. This way the effect of parallax was removed. Then later all the height photographs were compared with data entered into the computer. When recording errors were found, the data were corrected.

Another frequently used quality control measure was to compare patterns of measurements over time and across examiners and survey locations. If any abnormal variability appeared, appropriate measures were taken to uncover the reasons and retrain examiners in the correct measurement techniques.

Even though many methods were used to keep measurement error to a minimum, some degree of measurement error may have been left in the data. Therefore, another objective of the quality control program was to determine the extent of this error. To do this, the survey collected replicate data, either by rereading hard documents produced by the procedures, such as x rays, ECG's, and photographs of height measurements, or by repeating procedures exactly as they were done originally. Most laboratory tests were repeated as a matter of course. But otherwise, the scope and frequency of collection of replicate data varied greatly.

During the first few weeks at a survey location, many examinees over 6 years of age were asked if they were willing to participate 2–3 weeks later in a second examination in the MEC or in the home. For operational convenience, these examinees were volunteers. The possible bias resulting from the use of a nonstatistical sample was not of prime importance because the main interest was not the values of the measurements themselves but rather the errors in the measurements.

Generally, 20 volunteers at each survey location were scheduled for re-examination in the examination center. An additional 10 people examined first in the MEC volunteered for a replicate examination in the home. The home examination replicates made it possible for the tests and measurements made in the home to be compared with similar ones made in the MEC. Such components included spirometry, body measurements, and laboratory tests.

Although the full-scale replicate examinations were the single most ambitious undertaking of replicate data gathering in NHANES III, other replicate measurements were periodically performed for the purposes of monitoring and evaluating inter- and intra-examiner variability. For example, replicate data were gathered by persons designated as "standards" who visited the field periodically and replicated such examination components as the dental examination, blood pressure, and body measurements. These replicates were used mainly to monitor the measurement process and retrain examiners if necessary. Sometimes, instead of replicating a procedure, an expert reread the hard document produced by the procedure. This applied to ultrasonography and fundus photography.

A significant amount of instrument quality control took place in the MEC laboratory. For example, control specimens were

used to check the Coulter cell counter daily. And to assure quality in hematology, each technician participated in the CDC Proficiency Testing Program at least four times a year.

At each "dry-run" examination session, the technicians split the blood specimens and sent pairs of tubes to the various laboratories performing NHANES III laboratory analyses. In addition to these blind-split duplicates, the contract laboratories routinely performed their own replicate and quality control determinations. Whenever differences larger than predetermined tolerances occurred, the analyses were repeated. Generally two types of quality control systems were used by the chemical laboratories, "bench" quality control pools inserted by the analyst in each analytical run to monitor the day-to-day analysis and "blind" quality control samples placed in vials, labeled, and processed so as to be indistinguishable from regular NHANES III samples.

Medical safety policy

Ensuring the medical safety of all NHANES III participants was of paramount importance. From the first contact with a sample person through the interview and examination to the last report of medical findings, this policy was sustained. Even from the earliest stages in the planning process, individual risks were always weighed against the overall benefits to society at large.

During the household visit, the interviewer, using the Sample Person Brochure, spelled out clearly the examination and any minimal risks associated with procedures such as phlebotomy and x rays. The interviewer made great efforts to identify diabetic sample persons who were on insulin and instruct them to not fast before their examinations. Sample persons manifestly unable to participate at the MEC were encouraged to have the home examination.

As pointed out earlier, the examination center was designed to accommodate examinees who were in wheelchairs. And, to help ensure the safety of all examinees, there was a physician in the examination center at all times that it was in operation. Although there were several physicians on call for backup duty, on the rare occasion when a physician was not available, the examination center closed.

Because the MEC was not equipped nor staffed for treatment of medical problems, the examination staff had to be able to respond quickly to any medical emergency by getting the affected person to a treatment facility as quickly as possible. To this end the advance-arrangements team had ascertained and posted in the examination center the name of the nearest medical facility that had agreed to handle emergencies. Furthermore, at least once a year the NCHS medical officer conducted an emergency drill with each examination team.

Although few people were excluded from a component for medical reasons, it was important not to risk the health of examinees, however slight the risk might be. Therefore, according to the answers given to the safety exclusion questions asked before each component, an examiner could exclude someone from that component. For example, recent chest or abdominal surgery or a recent heart attack excluded an exam-

inee from spirometry. Appendix table VIII lists the safety exclusions for each component.

Medical referrals and reports of findings

Data from the many medical components that make up NHANES III provide important information on the health status of the people of this Nation. However, this health examination was not intended to serve as a screening instrument or diagnostic measure or to substitute for an examination performed by a participant's own health care provider.

Nonetheless, the information from the health examination was thought to have important implications for the health of the individual sample person. Therefore, NCHS staff designed the report-of-findings system to provide examinees with results from the laboratory tests, physician's examination, and special studies such as ECG, gallbladder ultrasonography, and spirometry. Appendix table XI lists the reportable findings from the examination.

NHANES III is the first HANES to report results directly to examinees rather than to their health care providers. These results were reported in one or more of three ways. One was direct communication from the physician to the examinee in the MEC. This approach was the only means of reporting results to the individual face to face. The other ways, employed after the examinee had left the examination center, used letters or the telephone as the means of communication.

To expedite the reporting of examination results, especially those of an urgent nature, NCHS medical officers classified each reportable medical result into one of three levels of severity. Level I referred to a major medical finding that was an emergency requiring immediate medical attention. Most all Level I referrals occurred while the examinee was still in the examination center. Examples of such referrals are heart attack symptoms, dangerously high blood pressure, and anaphylactic reactions to the allergy skin test. Also included in this type of referral was suspected child abuse, handled in the following special way: The informed consent form each parent or guardian of a minor sample person signed before participation contained a statement explaining that the examining physician would report suspected child abuse to the local authorities.

Occasionally, the NCHS medical staff made a Level I referral after the examinee had left the examination center. For instance, if the expert consultant who read the fundus photographs of the eye saw a condition that was an immediate threat to the sample person's vision, the expert telephoned the medical officer in charge of reporting examination findings and explained the condition. The medical officer used the most expedient means to reach the sample person, either telephone or overnight express mail or both. Sometimes in this situation, the field staff were still in the community and could help locate and inform the examinee.

A Level II referral was also a major medical finding, but not one requiring immediate attention. These findings needed care within 2-3 weeks. The examining physician could make Level II referrals from the dental examination, blood pressure measurements, ECG, or hematology tests directly from the

examination center. Abnormal findings noted from the physician's examination itself could warrant Level II referrals as well.

However, most of the Level II referrals did not come from the examination center because the laboratory findings and special studies that generated them were not available while the examinee was in the examination center. These findings came from specimen assays done by outside laboratories and interpretations of the special studies done by consultants. The laboratories and consultants reported extremely abnormal clinical findings to NCHS by phone or facsimile as soon as the tests were run. NCHS medical officers had given the laboratories clear definitions of "extremely abnormal" for the reportable laboratory findings, both by test and cutoff value. Those values, as well as the abnormal and medically acceptable values, are listed in appendix table XII. (In general, "extremely abnormal" was plus or minus two standard deviations outside the medically acceptable range for a particular test.) The expert consultants defined what was "extremely abnormal" for the fundus, bone density, and gallbladder examinations, and for the x rays.

Finally, Level III referrals were all other findings reported to the examinee. These included both minor medical findings already known by the examinee as well as those findings within the medically acceptable ranges.

NCHS staff developed a rapid reporting system to deliver Level II (and occasionally Level I) findings quickly and accurately by certified letter. The letter alerted a sample person that a finding was very much outside the medically acceptable range. Each letter identified the test(s), the result(s), and for the laboratory tests, the extremely abnormal cutoff value(s). The main message of the letter, stated in very carefully worded strong language, was the recommendation that the sample person immediately see a health care provider for proper evaluation and treatment. The letter explained that the survey

examination was not a substitute for an examination by one's own physician. Further, the letter encouraged the sample person to call the NCHS medical officer on a toll-free number with any questions about the examination results. Accompanying the certified letter was a list of medical care providers in the community that would take referrals. This list was especially useful to a sample person who lacked a health care provider or who may have had limited resources available for health care. Appendix II contains examples of the rapid reports.

The routine report of findings went to all examined sample persons whether or not any abnormal findings were present. Although it did not report the results of every test and examination, it was a complete summary of all those of clinical interest. This report confirmed any extremely abnormal values reported earlier through the rapid reporting system. In this case a special message reminded the sample person that he or she had already received some extremely abnormal results and should already have taken them to a health care provider.

Contained in the routine report were height and weight and, depending on the age of the examinee, blood pressure and the results from the special studies and laboratory tests. Appendix II shows an example of the reports of findings. If the examinee had received an ECG, a copy of the tracing went with the report. NCHS sent the routine report by regular mail to the examinee or parent about 12 weeks after examinations were complete in a community. In addition to the actual values, this report contained a two-sided cover letter (one side in English and the other side in Spanish). This cover letter simply thanked the examinees for participating in the survey and invited them to call NCHS if they had questions about the reports. The report packet also contained the medical referral listing for the specific community and a list of health information resources.

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Appendix I

Summary of survey content and methods

Data collection, coding, and quality control of 24-hour dietary recalls

The NHANES III Dietary Data Collection (DDC) system, a microcomputer-based interview system, was used to collect 24-hour dietary recalls (140–142). With support from the National Institutes of Health (NIH), the University of Minnesota's Nutrition Coordinating Center (NCC) developed a prototype of the NHANES III DDC system; the prototype system was then adapted for use in NHANES III with additional funding from the National Center for Health Statistics (NCHS) and the Food and Drug Administration (FDA). NCHS specified that the DDC system have the following features:

- Capability to conduct open-ended interviews using structured probes built into the interview system itself to ensure standardized data collection
- Capability to collect information on brand name products, cooking methods, and the use of fat and sodium in food preparation
- Ability to identify foods eaten together
- Capability to record information on the time of day food was eaten, the name of the meal or snack, and the place where the food was consumed
- Capability to record information about foods not found in the DDC system
- Capability to edit 24-hour dietary recalls during and after the interview
- Automated coding of foods to the U.S. Department of Agriculture (USDA) survey nutrient data base

NCHS pretested the DDC system during two NHANES III pilot studies. Information recorded in the 24-hour recalls included the time consumed, food names, type of meal or snack, and where the foods were consumed. During each 24-hour recall interview, sample persons quantified foods and beverages using food-specific units (such as a “large” egg or “medium-sized” apple), abstract food models, special charts (e.g., shapes), and measurement aids such as rulers and measuring cups and spoons. Interviewers probed for specific brand names for commercial products such as margarines, baked goods, and fast foods in order to provide more detailed information for food identification purposes.

During the 24-hour dietary recall, information about the specific types and amounts of alcoholic beverages was collected in a private interview. At the end of the 24-hour recall,

the dietary interviewers probed for a list of foods and beverages, including alcoholic beverages, that are often forgotten.

Prior to each followup telephone interview for the Supplemental Nutrition Survey of Older Americans (SNSOA), two advance letters and a Food Model Booklet were mailed to each subject to inform them of the study. The food model booklet for the SNSOA contained life-size, two-dimensional drawings of the NHANES III food models, measurement aids, and charts used in the MEC. Research has shown that two-dimensional drawings such as those used in the telephone followup have good reliability with three-dimensional ones (143).

Interview training and quality control

NCHS and Westat, Inc., wrote the NHANES III Dietary Interviewer's Training Manual, which provides detailed instructions for all aspects of 24-hour recall and food frequency data collection (149). A section describing telephone interview procedures for the SNSOA was added to the manual in 1990. All NHANES dietary interviewers completed a comprehensive training course that emphasized standardized data collection and proper interviewing technique. An experienced trainer organized and conducted dietary interviewer training. Dietary interviewers were required to have college-level training in foods and nutrition and a majority were bilingual in English and Spanish.

Dietary interviewer performance was monitored using several techniques including field monitoring of interviews in progress and reviews of taped dietary interviews by NCHS and Westat, Inc. (141,145,146). In addition, dietary interviewers performed a 10-percent cross-check of printed 24-hour recall reports. Interviewer retraining sessions were conducted periodically throughout the survey; field memorandums and newsletters were prepared by NCHS and Westat, Inc., to inform the interviewers of DDC updates and issues concerning the dietary interview protocol.

Food composition data base

The DDC system's foods data base was mapped to USDA's Survey Nutrient Data Base (SNDB). The DDC data files collected from respondents contain detailed information about all foods and beverages consumed and were sent on computer tapes to NCHS headquarters in Hyattsville, Maryland, for review, editing, and processing. Special computer programs for NCHS to merge the DDC interview files with the

SNDB containing food codes, gram weights, recipes, and nutrient values were prepared by the NCC.

At the start of the survey, the DDC system included more than 8,000 "base" foods and 3,000 brand-name products. However, the diversity of foods available in the marketplace is constantly increasing, particularly foods with modified fat, cholesterol, salt, and fiber content. New foods were routinely added to the USDA data bases throughout NHANES III and the DDC system was subsequently updated (141).

Specific descriptions of food are also necessary for trend analysis. Trend analysis is essential for nutrition monitoring as well as for long-term studies investigating diet and health relationships (147). The evaluation of trends in dietary intake is dependent on food composition data base changes, food coding decisions made during or between surveys, and the ability to reanalyze past dietary data, if necessary. The comparison of food and nutrient intakes over time is possible with NHANES III because both the multiversion DDC foods data base and the Survey Nutrient Data Base are time-specific.

Medical instruments and automation equipment

Medical instruments in the mobile examination center

Ultrasound room

Toshiba SSA-90A Ultrasound Scanner (Sonolayer V)
RMI Ultrasound Phantom
Echowarm GW2E Gel Warmer
Panasonic AG-6300MD VHS VCR

Spirometry room

Thommen 2000 Barometer
Ohio Medical 822 or 827 Spirometer modified by NIOSH
NIOSH-built HF4 Computer

Physician's examination room

Baumanometer Wall Model Standard Mercury Sphygmomanometers
Littman Classic Stethoscope with dual head
Baumanometer Calibrated V-Lok Cuffs (thigh, large arm, adult, child, infant)
Emergency medical kit
Valhalla 1990B Bioimpedance Analyzer
LifePak 6s 801555-36 Portable ECG
24.9 cubic foot oxygen tank

Laboratory

Coulter S-PLUS JR Blood Analyzer
Coulter DTH2AS Data Terminal
Sorvall GLC-2B DuPont Instruments Centrifuges (two)
Hamilton-Bell V6500 Centrifuge
Damon MB Microhematocrit Centrifuge
F7CSS Nor-Lake freezers (three)
F7CSS Nor-Lake refrigerator
NuAire NU-425-400 Biological Safety Hood

Reception area

TL-15 Burglary Floor Safe
IVAC IVI811A Thermometer

X-ray room

Marquette MAC-12 ECG
Canon CR4-45NM Non-Mydriatic Retinal Camera
Canon (Polaroid) CR4-PC Camera Back
Canon CR4-FN 35mm Camera Back
Picker 755-560-F Radiographic Generator
X-Rite 601 Silver Recovery Unit
X-Rite 334 X-Ray Film Sensitometer
X-Rite 301 X-Ray Film Densitometer
Westinghouse Film Illuminator
Kodak RP X-Omat M6AW Film Processor

Dental examination room

Harvey 5000 Chemiclave
MDT Corporation Rolux light

Bone densitometry room

Hologic QDR-1000 X-Ray Bone Densitometer
Hologic Phantom WHF-1 Phantom
Hologic PRA-1 Pronator Foot Brace

Audiometry room

Grason-Stadler 1716 Audiometer
Telephonics TDH-50P (296D200-2) Earphones
Teledyne TA-7A Tympanometer
Brue & Kjaer 2235 Sound Level Meter
Brue & Kjaer 1624 Octave Band Filter
Brue & Kjaer 4230 Acoustic Calibrator
Brue & Kjaer 4144 Condenser Microphone
Brue & Kjaer 4152 Artificial Ear Coupler
Compaq Deskpro 286 2551 computer used for central nervous system examination

Body measurement room

Holtain T/W Skinfold Caliper (dial caliper)
Bicondylar Vernier Elbow Breadth Caliper
Mediform CLPR65 Sliding Caliper
Lufkin Y606PM Steel Measuring Tape
Ross Insertion Tape
Holtain Height Stadiometer w/Polaroid Camera
Sitting Height Box, 50cm
Holtain Infant Measuring Board
Toledo 2181 Scale w/300 lbs. weight (12@ 25 lbs.)
Toledo 8136 Scale Digital Display Readout
Lock and Key Mechanism (custom made by Alan Shapiro)

Local area network equipment in the mobile examination center

DEC IVAX 630 Main Computers (two)
DEC DSRVB Terminal Server (four)
DEC VT220 Terminals (two)
DEC VT320 Terminals (nine)
DEC PC500 VAXmate Computers (three)
DEC 325C Computers (three)
DEC LNO3 Printer
Liebert 3.0 KVA Uninterruptible Power Source

Medical instruments in the household

Baumanometer Gravity Rx Sphygmomanometer
Baumanometer Calibrated V-Lok Cuff (thigh, large arm,
adult, child, infant)
Littman Classic Stethoscope
NIOSH PJ5 Spirometer with Tamarac Flow Sensor used
with Compaq 286 Laptop Computer
Holtain T/W Skinfold Caliper (dial caliper)

Lufkin Y606PM Steel Measuring Tape
Ross Insertion Tape
Seca 220 Standing Portable Stadiometer
Seca Integra 815 Scale
Baby measuring board (custom made by Irwin Schorr)
Lock and key mechanism (custom made by Alan
Shapiro)
Carpenter's folding rule

Summary tables

Table I. Interview topics covered, by type of questionnaire

<i>Household questionnaires</i>			
<i>Household screener</i>	<i>Family questionnaire</i>	<i>Household adult questionnaire (ages 17 years and over)</i>	<i>Household youth questionnaire (ages 2 months–16 years)</i>
Household composition	Individual characteristics	Blood pressure measurement	Birth (2 months – 11 years)
Selection of sample persons	Health insurance and income assistance	Orientation	Infant feeding practices/diet
Ending interview	Family background	Health services	(2 months – 11 years)
	Occupation of family head	Selected conditions	Motor and social development
	Housing characteristics	Diabetes	Health services and functional impairment
	Family characteristics	High blood pressure/cholesterol	Selected conditions
		Cardiovascular disease	Respiratory and allergy
		Musculoskeletal conditions (ages 20 years and over)	Vision and hearing
		Gallbladder disease	School attendance and language usage
		Kidney conditions	Vitamin, mineral, and medicine usage
		Respiratory and allergy	Name/Social Security number
		Diet and body weight	Dental care and status
		Food frequency	
		Vision and hearing	
		Dental care and status	
		Tobacco	
		Physical functioning (ages 60 years and over only during Phase 1)	
		Vision and hearing	
		Occupation/language usage	
		Exercise	
		Social support/residence	
		Vitamin, mineral, and medicine usage	
		Name/Social Security number	
<i>Supplemental questionnaires</i>			
<i>MEC adult questionnaire (ages 17 years and over)</i>	<i>MEC youth questionnaire (ages 8–16 years)</i>	<i>MEC proxy questionnaire (ages 2 months–11 years)</i>	<i>Home examination questionnaire (ages 2–11 months and 20 years and over)</i>
Tobacco	Activity	Medicine, vitamin, and mineral usage (ages 1–11 years)	Infant food frequency (ages 2–11 months)
Selected conditions	Tobacco	Selected conditions	Cognitive function (ages 60 years and over)
Medicine, vitamin, and mineral usage	Reproductive health (boys ages 12–16 years and girls ages 10–16 years)	Infant food frequency (ages 2–11 months)	Selected conditions
Cognitive function (ages 60 years and over)	Selected conditions	Medicine, vitamin, and mineral usage (ages 20 years and over)	Medicine, vitamin, and mineral usage (ages 20 years and over)
Alcohol/drug use	Medicine, vitamin, and mineral usage (ages 12–16 years)	Tobacco	
Reproductive health	Food frequency (ages 12–16 years)	Reproductive health	
Diagnostic interview schedule (ages 17–39 years)	Alcohol/drug use (ages 12–16 years)	(ages 20 years and over)	
	Diagnostic interview schedule (ages 15–16 years)		

NOTE: MEC is mobile examination center.

Table II. Examination components, by age group

<i>2 months–5 years</i>	<i>6–19 years</i>	<i>20–39 years</i>	<i>40–59 years</i>	<i>60–74 years</i>	<i>75 years and over</i>
Physician's exam	Physician's exam	Physician's exam	Physician's exam	Physician's exam	Physician's exam
Dental exam ¹	Dental exam	Dental exam	Dental exam	Dental exam	Dental exam
Body measurements ²	Body measurements	Body measurements ²	Body measurements ²	Body measurements ²	Body measurements ²
Venipuncture ¹	Venipuncture	Venipuncture ²	Venipuncture ²	Venipuncture ²	Venipuncture ²
Dietary interview	Dietary interview	Dietary interview	Dietary interview	Dietary interview	Dietary interview
Health interview	Health interview	Health interview	Health interview	Health interview	Health interview
Urine collection	Urine collection	Urine collection	Urine collection	Urine collection	Urine collection
Spirometry ³	Spirometry ²	Spirometry ²	Spirometry ²	Spirometry ²	Spirometry ²
Bioelectrical impedance ⁴	Bioelectrical impedance	Bioelectrical impedance	Bioelectrical impedance	Bioelectrical impedance	Bioelectrical impedance
Allergy test	Allergy test ⁵	Allergy test ⁵	Allergy test ⁵
Audiometry
Tympanometry
Cognitive test ⁶	Cognitive test ²	Cognitive test ²
	Bone density exam	Bone density exam	Bone density exam	Bone density exam	Bone density exam
	Ultrasound exam	Ultrasound exam	Ultrasound exam	Ultrasound exam	...
	CNS test ⁵	CNS test ⁵	Fundus photography	Fundus photography	Fundus photography
			Electrocardiography	Electrocardiography	Electrocardiography
				Performance test ²	Performance test ²
				Hand/knee x-rays	Hand/knee x-rays

¹1 year of age and over.²Also included in the home examination.³8 years of age and over.⁴12 years of age and over.⁵Half-sample only.⁶6–16 years of age.

NOTE: CNS is central nervous system.

Table III. Laboratories and diagnostic centers

<i>Component</i>	<i>Laboratory or diagnostic center</i>
Lipids	Lipoprotein Analytical Laboratory Johns Hopkins University Baltimore, MD
Urinary iodine Follicle-stimulating hormone (FSH), luteinizing hormone (LH)	University of Massachusetts Medical Center Worcester, MA
Urine albumin (micro)/creatinine	Department of Pediatrics University of Minnesota Minneapolis, MN
Glucose Insulin/C-peptide Glycated hemoglobin (Hb_{A1c})	Department of Child Health University of Missouri-Columbia Columbia, MO
Tetanus antitoxin	Department of Microbiology and Immunology Medical University of South Carolina Charleston, SC
Thyroid hormones	Endocrine Services Laboratory University of Southern California Los Angeles, CA
C-reactive protein/Rheumatoid factor	Immunology Division University of Washington Seattle, WA
Biochemistry profile Fibrinogen	White Sands Research Center (WSRC) Alamogordo, NM
Nutrition biochemistries Urinary phenols	National Center for Environmental Health Centers for Disease Control and Prevention Atlanta, GA
White blood cell differential Human immunodeficiency virus (HIV)-1 Hepatitis A, B, C, delta, E Toxoplasmosis Hantavirus	National Center for Infectious Diseases Centers for Disease Control and Prevention Atlanta, GA
Hematology (complete blood count) Urine drug test	NHANES III Mobile Examination Center CompuChem Laboratories Research Triangle Park, NC
Herpes simplex I and II	Department of Pediatrics and Infectious Disease Emory University Atlanta, GA
Ribonucleic acid (RNA)/deoxyribonucleic acid (DNA) extraction	Environmental Protection Agency Research Triangle Park, NC
Rubella Varicella	California State Department of Health Services Viral & Rickettsial Disease Laboratory Berkeley, CA
Candidiasis	Maryland Medical Laboratory Baltimore, MD
Bone density	Nuclear Medicine, Diagnostic Radiology Mayo Clinic Rochester, MN
Dietary interview	Nutrition Coordinating Center University of Minnesota Minneapolis, MN
Gallbladder ultrasound Hand and knee radiography	Department of Radiology George Washington University Medical Center Washington, DC
Fundus photography	Department of Ophthalmology University of Wisconsin Madison, WI
Electrocardiography	Division of Cardiology University of Alberta Edmonton, Alberta, Canada
Spirometry	National Institute for Occupational Safety and Health Morgantown, WV
Central nervous system test	National Institute for Occupational Safety and Health Cincinnati, OH

NOTE: NHANES is the National Health and Nutrition Examination Survey.

Table IV. Blood and urine assessments, by age group

Age group				
1–3 years	4–5 years	6–11 years	12–19 years	20 years and over
Whole blood				
CBC ¹ /RDW				
Platelets	Platelets	Platelets	Platelets	Platelets
3-cell differential				
Differential smear				
Lead ⁵				
Protoporphyrin ⁵				
Red blood cell folate				
Glycated hemoglobin ⁵ (Hb _{A1c})				
Serum				
Iron ⁵				
Total iron binding capacity ⁵				
Ferritin ⁵				
Folate ⁵				
Apolipoprotein A ₁ , B ^{4,5}				
Total cholesterol ⁵				
HDL cholesterol ⁵				
Triglycerides ⁵				
Lp(a) ^{2,5}				
Cotinine	Cotinine	Cotinine	Cotinine	Cotinine
C-reactive protein ⁵				
Rheumatoid factor				
Vitamin A (retinol) ⁵				
Carotenoids ⁵				
Retinyl esters ⁵				
Vitamin E ⁵				
Vitamin B ₁₂ ²				
Methyl malonic acid ²				
Homocysteine ²				
Helicobacter pylori ⁴				
Tetanus	Tetanus	Tetanus	Tetanus	Tetanus
	Hantavirus (ages 10+) ⁴	Hantavirus ⁴		Hantavirus ⁴
	Vitamin C	Vitamin C		Vitamin C
	Hepatitis A	Hepatitis A		Hepatitis A
	Hepatitis B/delta	Hepatitis B/delta		Hepatitis B/delta
	Hepatitis C	Hepatitis C		Hepatitis C
	Hepatitis E	Hepatitis E		Hepatitis E
	Rubella ⁵	Rubella ⁵		Rubella ⁵
	Varicella	Varicella		Varicella
	Diphtheria	Diphtheria		Diphtheria
		Herpes simplex I and II		Herpes simplex I and II
		HIV 1 (ages 18+) ^{3,5}		HIV 1 ^{3,5}
		Toxoplasmosis ⁵		Toxoplasmosis ⁵
		Vitamin D (25-hydroxyvitamin D ₃)		Vitamin D (25-hydroxyvitamin D ₃)
		Total/ionized calcium		Total/ionized calcium
		Selenium ⁵		Selenium ⁵
		Thyroxine (T ₄)		Thyroxine (T ₄)
		Thyroid-stimulating hormone (TSH)		Thyroid-stimulating hormone (TSH)
		Antithyroglobulin antibodies		Antithyroglobulin antibodies
		Antimicrosomal antibodies		Antimicrosomal antibodies
				FSH/LH (females ages 35–60 years)
				Insulin
				C-peptide
		Biochemistry profile ⁵		Biochemistry profile ⁵
		Total carbon dioxide		Total carbon dioxide
		Blood urea nitrogen		Blood urea nitrogen
		Total bilirubin		Total bilirubin
		Alkaline phosphatase		Alkaline phosphatase
		Total cholesterol		Total cholesterol
		AST (SGOT)		AST (SGOT)
		ALT (SGPT)		ALT (SGPT)
		LDH		LDH

Table IV. Blood and urine assessments, by age group—Con.

Age group				
1–3 years	4–5 years	6–11 years	12–19 years	20 years and over
Serum—Con.				
			GGT Total protein Albumin Creatinine Glucose Calcium Chloride Uric acid Phosphorus Sodium Potassium	GGT Total protein Albumin Creatinine Glucose Calcium Chloride Uric acid Phosphorus Sodium Potassium
Plasma				
				Glucose (ages 20–39 years, 75 years and over) OGTT (ages 40–74 years) Fibrinogen (ages 40 years and over) ⁵
Urine				
Cadmium Creatinine Albumin (micro) Iodine	Cadmium Creatinine Albumin (micro) Iodine Cocaine ^{2,3} (ages 18 years and over) Opiates ^{2,3} (ages 18 years and over) Phencyclidine ^{2,3} (ages 18 years and over) Amphetamines ^{2,3} (ages 18 years and over) Marijuana ^{2,3} (ages 18 years and over)	Cadmium Creatinine Albumin (micro) Iodine Cocaine ^{2,3} Opiates ^{2,3} Phencyclidine ^{2,3} Amphetamines ^{2,3} Marijuana ^{2,3}	Cadmium Creatinine Albumin (micro) Iodine Cocaine ^{2,3} Opiates ^{2,3} Phencyclidine ^{2,3} Amphetamines ^{2,3} Marijuana ^{2,3}	Pregnancy test (females ages 20–59 years)
White cells				
			Storage/banking ⁵	Storage/banking ⁵

¹Includes hematocrit, hemoglobin, red and white cell counts, mean corpuscular volume, mean corpuscular hemoglobin, and mean corpuscular hemoglobin concentration.

²Phase 2 only.

³Anonymous.

⁴Phase 1 only.

⁵Home examination also.

Table V. Assay methods and instrumentation for laboratory assessments, by type of analysis

<i>Analysis</i>	<i>Assay/Instrumentation</i>
Whole blood assessments	
Complete blood count	S Plus Jr/Coulter Electronics
Platelets	S Plus Jr/Coulter Electronics
3-cell differential	S Plus Jr/Coulter Electronics
Red cell distribution width	S Plus Jr/Coulter Electronics
Differential smears	Manual differential on abnormalities and 10% of normals
Protoporphyrin	Fluorescence/Extraction
Lead	GFAA/Perkin-Elmer Model 5000 and 5100
Red blood cell folate	"Quantaphase Folate" RIA Kit/Bio-Rad Laboratories
Glycated hemoglobin (Hb _{A1c})	DIAMAT HPLC/Bio-Rad Laboratories
Serum biochemical assessments	
Folate	"Quantaphase Folate" RIA Kit/Bio-Rad Laboratories
Iron and total iron-binding capacity	Alpkem RFA Automated Ferrozine Colorimetric
Ferritin	Quantimune Ferritin IRMA Kit/Bio-Rad Laboratories
Vitamin C	HPLC/Waters Chromatography
Vitamin D (25-hydroxyvitamin D ₃)	INCSTAR 25-OH-D RIA Kit
Vitamin A/E/carotenoids/retinyl esters	HPLC/Waters Chromatography
Vitamin B ₁₂ ¹	¹²⁵ I-folic/ ⁵⁷ Co-B-12
Methyl malonic acid ¹	Rasmussen Method
Homocysteine ¹	HPLC
Selenium	GFAA/Perkin-Elmer Model 3030 and 5100
Total cholesterol	Hitachi 704 Analyzer/Boehringer-Mannheim Diagnostics
High-density lipoprotein	Hitachi 704 Analyzer/Boehringer-Mannheim Diagnostics
Triglycerides	Hitachi 704 Analyzer/Boehringer-Mannheim Diagnostics
Apolipoprotein A ₁ and B ²	RID/Strategic Diagnostics Venture, Inc.
Lp(a) ¹	ELISA/Strategic Diagnostics Venture, Inc.
Total and ionized calcium	NOVA 7+7 Electrolyte Analyzer/NOVA Biomedical
Cotinine	EIA Screen/STC, Inc., LCMS Confirmation/Perkin-Elmer SCIEX
Hepatitis A	RIA & EIA/Abbott Diagnostics
Hepatitis B/delta	RIA (B), EIA(Delta)/Abbott Diagnostics
Hepatitis C	EIA/Abbott Diagnostics
Hepatitis E	ELISA
Tetanus	ELISA/Wyeth Laboratories
Diphtheria	In vitro neutralization assay
Herpes simplex I and II	Immunodot Assay/Emory University
Human immunodeficiency virus 1	HIV type 1 LAV EIA Kit/Genetic Systems, HIV-1 Western Blot Kit/Cambridge Biotech Corporation
Rubella antibody	EIA/Bio-Tek Instruments
Varicella antibody	EIA/Bio-Tek Instruments
Toxoplasmosis antibody	Toxo-G ELISA/Diagnostics Pasteur
Helicobacter pylori ²	ELISA
Hantavirus ²	ELISA
C-reactive protein	Behring Nephelometric Analyzer/Behring
Rheumatoid factor	Behring Nephelometric Latex Fixation Analyzer/Behring
Follicle-stimulating hormone (FSH)	Serono FSH MAIAclone Kit/Ciba-Corning Diagnostics, Inc.
Luteinizing hormone (LH)	Serono LH MAIAclone Kit/Ciba-Corning Diagnostics, Inc.
Thyroxine (T ₄)	RIA modification of Challand Method (Clin Chim Acta 60:25.1975)
Thyroid-stimulating hormone (TSH)	TSH-Third Generation Chemiluminescence Assay Kit/Nichols Institute Diagnostics
Antithyroglobulin antibodies	Thyroglobulin Antibody RIA Kit/Kronus
Antimicrosomal antibodies	TPO Antibody RIA Kit/Kronus
Insulin	Insulin RIA Kit/Pharmacia Diagnostics
C-peptide	RIA/Novo BioLabs
Biochemistry profile	
Total carbon dioxide	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Blood urea nitrogen	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Total bilirubin	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Alkaline phosphatase	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Total cholesterol	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Aspartate aminotransferase (serum glutamic-oxaloacetic transaminase)	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Alanine aminotransferase (serum glutamate pyruvate transaminase)	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Lactate dehydrogenase	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Total protein	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Albumin	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Creatinine	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Glucose	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Calcium	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Chloride	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics

Table V. Assay methods and instrumentation for laboratory assessments, by type of analysis—Con.

<i>Analysis</i>	<i>Assay/Instrumentation</i>
Uric acid	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Phosphorus	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Sodium	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Potassium	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Gamma glutamyl transpeptidase	Hitachi 737 Analyzer/Boehringer-Mannheim Diagnostics
Plasma assessments	
Glucose (oral glucose tolerance test)	Hexokinase System/Roche COBAS MIRA Chem System
Fibrinogen	Coag-A-Mate XC Plus/Organon-Teknika/General Diagnostics
Urinary assessments	
Cadmium	GFAA/Perkin-Elmer Model 3030
Creatinine	Synchon AS/ASTRA Clinical Analyzer/Beckman Instruments
Albumin (micro)	Fluorescent Immunoassay/Bio-Rad Laboratories
Iodine	Chloric Acid digestion/Technicon Autoanalyzer
Pregnancy test	ICON II hCG Immune Concentration Assay/Hybritech, Inc.
Marijuana	Latex Agglutination/Roche Diagnostics, GCMS/Hewlett Packard
Cocaine	Latex Agglutination/Roche Diagnostics, GCMS/Hewlett Packard
Phencyclidine	Latex Agglutination/Roche Diagnostics, GCMS/Hewlett Packard
Amphetamines	Latex Agglutination/Roche Diagnostics, GCMS/Hewlett Packard
Opiates	Latex Agglutination/Roche Diagnostics, GCMS/Hewlett Packard

¹Phase 2 only.²Phase 1 only.

Table VI. Laboratory analyses in comparable surveys, by survey and type of analysis

Analysis	Survey ¹				Analysis	Survey ¹			
	I	II	H	III		I	II	H	III
Whole blood assessments									
Sedimentation rate	X				Follicle-stimulating hormone (FSH)/Luteinizing hormone (LH)				X
Complete blood count	X	X	X	X	Thyroxine (T ₄)				X
Platelets					Thyroid-stimulating hormone (TSH)				X
3-cell differential					Antithyroglobulin antibodies				X
Differential smear	X	X	X	X	Antimicrosomal antibodies				X
Red-cell distribution width					Insulin				X
Lead		X	X	X	C-peptide				X
Protoporphyrin			X	X					
Red blood cell folate		X	X	X					
Glycated hemoglobin (HbA _{1c})				X					
Carboxyhemoglobin		X	X						
Serum biochemistry assessments									
Folate	X	X	X	X	Total carbon dioxide				X
Iron and total iron-binding capacity	X	X	X	X	Blood urea nitrogen		X	X	X
Ferritin			X	X	Total bilirubin		X	X	X
Vitamin C			X	X	Alkaline phosphatase		X	X	X
Vitamin D (25-hydroxyvitamin D ₃)				X	Total cholesterol		X	X	X
Vitamin E				X	Aspartate aminotransferase (serum glutamic-oxaloacetic transaminase)		X	X	X
Zinc and copper		X			Alanine aminotransferase (serum glutamate pyruvate transaminase)			X	X
Vitamin A (retinol)	X	³ X	X	X	Lactate dehydrogenase			X	X
Carotenoids				X	Gamma glutamyl transpeptidase				X
Retinyl esters				X	Total protein		X	X	X
Vitamin B ₁₂			X	⁵ X	Albumin		X	X	X
Methyl malonic acid				⁵ X	Creatinine		X	X	X
Homocysteine				⁵ X	Glucose			X	X
Selenium				X	Calcium		X	X	X
Total cholesterol	X	X	X	X	Chloride			X	X
High-density lipoprotein cholesterol	X	X	X		Uric acid		X	X	X
Triglycerides	X	X	X		Phosphorus		X	X	X
Apolipoproteins A ₁ and B				⁴ X	Sodium		X	X	X
Lp(a)				⁵ X	Potassium		X	X	X
Total and ionized calcium									
Cotinine				X	Plasma assessments				
Bile salts		X			Plasma fibrinogen				X
Pesticides		X	X	X	Glucose (oral glucose tolerance test)		X	X	X
Syphilis	X	X	X						
Hepatitis A, B, and delta	X	X	X	X	Urinary assessments				
Hepatitis C			X	X	Urinalysis		X	X	X
Hepatitis E				X	Pesticides			X	X
Tetanus	X		X	X	Riboflavin		X		
Diphtheria	X			X	Thiamine		X		
Polio	X				Cadmium				X
Herpes simplex I and II		X		X	Creatinine		X		
Human immunodeficiency virus I				X	Albumin (micro)				X
Rubella antibody		X		X	Iodine		X		
Varicella antibody				X	Cocaine				⁵ X
Toxoplasmosis antibody				X	Opiates				⁵ X
Helicobacter pylori				⁴ X	Phencyclidine				⁵ X
Hantavirus				⁴ X	Amphetamines				⁵ X
C-reactive protein				X	Marijuana				⁵ X
Rheumatoid factor				X	Sodium				X
					Pregnancy test		X		X
Excess and reserve vials									
Serum					Serum		X	X	X
White blood cells for deoxyribonucleic acid (DNA) banking					White blood cells for deoxyribonucleic acid (DNA) banking				X

¹1 is National Health and Examination Survey (NHANES) I. II is NHANES II. H is the Hispanic Health and Nutrition Survey. III is NHANES III.

²Bile salts subset.

³Children only.

⁴Phase 1 only.

⁵Phase 2 only.

Table VII. Special studies

Volatile organic compounds (VOC's) ¹		
Benzene	1,1-Dichloroethane	Methylene Chloride
Toluene	1,2-Dichloroethane	Chloroform
Styrene	1,1,-Dichloroethene	Carbon Tetrachloride
Ethylbenzene	cis-1,2-Dichloroethene	1,2-Dichloropropane
o-Xylene	trans-1,2-Dichloroethene	Bromoform
m-Xylene	1,1,1-Trichloroethane	Dibromomethane
p-Xylene	1,1,2-Trichloroethane	Bromodichloromethane
Chlorobenzene	Trichloroethene	Dibromochloromethane
1,2-Dichlorobenzene	1,1,2,2-Tetrachloroethane	Acetone
1,3-Dichlorobenzene	Tetrachloroethene	2-Butanone
1,4-Dichlorobenzene	Hexachloroethane	
Pesticides or metabolites ¹		
2,4-Dichlorophenol	Pentachlorophenol	2-Isopropoxyphenol
2,5-Dichlorophenol	4-Nitrophenol	Carbofuranphenol
2,4,5-Trichlorophenol	1-Naphthol	3,5,6-Trichloro-2-pyridinol
2,4,6-Trichlorophenol	2-Naphthol	2,4-Dichlorophenoxyacetic-acid
Osteocalcin and bone alkaline phosphatase ²		
High-density lipoprotein phospholipid ³		
Dehydroepiandrosterone ⁴		

¹This study was conducted by the Division of Environmental Health Laboratory Sciences, National Center for Environmental Health, Centers for Disease Control and Prevention, on volunteers ages 20–59 years.

²This study was conducted on those with a Vitamin D assay, an acceptable bone density scan, and a serum creatinine level of ≤2.0 mg/dL. Most were examined during a morning session.

³This study was conducted on all persons with coronary heart disease (CHD) and on 600 persons without CHD from 12 age-sex groups.

⁴This study was conducted on 1,400 persons 20–90 years of age from 14 age-sex groups.

NOTE: Data from these studies are not from probability samples and may not be available for public use.

Table VIII. Automatic exclusion protocol for physically or cognitively impaired examinees, by type of impairment and examination component

<i>Component</i>	<i>Automatic exclusion(s)</i>	<i>Cognitively impaired</i>	<i>Confined to wheelchair</i>
Physician exam	None	Attempt	Attempt
Bioelectric impedance	Pregnancy Cardiac pacemaker	Attempt	Refer to transfer note ¹
Venipuncture	Hemophilia Cancer chemotherapy in the past 4 weeks	Refer to proxy note ²	Attempt
Glucose tolerance test	Diabetic taking insulin Hemophilia Cancer chemotherapy in the past 4 weeks	Refer to proxy note ²	Attempt Refer to glucose tolerance test note ³
Allergy	Does not usually have problems breathing in chest or lungs, now having problems (do not exclude if breathing problem is due entirely to nasal congestion from a cold) Usually has problems breathing in chest or lungs that are now worse Past severe reaction to allergen skin testing Severe eczema or infection on both arms	Refer to proxy note ²	Attempt
Audiometry	Drainage from ear(s), (only test nondraining ear)	Refer to proxy note ²	Attempt
Tympanometry	Either ear has a tube Drainage from ear(s), (only test nondraining ear)	Refer to proxy note ²	Attempt
Spirometry	Chest or abdominal surgery in the past 3 weeks Hospitalization for heart problems in the last 6 weeks: Myocardial infarction or heart attack Angina or chest pain Congestive heart failure	Refer to proxy note ²	Attempt
Dental	Must take penicillin before getting a dental checkup or care Ever told by a doctor he/she has a heart problem because of the following: Congenital heart murmur Heart valve problem Congenital heart disease Bacterial endocarditis Ever been told by a doctor he/she has: Rheumatic fever Hemophilia Kidney disease requiring renal dialysis Pacemaker or other artificial material in heart, arteries, or veins Hip, bone, or other joint replacement	Refer to proxy note ²	Attempt Can be examined in wheelchair
Bone densitometry	Female under 60 years of age and results of pregnancy tests positive or uncertain Female under 60 years of age and any possibility that she is pregnant or she does not know if she is pregnant Fractured or broken both hips Pins or artificial hip	Refer to proxy note ²	Refer to transfer note ¹

Table VIII. Automatic exclusion protocol for physically or cognitively impaired examinees, by type of impairment and examination component—Con.

Component	Automatic exclusion(s)	Cognitively impaired	Confined to wheelchair
Electrocardiogram	None	Attempt	Refer to transfer note ¹
Joint x ray	None	Attempt	Wrists: can do in wheelchair Knees: see transfer note ¹
Ultrasound	None	Attempt	Refer to transfer note ¹
Body measures	None	Attempt	Attempt Use sitting protocol for: Weight Upper arm length Arm circumference Triceps skinfold Knee height Head circumference Wrist and elbow breadths
Central nervous system	None	Attempt	Attempt
Fundus photo	None	Attempt	Attempt Can do seated if examinee at proper height
Performance test	None	Attempt	Attempt Refer to performance test note ⁴
24-hour recall and food frequency	None	Attempt; a proxy may be needed	Attempt
Urine specimen	None	Attempt	Attempt only if examinee can get up from wheelchair without assistance
WISC and WRAT	None	Attempt	Attempt
Interview (MEC and exit)	None	Ask at least memory	Attempt

¹Transfer note: Administer the test if the examinee can self-transfer to the table or if the sample person can be assisted in transferring by someone who has accompanied the sample person and who usually lifts him/her.

²Proxy note: If the sample person cannot answer the safety questions, then a proxy is needed. If no proxy is available, then the procedure or test cannot be done.

³Glucose tolerance test note: If a sample person feels ill after the first venipuncture, do not automatically exclude from the glucose tolerance test. Allow the sample person to recover, then encourage the ingestion of the Dextol.

⁴Performance test note: If a wheelchair-bound examinee can get up from the wheelchair without assistance, attempt to do the entire performance test. If a sample person cannot get up from the wheelchair without assistance, then he/she should:
a. Receive the tests of shoulder external rotation, shoulder internal rotation, and lock and key test and
b. Not receive the tests of single chair stand, repeated chair stand, hip flexion and knee flexion, tandem stand, and measured walk.

NOTES: WISC is Wechsler Intelligence Scale for Children, Revised. WRAT is Wide Range Achievement Test, Revised. MEC is mobile examination center.

Table IX. Administration of dietary intake instruments, by age of sample person, type of respondent, place of interview, and type of interviewer

Age of sample person	Type of respondent	24-hour recall		Food frequency	
		Place	Interviewer	Place	Interviewer
2–11 months	Proxy	MEC	Dietary	MEC ¹	Nondietary
1–5 years	Proxy	MEC	Dietary	—	—
6–11 years	Self/proxy	MEC	Dietary	—	—
12–16 years	Self ²	MEC	Dietary	MEC	Dietary
17–49 years	Self ²	MEC	Dietary	Home	Nondietary
50 years and over	Self ²	MEC	Dietary	Home	Nondietary
50 years and over ³	Self ²	Home	Telephone	—	—

¹Also administered during home examination.

²Proxy used if necessary.

³Supplemental Nutrition Survey of Older Americans.

NOTE: MEC is mobile examination center.

Table X. Nutrition-related interview information collected in interviews, by age of sample person and type of information

Information	Age
24-hour dietary recall	2 months and over
Food security ¹	2 months and over
Food program participation ¹	2 months and over
Drinking water source ¹ and quantity	2 months and over
Vitamin and mineral supplement usage	2 months and over
Salt use frequency and type	2 months and over
Infant food frequency	2–11 months
Breakfast practices	1 year and over
Dietary changes for health reasons	1 year and over
Infant feeding practices, including breast feeding	2 months–5 years
Food frequency	12 years and over
Alcohol use	12 years and over
Antacids use	17 years and over
Lifetime milk frequency	20 years and over
Self- (or proxy-) reported height and weight	2 months and over
Self- (or proxy-) assessed weight status	2 months and over
Birth weight	2 months–11 years
Weight loss practices and reasons	1 year and over
Desired weight	12 years and over
Weight history	25 years and over

¹Also collected at the household (family) level.

Table XI. Reportable findings from the examination, by age group and component or test

Component or test	Age group					
	2 months–5 years ¹	6–19 years	20–39 years	40–59 years	60–74 years	75 years and over
Blood pressure	A C (age 5)	A C	A CD	A CD	A CD	A CD
Physician's exam	A	A	A	A	A	A
Dentist's exam	A	A	A	A	A	A
Height and weight	C	C	C	C	C	C
Spirometry	C (8 years of age and over)	C	C	C	C
Allergy test	C	C (½ sample)	C (½ sample)
Audiometry	C
Bone density exam	B	B	B	B
Ultrasound exam	BC	BC	BC	...
Fundus photography	B	B	B
Electrocardiogram	A ² , C	A ² , C	A ² , C
Hand/knee x rays	A ² , B	A ² , B
Ferritin	BC	BC	BC	BC	BC	BC
Serum folate	BC (4 years of age and over)	BC	BC	BC	BC	BC
Red blood cell folate	BC (4 years of age and over)	BC	BC	BC	BC	BC
Protoporphyrin	BC	BC	BC	BC	BC	BC
Vitamin A	B (4 years of age and over)	B	B	B	B	B
Lead	B	B	B	B	B	B
Hepatitis B	B	B	B	B	B
Total cholesterol	BC (4 years of age and over)	BC	BC	BC	BC	BC
High-density lipoprotein cholesterol	C	C	C	C	C	C
Triglycerides	BC (4 years of age and over)	BC	BC	BC	BC	BC
Serum thyroxine (T ₄)	B ³ , C (12 years of age and over)	B ³ , C			
Serum thyroid-stimulating hormone (TSH)	BC (12 years of age and over)	BC	BC	BC	BC
Glycated hemoglobin (Hb _{A1c})	C (4 years of age and over)	C	C	C	C	C
Plasma glucose	BC	BC	BC	BC
Serum glucose	B (12 years of age and over)
Sodium	BC (12 years of age and over)	BC	BC	BC	BC
Potassium	BC (12 years of age and over)	BC	BC	BC	BC
Chloride	C	C	C	C	C
Bicarbonate	C (12 years of age and over)	C	C	C	C
Blood urea nitrogen	BC (12 years of age and over)	BC	BC	BC	BC
Creatinine	BC (12 years of age and over)	BC	BC	BC	BC
Uric acid	C (12 years of age and over)	C	C	C	C
Calcium	BC (12 years of age and over)	BC	BC	BC	BC
Phosphorus	C (12 years of age and over)	C	C	C	C
Total bilirubin	C (12 years of age and over)	C	C	C	C
Aspartate aminotransferase (serum glutamic-oxaloacetic transaminase)	BC (12 years of age and over)	BC	BC	BC	BC
Alanine aminotransferase (serum glutamate pyruvate transaminase)	BC (12 years of age and over)	BC	BC	BC	BC
Lactate dehydrogenase	C (12 years of age and over)	C	C	C	C
Alkaline phosphatase	C (12 years of age and over)	C	C	C	C
Total protein	C (12 years of age and over)	C	C	C	C
Albumin	C (12 years of age and over)	C	C	C	C
Hemoglobin	A ² , B ⁴ , C	A ² , B ⁴ , C	A ² , B ⁴ , C	A ² , B ⁴ , C	A ² , B ⁴ , C	A ² , B ⁴ , C
Hematocrit	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Red blood cell count	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Mean corpuscular volume	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Mean corpuscular hemoglobin	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Mean corpuscular hemoglobin concentration	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
White blood cell count	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Platelets	A ²	A ²	A ²	A ²	A ²	A ²
Granulocytes (total)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Lymphocytes (total)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Monocytes (total)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Granulocytes (3-part differential)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Lymphocytes (3-part differential)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C
Monocytes (3-part differential)	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C	A ² , C

Key: A = reported in mobile examination center.

B = rapid report (includes blood tests from home exam).

C = routine report (includes blood tests from home exam).

D = reported during household interview.

... = Not applicable.

¹Only results from physician's exam and height and weight measurements are available to examinees 2–11 months.

²Only reported in mobile examination center if extremely abnormal.

³Only reported in rapid report as reference value for serum TSH.

⁴Only reported in rapid report as reference value for ferritin, protoporphyrin, and lead.

Table XII. Laboratory test results reporting criteria

<i>Laboratory test and characteristic</i>	<i>Medically acceptable values</i>	<i>Early reporting cutoff values</i>	<i>Other abnormal values</i>	<i>Comments</i>
Ferritin	20–2,000 ng/mL	<10	10–19, >2,000	
Serum folate	≥4.0 ng/mL	<3.0	3.0–3.9	
Protoporphyrin	(in µg/dL red blood cells)			
Age				
1–2 years	0–80	≥90	81–89	
3–4 years	0–75	≥90	76–89	
5 years and over	0–70	≥90	71–89	
Red blood cell folate	≥140 ng/mL red blood cells	<100	100–139	
Vitamin A	(in µg/dL)	<10		Report only values <10 µg/dL
Age				
1–17 years	≥25	<10		
18 years and over	≥30			
Lead	(in µg/dL)			Not reported routinely, only rapid report
Age				
1–5 years	0–9.9	≥10		
6–17 years	0–14.9	≥15		
18 years and over	0–14.9	≥20		
Total cholesterol (Hopkins Laboratory)	(in mg/dL)			
Age				
1–19 years	<177	>400	177–400	
20 years and over	<200	>400	200–400	
Total cholesterol (WSRC Lab)	<200 mg/dL	>400	200–400	Omit if Hopkins Laboratory total cholesterol is available
HDL cholesterol	≥35 mg/dL		<35	
Triglycerides	(in mg/dL)			
Sex and age				
Male				
1–9 years	≤100	>500	101–500	
10–14 years	≤125	>500	126–500	
15–19 years	≤150	>500	151–500	
20 years and over	≤250	>500	251–500	
Female				
1–9 years	≤110	>500	111–500	
10–14 years	≤130	>500	131–500	
15–19 years	≤170	>500	171–500	
20 years and over	≤250	>500	251–500	
Serum thyroxine (T ₄)	4.5–13.2 µg/dL		<4.5, >13.2	
Serum thyroid-stimulating hormone (TSH) . . .	0.36–6.70 µU/mL	<0.10, >15.0	0.10–0.35 6.71–15.00	
Glycated hemoglobin (Hb _{A1c})	0.0–6.1 percent		>6.1	
Plasma glucose, fasting ¹	60.0–139.9 mg/dL	≥140.0	<60.0	
Plasma glucose, 2-hour post-dextrose ²				
Morning session	60.0–139.9 mg/dL	≥200.0	<60.0, 140.0–199.9	
Afternoon or evening sessions	60.0–139.9 mg/dL	≥250.0	<60.0, 140.0–249.9	
Serum glucose (WSRC Lab) ³	60.0–139.9 mg/dL	≥140.0	<60.0	Omit if fasting plasma glucose is available. WSRC Lab should make early reports only for sample persons 12–19 years of age
Sodium	138.1–145.6 mmol/L	<122.0, >154	122.0–138.0 145.7–154.0	
Potassium	3.57–4.49 mmol/L	<2.90, >5.40	2.90–3.56 4.50–5.40	
Chloride	100.3–110.0 mmol/L		<100.3, >110.0	
Bicarbonate	21–36 mmol/L		<21, >36	
Blood urea nitrogen	0–20 mg/dL	>50	21–50	
Creatinine	0.0–1.3 mg/dL	>3.0	1.4–3.0	
Uric acid	0.0–7.5 mg/dL		>7.5	
Calcium	8.7–10.1 mg/dL	<7.0, >12.0	7.0–8.6, 10.2–12.0	
Phosphorus	2.7–4.6 mg/dL		<2.7, >4.6	
Total bilirubin	0.0–1.1 mg/dL		>1.1	

Table XII. Laboratory test results reporting criteria—Con.

<i>Laboratory test and characteristic</i>	<i>Medically acceptable values</i>	<i>Early reporting cutoff values</i>	<i>Other abnormal values</i>	<i>Comments</i>
Aspartate aminotransferase (serum glutamic-oxaloacetic transaminase)	0–40 U/L	≥120	41–119	
Alanine aminotransferase (serum glutamate pyruvate transaminase)	0–43 U/L	≥129	44–128	
Lactate dehydrogenase	0–210 U/L		>210	
Alkaline phosphatase				
Age				
12–19 years	0–521 U/L		>521	
20 years and over	0–123 U/L		>123	
Total protein	6.6–8.1 g/dL		<6.6, >8.1	
Albumin	≥3.6 g/dL		<3.6	
Hemoglobin				
Sex and age				
Male				
1–2 years	10.3–13.6 g/dL	<6.5	6.5–10.2, >13.6	
3–4 years	10.9–13.5 g/dL	<6.5	6.5–10.8, >13.5	
5–10 years	11.2–14.2 g/dL	<6.5	6.5–11.1, >14.2	
11–14 years	12.0–15.2 g/dL	<6.5	6.5–11.9, >15.2	
15–19 years	12.9–16.6 g/dL	<6.5	6.5–12.8, >16.6	
20–64 years	13.3–16.9 g/dL	<6.5	6.5–13.2, >16.9	
65 years and over	12.4–16.9 g/dL	<6.5	6.5–12.3, >16.9	
Female				
1–2 years	10.5–13.3 g/dL	<6.5	6.5–10.4, >13.3	
3–4 years	10.9–13.8 g/dL	<6.5	6.5–10.8, >13.8	
5–10 years	11.3–14.1 g/dL	<6.5	6.5–11.2, >14.1	
11–14 years	11.5–14.6 g/dL	<6.5	6.5–11.4, >14.6	
15–19 years	11.3–15.0 g/dL	<6.5	6.5–11.2, >15.0	
20–64 years	11.6–15.3 g/dL	<6.5	6.5–11.5, >15.3	
65 years and over	11.9–15.4 g/dL	<6.5	6.5–11.8, >15.4	
Hematocrit				
Sex and age				
Male				
1–2 years	31.5–40.0 g/dL		<31.5, >40.0	
3–4 years	32.2–39.2 g/dL		<32.2, >39.2	
5–10 years	33.2–41.0 g/dL		<33.2, >41.0	
11–14 years	35.2–44.5 g/dL		<35.2, >44.5	
15–19 years	38.2–48.0 g/dL		<38.2, >48.0	
20–64 years	39.5–49.0 g/dL		<39.5, >49.0	
65 years and over	37.7–49.1 g/dL		<37.1, >49.1	
Female				
1–2 years	31.5–39.0 g/dL		<31.5, >39.0	
3–4 years	32.0–40.0 g/dL		<32.0, >40.0	
5–10 years	33.1–41.0 g/dL		<33.1, >41.0	
11–14 years	34.5–42.5 g/dL		<34.5, >42.5	
15–19 years	33.7–43.7 g/dL		<33.7, >43.7	
20–64 years	35.0–45.0 g/dL		<35.0, >45.0	
65 years and over	35.5–45.2 g/dL		<35.5, >45.2	
Red blood cell count	($\times 10^{12}/\text{L}$)			
Sex and age				
Male				
1–2 years	3.9–5.3		<3.9, >5.3	
3–4 years	3.9–5.0		<3.9, >5.0	
5–10 years	4.0–5.1		<4.0, >5.1	
11–14 years	4.2–5.4		<4.2, >5.4	
15–19 years	4.3–5.6		<4.3, >5.6	
20–64 years	4.3–5.6		<4.3, >5.6	
65 years and over	4.0–5.6		<4.0, >5.6	

Table XII. Laboratory test results reporting criteria—Con.

<i>Laboratory test and characteristic</i>	<i>Medically acceptable values</i>	<i>Early reporting cutoff values</i>	<i>Other abnormal values</i>	<i>Comments</i>
Female				
1–2 years	3.9–5.1	<3.9, >5.1		
3–4 years	3.8–5.0	<3.8, >5.0		
5–10 years	4.0–5.1	<4.0, >5.1		
11–14 years	4.0–5.1	<4.0, >5.1		
15–19 years	3.8–5.0	<3.8, >5.0		
20–64 years	3.8–5.1	<3.8, >5.1		
65 years and over	3.9–5.1	<3.9, >5.1		
Mean corpuscular volume	(fL)			
Sex and age				
Male				
1–2 years	66.4–87.7	<66.4, >87.7		
3–4 years	73.6–88.6	<73.6, >88.6		
5–10 years	74.8–90.7	<74.8, >90.7		
11–14 years	77.5–91.3	<77.5, >91.3		
15–19 years	79.6–94.7	<79.6, >94.7		
20–64 years	81.6–98.5	<81.6, >98.5		
65 years and over	82.0–100.5	<82.0, >100.5		
Female				
1–2 years	69.1–88.2	<69.1, >88.2		
3–4 years	74.5–89.8	<74.5, >89.8		
5–10 years	75.7–89.9	<75.7, >89.9		
11–14 years	77.8–94.0	<77.8, >94.0		
15–19 years	80.2–96.5	<80.2, >96.5		
20–64 years	81.2–98.8	<81.2, >98.8		
65 years and over	81.2–99.8	<81.2, >99.8		
Mean corpuscular hemoglobin	(pg)			
Sex and age				
Male				
1–2 years	20.9–29.3	<20.9, >29.3		
3–4 years	24.6–30.4	<24.6, >30.4		
5–10 years	25.4–31.0	<25.4, >31.0		
11–14 years	26.2–31.2	<26.2, >31.2		
15–19 years	27.2–32.4	<27.2, >32.4		
20–64 years	27.8–33.7	<27.8, >33.7		
65 years and over	27.4–34.0	<27.4, >34.0		
Female				
1–2 years	23.2–29.8	<23.2, >29.8		
3–4 years	25.2–30.4	<25.2, >30.4		
5–10 years	25.8–30.8	<25.8, >30.8		
11–14 years	26.3–31.8	<26.3, >31.8		
15–19 years	26.8–32.7	<26.8, >32.7		
20–64 years	27.1–33.3	<27.1, >33.3		
65 years and over	27.3–33.7	<27.3, >33.7		
Mean corpuscular hemoglobin concentration	(percent)			
Sex and age				
Male				
1–2 years	31.06–34.55	<31.06, >34.55		
3–4 years	31.64–34.50	<31.64, >34.50		
5–10 years	31.55–34.53	<31.55, >34.53		
11–14 years	31.72–34.26	<31.72, >34.26		
15–19 years	31.70–34.50	<31.70, >34.50		
20–64 years	32.00–34.92	<32.00, >34.92		
65 years and over	31.83–34.83	<31.83, >34.83		
Female				
1–2 years	31.43–35.07	<31.43, >35.07		
3–4 years	31.46–34.45	<31.46, >34.45		
5–10 years	31.61–34.70	<31.61, >34.70		
11–14 years	31.19–34.45	<31.19, >34.45		
15–19 years	31.28–34.42	<31.28, >34.42		
20–64 years	31.40–34.65	<31.40, >34.65		
65 years and over	31.55–34.65	<31.55, >34.65		

Table XII. Laboratory test results reporting criteria—Con.

<i>Laboratory test and characteristic</i>	<i>Medically acceptable values</i>	<i>Early reporting cutoff values</i>	<i>Other abnormal values</i>	<i>Comments</i>
White blood cell count	($\times 10^9/\text{L}$)			
Sex and age				
Male				
1–2 years	5.10–13.80	$\leq 3.00, \geq 16$	3.01–5.09, 13.81–15.99	
3–4 years	4.70–11.80	$\leq 3.00, \geq 16$	3.01–4.69, 11.81–15.99	
5–10 years	4.70–11.30	$\leq 3.00, \geq 16$	3.01–4.69, 11.31–15.99	
11–14 years	4.40–10.40	$\leq 3.00, \geq 16$	3.01–4.39, 10.41–15.99	
15–19 years	4.50–10.80	$\leq 3.00, \geq 16$	3.01–4.49, 10.81–15.99	
20–64 years	4.50–11.20	$\leq 3.00, \geq 16$	3.01–4.49, 11.21–15.99	
65 years and over	4.40–10.10	$\leq 3.00, \geq 16$	3.01–4.39, 10.11–15.99	
Female				
1–2 years	5.40–14.10	$\leq 3.00, \geq 16$	3.01–5.39, 14.11–15.99	
3–4 years	4.90–12.20	$\leq 3.00, \geq 16$	3.01–4.89, 12.21–15.99	
5–10 years	4.60–11.10	$\leq 3.00, \geq 16$	3.01–4.59, 11.11–15.99	
11–14 years	4.50–11.00	$\leq 3.00, \geq 16$	3.01–4.49, 11.01–15.99	
15–19 years	4.80–11.10	$\leq 3.00, \geq 16$	3.01–4.79, 11.11–15.99	
20–64 years	4.30–11.20	$\leq 3.00, \geq 16$	3.01–4.29, 11.21–15.99	
65 years and over	4.30–10.60	$\leq 3.00, \geq 16$	3.01–4.29, 10.61–15.99	
Platelets	$200–400 \times 10^9/\text{L}$	<50, >600	50–199, 401–600	Due to problems with platelet counts, report only values <50 or >600
Granulocytes (total number)	($\times 10^9/\text{L}$)			
Sex and age				
Male				
1–2 years	1.40–6.55	<1.40, >6.55		
3–4 years	1.96–6.63	<1.96, >6.63		
5–10 years	1.55–7.10	<1.55, >7.10		
11–14 years	1.40–6.83	<1.40, >6.83		
15–19 years	1.90–7.56	<1.90, >7.56		
20–64 years	2.20–7.60	<2.20, >7.60		
65 years and over	2.34–8.10	<2.34, >8.10		
Female				
1–2 years	1.68–7.20	<1.68, >7.20		
3–4 years	1.80–6.96	<1.80, >6.96		
5–10 years	1.88–7.47	<1.88, >7.47		
11–14 years	1.90–7.76	<1.90, >7.76		
15–19 years	2.43–8.04	<2.43, >8.04		
20–64 years	2.08–7.95	<2.08, >7.95		
65 years and over	2.30–7.10	<2.30, >7.10		
Lymphocytes (total number)	($\times 10^9/\text{L}$)			
Sex and age				
Male				
1–2 years	2.46–6.95	<2.46, >6.95		
3–4 years	1.89–5.13	<1.89, >5.13		
5–10 years	1.85–4.33	<1.85, >4.33		
11–14 years	1.55–3.70	<1.55, >3.70		
15–19 years	1.30–3.43	<1.30, >3.43		
20–64 years	1.35–3.40	<1.35, >3.40		
65 years and over	1.13–3.47	<1.13, >3.47		
Female				
1–2 years	2.33–7.24	<2.33, >7.24		
3–4 years	1.77–5.18	<1.77, >5.18		
5–10 years	1.90–4.50	<1.90, >4.50		
11–14 years	1.64–3.71	<1.64, >3.71		
15–19 years	1.50–3.50	<1.50, >3.50		
20–64 years	1.40–3.70	<1.40, >3.70		
65 years and over	1.20–3.75	<1.20, >3.75		

Table XII. Laboratory test results reporting criteria—Con.

<i>Laboratory test and characteristic</i>	<i>Medically acceptable values</i>	<i>Early reporting cutoff values</i>	<i>Other abnormal values</i>	<i>Comments</i>
Monocytes (total number)	($\times 10^9/L$)			
Sex and age				
Male				
1–2 years	0.25–1.20	<0.25, >1.20		
3–4 years	0.20–1.20	<0.20, >1.20		
5–10 years	0.15–0.99	<0.15, >0.99		
11–14 years	0.10–0.88	<0.10, >0.88		
15–19 years	0.15–0.75	<0.15, >0.75		
20–64 years	0.20–0.85	<0.20, >0.85		
65 years and over	0.15–0.80	<0.15, >0.80		
Female				
1–2 years	0.20–1.20	<0.20, >1.20		
3–4 years	0.20–1.04	<0.20, >1.04		
5–10 years	0.15–1.00	<0.15, >1.00		
11–14 years	0.15–0.70	<0.15, >0.70		
15–19 years	0.15–0.83	<0.15, >0.83		
20–64 years	0.15–0.80	<0.15, >0.80		
65 years and over	0.15–0.80	<0.15, >0.80		
Granulocytes (3-part differential)	For "percent," no range to be used			
Lymphocytes (3-part differential)	For "percent," no range to be used			
Monocytes (3-part differential)	For "percent," no range to be used			

¹Done for sample persons over 20 years of age.²Done for sample persons 40–74 years of age.³Done for sample persons over 12 years of age.

Appendix II

Examination results and reports



DEPARTMENT OF HEALTH & HUMAN SERVICES

Sample No. _____

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

ADULT PULSE AND BLOOD PRESSURE FINDINGS REPORT NATIONAL HEALTH & NUTRITION EXAMINATION SURVEY III

NAME _____

DATE _____

Resting pulse rate for 30 seconds: _____

Comments _____

Blood pressure: _____ / _____

- Average of second and third measurements
- Single measurement
- MIL not measurable
- No proper cuff fit – thigh cuff used

Read the statement circled below:

- (1) Your blood pressure today is within the acceptable range*. We suggest you see your doctor within the next two years to have your blood pressure rechecked. Present this form to your doctor.
- (2) Your blood pressure today is acceptable, but at the high end of the acceptable range*. We suggest you see your doctor within the next year to have your blood pressure rechecked. Present this form to your doctor.
- (3) Your blood pressure today is above the acceptable range*. We suggest you see your doctor within the next two months to have your blood pressure rechecked. Present this form to your doctor.
- (4) Your blood pressure today is moderately high*. We suggest you see your doctor within the next month to have your blood pressure rechecked. Present this form to your doctor.
- (5) Your blood pressure today is high*. YOU SHOULD SEE YOUR DOCTOR WITHIN THE NEXT WEEK TO HAVE YOUR BLOOD PRESSURE RECHECKED. Present this form to your doctor.
- (6) Your blood pressure today is quite high*. YOU SHOULD SEE YOUR DOCTOR OR CLINIC TODAY, OR GO TO A HOSPITAL EMERGENCY ROOM TO HAVE YOUR BLOOD PRESSURE RECHECKED. Present this form to your doctor.

*According to the 1992 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, United States Department of Health and Human Services, Public Health Service, NIH.

Your pulse and blood pressure were measured by a trained examiner. These measurements were obtained as part of a survey and do not represent a medical diagnosis. Interpretation of these measurements must be made by a physician.

Should your physician/medical care organization wish further information they should be directed to Marsha G. Davenport, M.D., M.P.H. on (800) 452-6115, 8:00 AM to 4:00 PM EST.

DATE

SIGNATURE

This form was presented to _____ for signature, but he/she refused to sign.

*U.S. GPO: 1993-342-334/80643

OMB No. 0920-0237
CDC 64.04
REV. 01/93

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Sample No. _____

Public Health Service
Centers for Disease ControlNational Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782**CHILD PULSE AND BLOOD PRESSURE FINDINGS REPORT
NATIONAL HEALTH & NUTRITION EXAMINATION SURVEY III**

NAME _____

DATE _____

Resting pulse rate for 30 seconds: _____

Comments _____

Blood pressure: _____ / _____

- Average of second and third measurements
- Single measurement
- MIL not measurable
- No proper cuff fit - thigh cuff used

Read the statement circled below:

- (1) Your child's blood pressure today is within the acceptable range*.
- (2) Your child's blood pressure is slightly above the acceptable range* for his/her age. Children's blood pressures can vary from day to day and sometimes even from moment to moment. Therefore, it is important to have your child's blood pressure checked again when your child sees a physician within the next several months or at least within one year. It is possible that it may be acceptable on the next reading. Present this form to the doctor.
- (3) Your child's blood pressure is considered to be higher than the acceptable range* for his/her age. Children's blood pressures tend to vary, and therefore it is important to have further blood pressure checks. It is possible that it may read lower next time. It is recommended that your child's blood pressure be checked within the next several weeks. Present this form to the doctor.
- (4) Your child's blood pressure is quite high*. YOUR CHILD SHOULD BE TAKEN TO A DOCTOR, CLINIC, OR HOSPITAL TODAY TO HAVE HIS/HER BLOOD PRESSURE RECHECKED. Present this form to the doctor.

*According to the 1986 Second Task Force on Blood Pressure Control in Children, National Heart, Lung and Blood Institute, Public Health Service, NIH.

Your child's pulse and blood pressure were measured by a trained examiner. These measurements were obtained as part of a survey and do not represent a medical diagnosis. Interpretation of the measurements must be made by a physician.

Should his/her physician/medical care organization wish further information they should be directed to Marsha G. Davenport, M.D., M.P.H., on (301) 436-8267 - collect, 8:00 AM to 4:00 PM.

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

This form was presented to _____ for signature, but he/she refused to sign.

(White copy to examiner; yellow copy to SP)

OMB No. 0920-0237
CDC 64.05
REV. 09/91



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

RECOMMENDATIONS FOR DENTAL CARE

Name _____

Sample No: _____

Date of Examination _____

The dental examination of the National Health and Nutrition Examination Survey is not, and is not intended to be, a substitute for the examination usually given to persons seeking care from their own dentists. Neither a dental history nor x-rays are taken, and therefore the findings are solely the result of what can be seen at the time of the examination.

The examining dentist recommends that you:

- Contact your dentist immediately. This office will also contact your dentist about this referral.
- See your dentist within 2 weeks. This office will also contact your dentist about this referral.
- See your dentist at your earliest convenience.
- Continue your regular routine care.

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
NOTIFICATION OF DENTAL EXAMINATION FINDINGS**

DATE: _____

NAME: _____

ADDRESS: _____

Dear Doctor:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the U.S. Public Health Service. The dental examination of the National Health and Nutrition Examination Survey is not, and is not intended to be, a substitute for the examination usually given to persons seeking care from their own dentists. Neither a dental history nor x-rays are taken, and therefore the findings are solely the result of what can be seen at the time of the examination. The examinee asked that this report be sent to you.

The examinee was referred to your office for immediate evaluation or treatment of the condition(s) checked below:

- Clinical impression of soft tissue condition _____

- Other condition(s) _____

You should already have been contacted about this person by our examining dentist. If you have not yet been contacted for an appointment, please notify the examinee of the need for follow-up as soon as possible.

Name of Examinee: _____ Sample No.: _____

Address: _____ Age: _____

Date of Examination: _____

Telephone: _____

If you have any questions about the survey, please call me collect on (301) 436-8267, 8:00 a.m. to 4:00 p.m.

Sincerely yours,

Marsha G. Davenport, M.D., M.P.H.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

SPECIAL EXAMINATION FINDINGS REPORT

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Date: _____ SP No. _____

Name: _____

Address: _____

_____ has voluntarily participated in the third National Health and Nutrition Examination Survey conducted at special facilities of the U.S. Public Health Service. The objectives of the survey are to obtain information on the health and nutrition status of the U.S. population. As a result of the testing done on _____, a finding was revealed that was outside the survey's medically acceptable range. This finding is described below. Although you may already be aware of the finding, we wanted to bring it to your attention as a courtesy to you.

This examination is not a complete examination; nor is it intended to be. Therefore, it is not a substitute for a visit to your physician. No attempt has been made by our staff physician to diagnose or treat the medical conditions of the participants.

Should you have any questions, you may contact me at the Mobile Examination Center. The phone number is (____) _____ until _____. After that date you may contact Dr. Marsha Davenport at the National Center for Health Statistics, 8:00 AM to 4:00 PM. The toll free number is 1 (800) 452-6115.

FINDINGS: _____

Sincerely yours,

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Sample Number:

Dear :

Recently, you participated in a voluntary health examination at special mobile facilities operated by the Public Health Service. During the review of the tests, certain results were found to be abnormal and require immediate attention. The abnormal examination results are described on the enclosed sheet. We STRONGLY RECOMMEND that you make an appointment with your doctor to have these abnormal results fully evaluated.

We cannot be certain whether these abnormal examination results represent illness or not. Only a qualified physician who is familiar with your health or has thoroughly evaluated you can make this determination.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call our toll free number 1 800 452-6115, 8 AM to 4 PM Eastern Standard Time, Monday through Friday.

Sincerely yours,

Marsha G. Davenport, M.D., M.P.H.
Medical Officer

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:
Address:

Telephone:
Age and Sex:
Date of Examination:
Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Protoporphyrin	$\mu\text{g}/\text{dl}$	$\geq 90 \mu\text{g}/\text{dl}$ RBC or
Ferritin	ng/ml	< 10 ng/ml
Hemoglobin	g/dl	

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Serum Folate	ng/ml	< 3 ng/ml
Red Blood Cell Folate	ng/ml	< 100 ng/ml RBC

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:
Address:

Telephone:
Age and Sex:
Date of Examination:
Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Glucose (Fasting)	mg/dl	\geq 140 mg/dl
Glucose (value two hours after glucose challenge)	mg/dl	\geq 200 mg/dl

Oral Glucose Challenge Test: 75 Grams of Glucose given after a 10-16 hour fast.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Glucose (Fasting)	mg/dl	\geq 140 mg/dl
Glucose (value two hours after glucose challenge)	mg/dl	\geq 250 mg/dl

Non-Standard Oral Glucose Challenge Test: 75 Grams of Glucose given after a 6-8 hour fast.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Glucose (Non-Fasting)	mg/dl	\geq 140 mg/dl

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
BUN	mg/dl	> 50 mg/dl
Creatinine	mg/dl	> 3.0 mg/dl
Sodium	mmol/L	> 154 or < 122 mmol/L
Potassium	mmol/L	> 5.4 or < 2.9 mmol/L
Calcium	mg/dl	> 12 or < 7 mg/dl
AST	U/L	≥ 120 U/L
ALT	U/L	≥ 129 U/L

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>ABNORMAL CUTOFF VALUE</u>
TSH	$\mu\text{U}/\text{dl}$	> 15 or $< 0.1 \mu\text{U}/\text{dl}$
T4	$\mu\text{g}/\text{dl}$	
Antimicrosomal Antibody	U/L	$> 0.5 \text{ U/L}$
Antithyroglobulin Antibody	U/L	$> 1 \text{ U/L}$

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Total Cholesterol	mg/dl	> 400 mg/dl
Triglycerides	mg/dl	> 500 mg/dl

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Lead (1-5 years)	µg/dl	≥ 10 µg/dl
Lead (6-17 years)	µg/dl	≥ 15 µg/dl
Lead (18+ years)	µg/dl	≥ 20 µg/dl
Hemoglobin	g/dl	

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL LABORATORY VALUES
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. The listed laboratory values were sufficiently abnormal to require early reporting before our routine report of findings.

<u>TEST</u>	<u>EXAMINEE VALUE</u>	<u>EARLY REPORTING CUTOFF VALUE</u>
Vitamin A	µg/dl	< 10 µg/dl

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Sample Number:

Dear :

Recently, you participated in a voluntary health examination at special mobile facilities operated by the Public Health Service. As part of this examination your blood was tested for hepatitis B virus. At the time you were tested, you had the hepatitis B virus in your blood (your blood was positive for the hepatitis B surface antigen). The presence of the virus in your blood means that you were infected with it even though you may never have felt sick. Having received the vaccine for hepatitis B would NOT cause this test to be positive. You may or may not still have the virus in your blood at the present time. We STRONGLY RECOMMEND you bring this letter to your physician so he/she will know of the results and can further evaluate your health.

We cannot be certain whether these abnormal examination results represent illness or not. Only a qualified physician who is familiar with your health or has thoroughly evaluated you can make this determination.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call our toll free number 1 800 452-6115, 8 AM to 4 PM Eastern Standard Time, Monday through Friday.

Sincerely yours,

Marsha G. Davenport, M.D., M.P.H.
Medical Officer

REPORT OF ABNORMAL FINDINGS
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. During this examination, you had a bone-mineral scan of your (right/left) hip. When we were reviewing this bone-mineral scan, we noted an area of bone that is of concern to us. (Place description here). From our limited examination, we cannot be certain whether this abnormal finding represents an illness. We STRONGLY RECOMMEND that you make an appointment with your doctor to have an X-ray of your (right/left) hip to resolve this issue.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

REPORT OF ABNORMAL FINDINGS
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Date: _____

Participant Name: _____

Address: _____

Telephone: _____

Age and Sex: _____

Date of Examination:

Sample Number:

Recently the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. As part of the examination, the fundus of one eye (left, right) was photographed. During the evaluation of this photograph, the following abnormal findings were noted that require evaluation by an ophthalmologist.

Description:

The objective of the Survey is to obtain information on the health and nutrition status of the United States population. The survey was performed on a random sample of the individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not, intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, please telephone us at (301) 436-8267, 8:00 a.m. to 4:00 p.m., Monday through Friday.

REPORT OF ABNORMAL FINDINGS
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Age and Sex:

Date of Examination:

Sample Number:

Recently, the person named in this report was among those who had voluntary examinations at special mobile facilities operated by the Public Health Service. As part of the examination, X-rays of the hands and knees were taken. During evaluation of the X-rays, abnormal findings were noted on the enclosed Hand / Knee — X-ray(s) that require further evaluation by a radiologist. —

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

The examination is not, and was not intended to be, a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer treatment or engage in any follow-up with the survey participants.

If you have any questions, you may call Marsha G. Davenport, M.D., M.P.H., Medical Officer, NHANES III, 8 AM to 4 PM Eastern Standard Time, Monday through Friday. Our toll free number is 1 800 452-6115.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
(NHANES III)

Participant Name:

Address:

Telephone:

Sample Number:

Dear :

Recently, you participated in a voluntary health examination at special mobile facilities operated by the Public Health Service. As part of the examination, real-time ultrasonography of the gallbladder was performed to test for gallstones. During the examination of the gallbladder and the surrounding region, an abnormality was observed that requires your attention. The abnormal results are described on the enclosed radiologist's report. We RECOMMEND that you discuss these abnormal results with your doctor to have them fully evaluated.

Because of the limitations of the accuracy of this examination in a mobile setting, an abnormal ultrasound examination should not be considered conclusive proof of the presence of the abnormality. Only a qualified physician who is familiar with your health or has thoroughly evaluated your health can make this determination. The examination may provide you with some very useful information. However, it was not intended to be a complete physical examination or a substitute for a visit to a doctor. Our survey physicians are not authorized to administer any treatment or follow-up with the survey participants.

The objective of the Survey is to obtain information on the health and nutrition status of the U.S. population. The survey was performed on a random sample of individuals living in your region. Although this may have been the first time that the survey team was sent to your area, this most recent effort is part of the seventh cycle of the survey since its inception in 1960.

If you have any questions, you may call our toll free number 1 800 452-6115, 8 AM to 4 PM Eastern Standard Time, Monday through Friday.

Sincerely yours,

Marsha G. Davenport, M.D., M.P.H.
Medical Officer



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and PreventionNational Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782REPORT OF GALLBLADDER ULTRASOUND EXAMINATION
THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
(NHANES III)

Date:

Participant Name:

Address:

Age and Sex:

Date of Examination:

Sample Number: _____

— NO GALLSTONES WERE FOUND DURING THE EXAMINATION.

— GALLSTONES WERE FOUND DURING THE EXAMINATION.

Although ultrasonography is an accurate test for gallstones, limitations at our mobile examination center do not permit an absolutely certain diagnosis of gallstone. Most experts do not recommend any treatment for gallstones unless they cause complications or severe symptoms. However, consideration of treatment must be made on an individual basis.

— GALLBLADDER COULD NOT BE SEEN DURING THE EXAMINATION.

This means that either your gallbladder has been removed or that problems with the examination kept your gallbladder from being seen.

— GALLBLADDER POLYPS

A _____ mm gallbladder polyp(s) was/were identified arising from the gallbladder wall(s). This/these most likely represent inflammatory cholesterol polyp(s) consistent with cholesterolosis of the gallbladder.

— CAVERNOUS HEMANGIOMA OF THE LIVER

A _____ cm well defined echogenic mass(es) was/were identified in the liver. This/these probably represent(s) (a) cavernous hemangioma(s). Other abnormalities of the liver have a similar appearance and therefore, other diagnostic imaging procedures would be appropriate to confirm this finding.

(over)

REPORT OF GALLBLADDER ULTRASOUND EXAMINATION
THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
(NHANES III)

Sample Number: _____

— LIVER CYSTS

A _____ cm well defined cystic mass(es) with (a) smooth wall(s) was/were identified in the LIVER consistent with (a) benign liver cyst(s).

— RENAL CYSTS

A _____ cm well defined cystic mass(es) with (a) smooth wall(s) was/were identified arising from the RIGHT/LEFT KIDNEY consistent with (a) benign renal cyst(s).

— OTHER

Hardcopy film enclosed: — YES — NO

If you have any questions, please call collect to the Medical Officer, NHANES III, at 1-800-452-6115, 8 AM to 4 PM Eastern Standard Time, Monday through Friday.

NHANES III GALLBLADDER QUALITY CONTROL

Reader # _____
 Sample Person # _____

18. FINAL DIAGNOSIS		
Normal GB		1 <input type="checkbox"/>
Gallstones or Calcified GB		2 <input type="checkbox"/>
Gallstones	One Multiple	3 <input type="checkbox"/> 4 <input type="checkbox"/>
Gallstones, GB Filled		5 <input type="checkbox"/>
No Conclusion - Echo Clumps, Wall Irregular, Diffuse Echoes within fluid with only 1 shadowing view		6 <input type="checkbox"/>
Cholecystectomy - RUQ or EPI Scar, 2 Landmark Observed		7 <input type="checkbox"/>
Cholecystectomy - RUQ Scar, <2 Landmark Observed		8 <input type="checkbox"/>
No Conclusion - No Scar, No Shadow, 2 Landmark Observed, SP Fast		9 <input type="checkbox"/>
No Conclusion - No Scar, No Shadow, 2 Landmark Observed, SP Nonfast		10 <input type="checkbox"/>
No Conclusion - No Scar, <2 Landmark observed		11 <input type="checkbox"/>
No Conclusion - EPI Scar, <2 Landmark observed		12 <input type="checkbox"/>
Abnormal GB - Focal W.T., No Shadowing, Clumps with NO movement		13 <input type="checkbox"/>
Abnormal GB - Diffuse W.T., With NO Calcification		14 <input type="checkbox"/>
Abnormal GB - Diffuse W.T., with Calcification		15 <input type="checkbox"/>
Abnormal Bile - No Shadowing, Internal Echoes with Movement		16 <input type="checkbox"/>
Confidence in Assessment		Quality of the Recorded Study
1 <input type="checkbox"/> Certain		1 <input type="checkbox"/> Adequate interpretation
2 <input type="checkbox"/> Likely		2 <input type="checkbox"/> Below standard
3 <input type="checkbox"/> Uncertain		3 <input type="checkbox"/> Uninterpretable
Level of Referral	Description for Codes 13-15 or any Non-GB findings	
1 <input type="checkbox"/> Immediate Care	_____	
2 <input type="checkbox"/> Early Care	_____	
3 <input type="checkbox"/> Routine Care	_____	



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

Dear Participant:

We appreciate your participation in the National Health and Nutrition Examination Survey which was conducted at a Mobile Examination Center operated by the United States Public Health Service. By taking part in this survey, you have helped add to our knowledge about the health status of people living in the United States. The information we collect is used to evaluate the country's health problems, develop health programs, and improve the quality of medical care.

The examination given to you was not a complete examination and was not intended to be a substitute for visits to your medical-care provider. However, the enclosed report contains results of your examination that may be useful to maintaining and promoting your health. If you have any questions about the results of your examination, do not hesitate to contact me. Our toll free number is 1-800-452-6115. To further assist you we have enclosed a list of sources of public health information. Please feel free to write or call them.

Sincerely yours,

Marsha G. Davenport, M.D., M.P.H.
Marsha G. Davenport, M.D., M.P.H.
Medical Officer

Enclosure

(La traducción al español de esta carta se encuentra del otro lado
esta hoja.)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

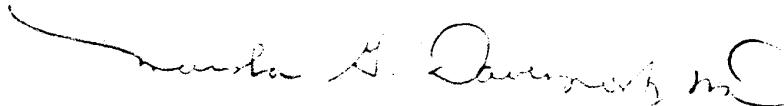
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

Estimado Participante:

Apreciamos su participación en el Estudio Nacional de Salud y Nutrición, el cual fue realizado en un Centro Móvil de Exámenes operado por el Servicio de Salud Pública de los Estados Unidos. Al participar en esta encuesta, usted ha contribuido a nuestro conocimiento sobre el estado de salud de las personas que viven en los Estados Unidos. La información coleccionada se está usando para evaluar los problemas de salud del país, desarrollar programas de salud, y mejorar la calidad del cuidado médico.

El examen que usted recibió no fue un examen completo ni fue diseñado como un substituto para visitas a su proveedor de cuidado médico. No obstante, el reporte adjunto contiene resultados de su examen que le pueden ser útiles en mantener y mejorar su salud. Si tiene alguna pregunta sobre los resultados de su examen, por favor llámenos por teléfono al 1-800-452-6115 (toll free). Para asistirle mejor hemos incluido una lista de fuentes de información de salud pública. Por favor no tenga inconveniente en escribirles o llamarles.

Atentamente,



Marsha G. Davenport, M.D., M.P.H.
Medical Officer

Enclosure

Health Information Resource List

Information on a variety of health topics is available from the following Federal agencies.
Todas las agencias listadas ofrecen materiales en español.

National Institute on AGING

Federal Building, Room 6C12, 9000 Rockville Pike,
Bethesda, MD 20892, (301)496-1752

Publishes brochures and a series of fact sheets
called Age Pages, covering a wide variety of
topics related to aging.

National AIDS Information Clearinghouse

P.O. Box 6003, Rockville, MD 20850
(800)458-5231

Provides information and publications on AIDS
and supports a national hotline and resource
center.

National Clearinghouse for ALCOHOL and Drug Information, P.O. Box 2345, Rockville, MD 20852, (301)468-2600

Distributes a variety of publications on alcohol
and drug abuse.

CANCER Information Service, National Cancer Institute, Building 31, Room 10A24, 9000 Rockville Pike, MD 20892, (800)4-CANCER

Provides information about cancer diagnosis
and treatment to patients and families.
Spanish-speaking staff members are available
in California, Florida, Georgia, Illinois,
northern New Jersey, New York, and Texas.

National DIABETES Information Clearinghouse, Box NDIC, Bethesda, MD 20892 (301)468-2162

Collects and disseminates information to
consumers and health professionals on
diabetes and its complications.

FOOD and Drug Administration, Office of Consumer Affairs, 5600 Fishers Lane (HFE-88) Rockville, MD 20857, (301)443-3170

Responds to inquiries about foods, cosmetics,
medical devices, drugs, health fraud, Reye's
syndrome, and radiological health and serves
as a clearinghouse for related consumer
publications.

Office of Disease Prevention and Health Promotion

National HEALTH INFORMATION Center

P.O. Box 1133, Washington, DC 20013-1133
(800)336-4797 (metropolitan Washington, DC
(301)565-4167)

Provides assistance in locating health informa-
tion resources, and distributes publications on
health promotion and disease prevention.

National HEART, Lung, and Blood Institute

Education Programs Information Center

4733 Bethesda Avenue, Suite 530, Bethesda, MD
20814, (301)951-3260

Provides information and materials on
smoking, cholesterol, high blood pressure,
heart disease, stroke, exercise, and other
topics related to heart and lung health.

National Center for Education in MATERNAL and Child Health, 38th and R Streets NW.

Washington, DC 20057, (202)625-8400

Provides information on pregnancy and
childbirth, child and adolescent health,
nutrition, high risk infants, chronic illness
and disability, genetics, and women's health.
Resource Center distributes materials on
organizations and programs.

National Institute of MENTAL HEALTH

5600 Fishers Lane, Room ISC-05, Rockville, MD
20857, (301)443-4513

Answers general inquiries about mental
health and distributes a variety of publications
in English and Spanish at no charge.

Office on SMOKING and Health, Department of Health and Human Services, Park Building Room 1-16, 5600 Fishers Lane, Rockville, MD 20857, (301)443-1690

Distributes consumer publications on
smoking and health including smoking and
teenagers, smoking and pregnancy, and
smoking cessation.



Office of Disease Prevention and Health Promotion

This resource list is a service of the National Center
for Health Statistics (NCHS) and the Office of Disease
Prevention and Health Promotion (ODPHP).



THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

REPORT OF FINDINGS
December 14, 1993

SAMPLE PERSON NAME

SAMPLE PERSON Address

City St Zipcode

SAMPLE NUMBER: 172

Examination Date: June 13, 1993

Age: 41 Years Sex: Male

SUMMARY

The results of some of the tests included in this report are outside the medically acceptable range and should be considered abnormal. In the report, these results are labelled "ABNORMAL". In addition, at least one of the results was far outside the medically acceptable range and should be considered extremely abnormal. In the report, these results are labelled "EXTREMELY ABNORMAL". You should have received these extremely abnormal results at an earlier date. We strongly recommend that you discuss with your doctor both the results labelled "ABNORMAL" and "EXTREMELY ABNORMAL".

THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

REPORT OF FINDINGS
December 14, 1993

SAMPLE PERSON NAME
SAMPLE PERSON Address
City St Zipcode

SAMPLE NUMBER: 172
Examination Date: June 13, 1993

Age: 41 Years Sex: Male

BODY MEASUREMENTS

** A B N O R M A L ** Overweight

WEIGHT: 401.0 lbs

HEIGHT: 74.9 inches

BLOOD PRESSURE

SYSTOLIC: 118 mm Hg

DIASTOLIC: 73 mm Hg

ALLERGY TEST

WHITE OAK		NEGATIVE
CAT		NEGATIVE
MITE	**POSITIVE	
ALTERNARIA		NEGATIVE
RYE GRASS	**POSITIVE	
PEANUT		NEGATIVE
RUSSIAN THISTLE	**POSITIVE	
GERMAN COCKROACH	**POSITIVE	
BERMUDA GRASS	**POSITIVE	
RAGWEED		NEGATIVE

**POSITIVE represents a reaction of at least 3mm in diameter.

GALLBLADDER AREA ULTRASONOGRAPHY

NO GALLSTONES WERE FOUND DURING THE ULTRASOUND EXAMINATION.

THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

REPORT OF FINDINGS
December 14, 1993SAMPLE PERSON NAME
SAMPLE PERSON Address
City St ZipcodeSAMPLE NUMBER: 172
Examination Date: June 13, 1993

Age: 41 Years Sex: Male

LABORATORY RESULTS

TEST NAME	RESULT	STATUS	MEDICALLY ACCEPTABLE RANGE	
Ferritin	278		20-2000	ng/mL
Serum Folate	1.023	** EXTREMELY ABNORMAL **	>=4.0	ng/mL
Protoporphyrin	45		0-70	ug/dL RBC
RBC Folate	79	** EXTREMELY ABNORMAL **	>=140	ng/mL RBC
Total Cholesterol	208	** ABNORMAL **	<200	mg/dL
HDL Cholesterol	35		>=35	mg/dL
Triglycerides	166		<=250	mg/dL
Serum T4	7.8		4.5-13.2	ug/dL
Serum TSH	2.5		0.36-6.70	uU/mL
Glycosylated Hemoglobin	5		0.0-6.1	percent
Glucose(Fasting)	97.3		60.0-139.9	mg/dL
Glucose(Twohr)	98.3		60.0-139.9	mg/dL
Sodium	141.2		138.1-145.6	mmol/L
Potassium	4.43		3.57-4.49	mmol/L
Chloride	106		100.3-110.0	mmol/L
Bicarbonate	26		21-36	mmol/L
BUN	16		0-20	mg/dL
Creatinine	1.3		0.0-1.3	mg/dL
Uric Acid	8.2	** ABNORMAL **	0.0-7.5	mg/dL
Calcium	9		8.7-10.1	mg/dL
Phosphorus	3.8		2.7-4.6	mg/dL
Total Bilirubin	0.7		0.0-1.1	mg/dL
AST (SGOT)	22		0-40	U/L
ALT (SGPT)	24		0-43	U/L
LDH	192		0-210	U/L
Alkaline Phosphatase	55		0-123	U/L
Total Protein	7.6		6.6-8.1	g/dL
Albumin	4.3		>=3.6	g/dL
Hemoglobin	14.75		13.30-16.90	g/dL
Hematocrit	42.9		39.50-49.00	percent
RBC	4.66		4.30-5.60	X10**12/L

REPORT OF FINDINGS
December 14, 1993SAMPLE PERSON NAME
SAMPLE PERSON Address
City St ZipcodeSAMPLE NUMBER: 172
Examination Date: June 13, 1993

Age: 41 Years Sex: Male

LABORATORY RESULTS (Continued)

TEST NAME	RESULT	STATUS	MEDICALLY ACCEPTABLE RANGE
MCV	92.05		81.60-98.50 f1
MCH	31.65		27.80-33.70 pg
MCHC	34.4		32.00-34.92 percent
WBC	6.15		4.50-11.20 X10**9/l
Granulocytes (TOTAL)	3.35		2.20-7.60 X10**9/l
Lymphocytes (TOTAL)	2.4		1.35-3.40 X10**9/l
Monocytes (TOTAL)	0.4		0.20-0.85 X10**9/l
Granulocytes (3-PART DIFF)	54.2		percent
Lymphocytes (3-PART DIFF)	39.35		percent
Monocytes (3-PART DIFF)	6.45		percent

46

Name:

ID:

11:07 NCHS NHANES III

25mm/s

10mm/mV

100Hz

Pgm 004B

12SL v72

Med:

40yr 165in 140lb

Sex: Race:

Loc: 95 Room: 1502

Vent. rate 66 BPM

PR interval 180 ms

QRS duration 88 ms

QT/QTc 420/434 ms

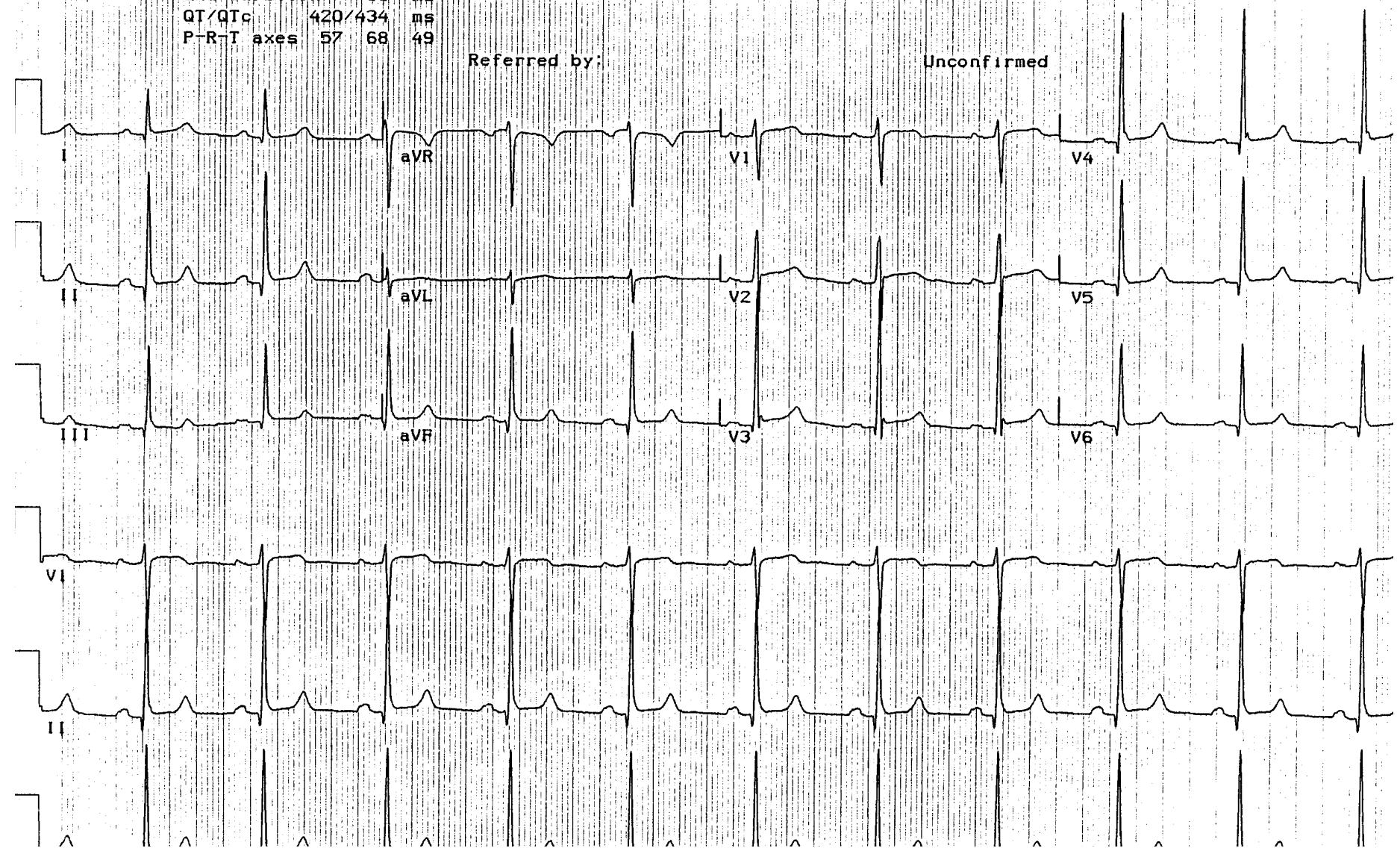
P-R-T axes 57 68 49

NORMAL SINUS RHYTHM

NORMAL ECG

Referred by:

Unconfirmed



National Health and Nutrition Examination Survey
Report of Spirometry Findings

National Center for Health Statistics
Room 900
6525 Belcrest Road
Hyattsville, Maryland 20782
(301) 436-8267

ID: Test Date: Time: 2:21 pm
Age: 77 Height: 163 cm Sex: F System: 9 4 7

Trial	FVC	FEV1	FEV1/FVC%	PkFlow	FEF25-75%
1	2.79	1.97	70.4%	4.90	1.15
2	2.91	2.06	70.8%	5.08	1.22
3	2.81	2.07	73.5%	5.01	1.38
4	2.84	2.16	76.2%	5.02	1.72
5	3.01	2.13	70.8%	5.15	1.30

Best Values	3.01	2.16	71.9%	5.15	1.30
Predicted Values-1	2.72	2.08	76.9%		1.89
LLN-2	1.95	1.51	66.0%		1.07
Percent Predicted	110.7%	103.8%	93.5%		69.1%

Interpretations:

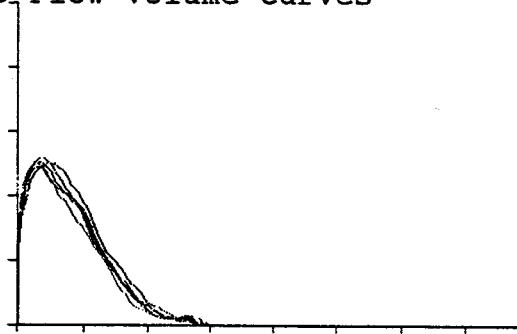
Breathing test results are within normal limits.

Note: Predicted values for subjects older than 70 years are not well established.

1 - Predicted values from Knudson, Am Rev Respir Dis 1983.

2 - LLN is the Lower Limit of the Normal range (95th percentile)

10L/s Flow-Volume Curves



Appendix III

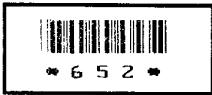
Household data collection forms, brochures, letters, and administrative documents

FORM ____ OF ____ FORMS

OMB No. 0920-0237
Approval Expires: 9/30/94

<p>Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics</p> <p>HOUSEHOLD SCREENER QUESTIONNAIRE</p> <p>NHANES III</p> <p>National Health and Nutrition Examination Survey</p>	<p>NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242 m).</p> <p>NOTICE: La información contenida en este formulario que permite identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad; será usada sólo para los propósitos establecidos para este estudio, y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la sección 308(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242m).</p> <p>Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-B, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</p> <p>Carga al público de reportaje para participación completa en el NHANES III se estima que, en promedio, sea cinco horas. Envíe comentarios respecto a esta carga o a cualquier otro aspecto de esta colección de información, incluyendo sugerencias para reducir esta carga al PHS Reports Clearance Officer, Room 721-B, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, y a Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</p>	
<p>LANGUAGE OF INTERVIEW</p> <p>1 <input type="checkbox"/> ENGLISH</p> <p>2 <input type="checkbox"/> SPANISH</p> <p>3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> SPECIFY</p>	<p>INTERVIEWER ID: _____</p> <p>REVIEWER ID: _____</p>	<p>TIME BEGAN 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm</p> <p>TIME ENDED 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm</p>

DECK NO.



INTRODUCTION: Hello, I'm _____ and we are conducting a survey for the U.S. Public Health Service (SHOW ID CARD). A letter was sent to you recently explaining the survey, which is called the Health and Nutrition Examination Survey and is about your family's health. (IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.) All the information that you give us will be kept in the strictest confidence. Your name will not be attached to any of your answers without your specific permission.

INTRODUCTION: (Buenos días/Buenas tardes/Buenas noches) soy _____ y estamos haciendo una encuesta para el Servicio de Salud Pública de los Estados Unidos (SHOW ID CARD). Recientemente se le mandó una carta explicándole la encuesta, llamada el Estudio de Salud y Nutrición, que se trata de la salud de su familia. (IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.) Toda la información que usted nos dé será mantenida en la más estricta confidencialidad. Su nombre no será juntado con ninguna de sus respuestas sin su expreso permiso.

b. I would like to verify your address. Please give me your complete street address. <i>Quisiera verificar su dirección. Por favor déme su dirección completa incluyendo el número de la casa y la calle.</i> <small>MARK BOX OR SPECIFY BELOW IF DIFFERENT.</small> <small>PROVIDE AS MUCH DETAILED INFORMATION AS NECESSARY.</small>	<small>1 <input type="checkbox"/> SAME AS LABEL</small>	
STREET ADDRESS		
CITY	STATE	ZIP CODE
c. Is this also your mailing address? <i>¿Es ésta también su dirección postal?</i> <small>MARK BOX OR SPECIFY BELOW IF DIFFERENT.</small> <small>INCLUDE ZIP CODE.</small>	<small>1 <input type="checkbox"/> SAME AS b.</small>	
STREET ADDRESS		
CITY	STATE	ZIP CODE

A. HOUSEHOLD COMPOSITION

<p>1a. To begin, how many people live in this household?</p> <p>Para comenzar, ¿cuántas personas viven en este hogar?</p>	NUMBER				
<p>b. What is the name of the person or one of the persons who owns or rents this home?</p> <p>¿Cómo se llama la persona o una de las personas que es dueño o que (renta/alquila) esta casa?</p> <p>ENTER NAME ON FIRST LINE OF Household Composition Table.</p> <p>IF ONLY ONE PERSON LIVES IN HOUSEHOLD, GO TO 1f. OTHERWISE CONTINUE.</p>					
<p>c. What is the name of (REF. PERSON)'s spouse, if any, who lives in this household?</p> <p>¿Cómo se llamaría el esposo(a) de (REF. PERSON), si tiene esposo(a), que vive en este hogar?</p> <p>ENTER NAME ON SECOND LINE OF HOUSEHOLD COMPOSITION TABLE.</p>					
<p>d. And the other members of this household who are related to (REF. PERSON): What are their names? Let's begin with the oldest.</p> <p>¿Cómo se llaman los otros miembros de este hogar que son parientes de (REF. PERSON)? Vamos a empezar con el mayor.</p> <p>ENTER NAME(S) IN AGE ORDER ON HOUSEHOLD COMPOSITION TABLE.</p>					
<p>e. Are there any other persons not related to (REF. PERSON) living in this household?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">2</td> <td style="text-align: center;">N</td> </tr> </table> <p>¿Hay algunas personas que no son parientes de (REF. PERSON) pero que viven en este hogar?</p> <p>IF YES: USE A BLANK SCREENER FOR ADDITIONAL FAMILY, ESTABLISHING A HEAD OF HOUSEHOLD AND ORDERING EACH FAMILY BY SPOUSE AND THEN FAMILY MEMBERS IN AGE ORDER.</p>		1	Y	2	N
1	Y	2	N		
<p>f. I have listed (READ ALL NAMES). Have I missed:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">*</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table> <p>Any babies or small children? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Any lodgers, boarders, or persons in your employ who live here? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Anyone who <u>usually</u> lives here but is now away from home? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Anyone else staying here? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Yo he puesto en la lista (READ ALL NAMES). ¿He olvidado:</p> <p>Algunos bebés o niños pequeños? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Algunos huéspedes, alquijados o personas en su empleo que viven aquí? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>A alguien que vive aquí <u>usualmente</u> pero está fuera de la casa ahora? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>Algun otro que se queda aquí? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>		*	Y	N	
*	Y	N			
<p>g. Do any of the persons in this household have a home anywhere else?</p> <p>*APPLY HOUSEHOLD MEMBERSHIP RULES. PROBE IF NECESSARY: Where does -- usually live and sleep; here or somewhere else?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Tienen algunas de las personas en este hogar un hogar en cualquier otro lugar?</p> <p>*APPLY HOUSEHOLD MEMBERSHIP RULES. PROBE IF NECESSARY: ¿Dónde vive y duerme -- usualmente, aquí o en otro lugar?</p>		1	<input type="checkbox"/>	2	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>		
<p>h. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/> (k)</td> </tr> </table> <p>¿Están algunas de las personas en este hogar en servicio activo de las Fuerzas Armadas de los Estados Unidos a horario completo?</p>		1	<input type="checkbox"/>	2	<input type="checkbox"/> (k)
1	<input type="checkbox"/>	2	<input type="checkbox"/> (k)		
<p>i. Who is this? Anyone else?</p> <p>¿Quién es? ¿Algún otro?</p> <p>DELETE PERSON FROM HOUSEHOLD COMPOSITION TABLE BY DRAWING LINE THROUGH NAME.</p>					
<p>j. FOR EACH PERSON IN ARMED FORCES, ASK:</p> <p>Where does -- usually live and sleep; here or somewhere else? SPECIFY "Living at home" OR "Not living at home" IN PERSON'S LINE.</p> <p>¿Dónde vive y duerme -- usualmente; aquí o en otro lugar? "Viviendo en el hogar" OR "No viviendo en el hogar" IN PERSON'S LINE.</p>					

k. Before continuing, I would like to review what you have told me. There are _____ (TOTAL NUMBER) persons who either live here now or who are staying here temporarily and have no other home – (READ ALL NAMES LISTED).

Antes de continuar, quisiera repasar lo que usted me ha dicho. Hay _____ (TOTAL NUMBER) personas que, o viven aquí ahora o que se están quedando aquí temporalmente y no tienen otro hogar. – (READ ALL NAMES LISTED).

HOUSEHOLD COMPOSITION TABLE

FAMILY NO. _____

**BOX 1 AFTER LISTING HOUSEHOLD, CIRCLE LINE NO. OF HOUSEHOLD RESPONDENT.
ASK QUESTIONS 2b-2d AS APPROPRIATE FOR EACH HOUSEHOLD MEMBER.**

LINE NO.	2a. PRINT NAME			2b. IF NOT COMPLETED ASK: What is --'s relationship to (REF. PERSON/ HEAD*)? ¿Cuál es el parentesco de -- a (REF. PERSON/ HEAD*)?	2c. HAND CARD S-1. Do any of these groups represent --'s national origin or ancestry? ¿Alguno de estos grupos representa el origen nacional o ancestro de --? IF YES, CIRCLE NUMBER BELOW. IF NO, SKIP TO 2d.		2d. Is --'s race white, black or other? ¿Es -- de raza blanca, negra u otra?		
	FIRST	MIDDLE	LAST		GO TO NEXT HOUSEHOLD MEMBER OR SKIP TO BOX 2.	SKIP TO 2d.	MEXICAN- AMERICAN	OTHER HISPANIC (SPECIFY)	W
01				REF. PERSON (OR HEAD*)	1	2	1	2	3
02					1	2	1	2	3
03					1	2	1	2	3
04					1	2	1	2	3
05					1	2	1	2	3
06					1	2	1	2	3
07					1	2	1	2	3
08					1	2	1	2	3
09					1	2	1	2	3
10					1	2	1	2	3
11					1	2	1	2	3
12					1	2	1	2	3

**"HEAD" APPLIES IF MORE THAN ONE FAMILY

BOX 2

SAMPLING MESSAGE #1

B. SELECTION OF SP'S

BOX 3

1. FOLLOWING INSTRUCTIONS FROM SAMPLING MESSAGE #1 IN BOX 2, LIST AT 3a ALL HOUSEHOLD MEMBERS IN APPROPRIATE RACE/ETHNICITY TABLES.
2. COMPLETE 3b-d FOR EACH HOUSEHOLD MEMBER.
3. AT 3e ENTER AN "X" ONLY FOR THOSE PERSONS WHOSE AGES CORRESPOND TO THE COLUMN HEADINGS.
4. ASSIGN SP'S NUMBERS IN 3f.
5. COMPLETE 3g AFTER OFFICE HAS ASSIGNED A SAMPLE NUMBER.

TABLE 1 - WHITES OR OTHERS (NOT TO INCLUDE BLACKS OR MEXICAN-AMERICANS.)

LINE NO.	3a. FIRST NAME	3b. What is --'s birthdate? <i>¿Cuál es la fecha de nacimiento de --?</i>	3c. AGE CHART	3d. SEX	3e.	3f. SP NO.	3g. SAMPLE NO.
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			

TABLE 2 - BLACKS

LINE NO.	3a. FIRST NAME	3b. What is --'s birthdate? <i>¿Cuál es la fecha de nacimiento de --?</i>	3c. AGE CHART	3d. SEX	3e.	3f. SP NO.	3g. SAMPLE NO.
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			

TABLE 3 - MEXICAN-AMERICANS

LINE NO.	3a. FIRST NAME	3b. What is --'s birthdate? <i>¿Cuál es la fecha de nacimiento de --?</i>	3c. AGE CHART	3d. SEX	3e.	3f. SP NO.	3g. SAMPLE NO.
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			

C. ENDING INTERVIEW

ASK EVERYONE:

4. Would you give me your telephone number in case my office wants to check my work?
¿Podría darme su número de teléfono en caso que mi oficina desee verificar mi trabajo?

TELEPHONE NO. - - - -
 AREA CODE In whose name is the telephone listed?
¿A nombre de quién aparece el teléfono? FIRST MIDDLE LAST1 NO TELEPHONE7 REFUSED5. DATE OF INTERVIEW: / MONTH - / DAY - / YEAR6. CODE ONE: 1 SP'S SELECTED
 2 NO SP'S SELECTED

7. RECORD TIME ENDED ON COVER PAGE.

I. **VACANT/NOT A DWELLING UNIT**

- A. WHY IS THE LISTED ADDRESS NOT AN OCCUPIED DWELLING UNIT FOR OUR SAMPLE? B. RECORD BELOW ANY AND ALL SIGNS OF VACANCY.

- VACANT _____
 NOT A DU, CONDEMNED/DEMOLISHED (C) _____
 NOT A DU, PLACE OF BUSINESS (C) _____
 NOT A DU, NO SUCH ADDRESS/NO SUCH DU (C) _____
 NOT A DU, VACATION CABIN (C) _____
 NOT A DU, NOT USABLE AS PERMANENT RESIDENCE (C) _____
 NOT A DU, TRANSIENT USE (C) _____
 NOT A DU, STILL UNDER CONSTRUCTION (C) _____
 NOT A DU, LISTING PROBLEM, OUT OF SEGMENT (C) _____
 NOT A DU, OTHER REASON (C)
(SPECIFY) _____

C. RECORD BELOW ANY REASONS UNIT DOES NOT QUALIFY AS A DWELLING UNIT AS WELL AS ANY RELEVANT INFORMATION OR OBSERVATIONS.

END

II. **SCREENER NON-RESPONSE**

- A. EXPLAIN WHY YOU WERE UNABLE TO COMPLETE THE SCREENER INTERVIEW. _____

- B. OBTAIN AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE.

PERSONS IN HH (# OR NAME)	SEX	AGE	HISPANIC ETHNIC ORIGIN (MEXICAN-AMERICAN OR OTHER HISPANIC)	RACE (W/B/OTHER)

WHO PROVIDED THIS INFORMATION (NAME, ADDRESS, AND TELEPHONE NUMBER)?

END

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey
NHANES III

FAMILY QUESTIONNAIRE

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Office: Room 721-B, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO.:

Stand No.	Segment No.	Serial No.
-----------	-------------	------------

Book _____ of _____ books

FAMILY
NO.:

--

DECK
NO.:


* 7 5 3 *

ADDRESS:

Apt No.	City
State	Zip Code

INTERVIEWER NO.

--

EDITOR NO.:

--

DATE OF INTERVIEW

MONTH / DAY / YEAR

TIME BEGAN

— : — 1 am
 2 pm
 3 noon

LANGUAGE OF INTERVIEW

- 1 English
2 Spanish
3 Other 4 _____
 specify

TIME ENDED

— : — 1 am
 2 pm
 3 noon

A. INDIVIDUAL CHARACTERISTICS	
FILL FIRST COLUMN FOR HEAD OF FAMILY, THEN COMPLETE REMAINING COLUMN(S) FOR (OTHER) SAMPLE PERSON(S) IN FAMILY	
SAMPLE NUMBER	
A1. NAME (TRANSCRIBE FROM SCREENER)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A2. SP NUMBER (TRANSCRIBE FROM SCREENER; USE 99 FOR HEAD, IF NOT SP)	<input type="text"/> (HEAD OF FAMILY)
A3. AGE (TRANSCRIBE FROM SCREENER, IF AVAILABLE)	<input type="checkbox"/> less than 1 yr. _____ enter months <input type="checkbox"/> 1 yr + _____ enter years
A4. SEX	1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE
A5. ENTER OBSERVED RACE IF YOU ARE ABLE TO OBSERVE	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O 9 <input type="checkbox"/> Not Obs.
A6. In what state or foreign country was -- born? ENTER NAME OF THE STATE OR FOREIGN COUNTRY.	 State or foreign country
IF UNDER 5 YEARS OLD, MARK "NEVER ATTENDED."	00 <input type="checkbox"/> NEVER ATTENDED OR KINDERGARTEN ONLY (A9)
A7. What is the highest grade or year of regular school -- has ever attended? CIRCLE APPROPRIATE NUMBER.	Elem 1 2 3 4 5 6 7 8 High 9 10 11 12 College 1 2 3 4 5+
A8. Did -- finish (NUMBER IN A7) (grade/year)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
HAND CARD F1.	
A9. Are any of those groups --'s national origin or ancestry? (Where did --'s ancestors come from?)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A11)
A10. Which of those groups <u>best</u> describes --'s national origin or ancestry? Please give me the number of the group.	1 <input type="checkbox"/> Mexican/Mexican American 2 <input type="checkbox"/> other Latin/American or other Spanish 3 _____ specify
HAND CARD F2.	CIRCLE ONLY ONE
A11. What is the number of the group that <u>best</u> represent --'s race?	1 2 3 4 5 ↓ 6 _____ specify
A12. IF UNDER 14, MARK FIRST BOX AND GO TO A13. OTHERWISE ASK: Is -- <u>now</u> married, living together with someone as married, widowed, divorced, separated or has -- never been married?	0 <input type="checkbox"/> UNDER 14 1 <input type="checkbox"/> married - spouse in HH 2 <input type="checkbox"/> married - spouse not in HH 3 <input type="checkbox"/> living as married 4 <input type="checkbox"/> widowed 5 <input type="checkbox"/> divorced 6 <input type="checkbox"/> separated 7 <input type="checkbox"/> never married
IF UNDER 17 YEARS OLD, MARK BOX AND GO TO NEXT SP OR B1. OTHERWISE ASK:	0 <input type="checkbox"/> UNDER 17 (NP)
A13. Did -- ever serve in the Armed Forces of the United States?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

A3.	<input type="checkbox"/> less than 1 yr. _____ <input type="checkbox"/> 1 yr + _____ enter months enter years	<input type="checkbox"/> less than 1 yr. _____ <input type="checkbox"/> 1 yr + _____ enter months enter years	<input type="checkbox"/> less than 1 yr. _____ <input type="checkbox"/> 1 yr + _____ enter months enter years
A4.	1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE
A5.	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O 9 <input type="checkbox"/> Not Obs.	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O 9 <input type="checkbox"/> Not Obs.	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O 9 <input type="checkbox"/> Not Obs.
A6.	 State or foreign country	 State or foreign country	 State or foreign country
A7.	00 <input type="checkbox"/> NEVER ATTENDED OR KINDERGARTEN ONLY (A9) Elem 1 2 3 4 5 6 7 8 High 9 10 11 12 College... 1 2 3 4 5+	00 <input type="checkbox"/> NEVER ATTENDED OR KINDERGARTEN ONLY (A9) Elem 1 2 3 4 5 6 7 8 High 9 10 11 12 College ... 1 2 3 4 5+	00 <input type="checkbox"/> NEVER ATTENDED OR KINDERGARTEN ONLY (A9) Elem 1 2 3 4 5 6 7 8 High 9 10 11 12 College 1 2 3 4 5+
A8.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
A9.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A11)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A11)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A11)
A10.	1 <input type="checkbox"/> Mexican/Mexican American 2 <input type="checkbox"/> other Latin/American or other Spanish 3 _____ specify	1 <input type="checkbox"/> Mexican/Mexican American 2 <input type="checkbox"/> other Latin/American or other Spanish 3 _____ specify	1 <input type="checkbox"/> Mexican/Mexican American 2 <input type="checkbox"/> other Latin/American or other Spanish 3 _____ specify
A11.	CIRCLE ONLY ONE 1 2 3 4 5 6 _____ specify	CIRCLE ONLY ONE 1 2 3 4 5 6 _____ specify	CIRCLE ONLY ONE 1 2 3 4 5 6 _____ specify
A12.	0 <input type="checkbox"/> UNDER 14 1 <input type="checkbox"/> married - spouse in HH 2 <input type="checkbox"/> married - spouse not in HH 3 <input type="checkbox"/> living as married 4 <input type="checkbox"/> widowed 5 <input type="checkbox"/> divorced 6 <input type="checkbox"/> separated 7 <input type="checkbox"/> never married	0 <input type="checkbox"/> UNDER 14 1 <input type="checkbox"/> married - spouse in HH 2 <input type="checkbox"/> married - spouse not in HH 3 <input type="checkbox"/> living as married 4 <input type="checkbox"/> widowed 5 <input type="checkbox"/> divorced 6 <input type="checkbox"/> separated 7 <input type="checkbox"/> never married	0 <input type="checkbox"/> UNDER 14 1 <input type="checkbox"/> married - spouse in HH 2 <input type="checkbox"/> married - spouse not in HH 3 <input type="checkbox"/> living as married 4 <input type="checkbox"/> widowed 5 <input type="checkbox"/> divorced 6 <input type="checkbox"/> separated 7 <input type="checkbox"/> never married
A13.	0 <input type="checkbox"/> UNDER 17 (NP) 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	0 <input type="checkbox"/> UNDER 17 (NP) 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	0 <input type="checkbox"/> UNDER 17 (NP) 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

B. HEALTH INSURANCE

<p>B1. Medicare is a Social Security health insurance program for certain disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. HAND CARD F3.</p> <p>During the <u>last month</u> (were/was) (NAME(S) OF ALL SPs IN FAMILY) covered by Medicare?</p>	<p>1 <input type="checkbox"/> Yes, one or more SPs covered 2 <input type="checkbox"/> No, no SPs covered (B6)</p>
<p>ASK TO DETERMINE WHICH SPs IN FAMILY ARE COVERED. MARK BOX IN EACH COLUMN BEFORE ASKING B3.</p> <p>B2. During the <u>last month</u> was – covered by Medicare?</p>	<p>1 <input type="checkbox"/> covered 2 <input type="checkbox"/> not covered 9 <input type="checkbox"/> DK } (NP)</p>
<p>FOR EACH SP WITH "COVERED" IN B2, ASK B3.</p> <p>B3. May I please see the Medicare card(s) for -- (and --) to record the claim number and type of coverage?</p> <p>TRANSCRIBE THE INFORMATION FROM THE CARD OR MARK THE "CARD NOT AVAILABLE" BOX.</p>	<p><input type="checkbox"/> <input type="checkbox"/> CARD NUMBER</p> <p>TYPE OF COVERAGE</p> <p>1 <input type="checkbox"/> hospital only (Part A) 2 <input type="checkbox"/> medical only (Part B) 3 <input type="checkbox"/> both } (B6)</p> <p>0 <input type="checkbox"/> CARD NOT AVAILABLE - ASK B4 AND B5</p>
<p>IF "CARD NOT AVAILABLE" ASK B4-B5.</p> <p>B4. During the <u>last month</u> was – covered by the part of Medicare that pays for hospital bills?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>B5. Medicare has an optional feature that costs extra and helps pay for doctor bills. During the last month was – covered by the part of Medicare that pays for doctor's bills?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (NP) 9 <input type="checkbox"/> DK (NP)</p>
<p>B6. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called --.)</p> <p>During the <u>last month</u> (were/was) (NAME(S) OF ALL SPs IN FAMILY) covered by Medicaid (or --)?</p>	<p>1 <input type="checkbox"/> Yes, one or more SPs covered 2 <input type="checkbox"/> No, no SPs covered (B8)</p>
<p>ASK FOR EACH SP:</p> <p>B7. During the <u>last month</u> was – covered by Medicaid?</p>	<p>1 <input type="checkbox"/> covered 2 <input type="checkbox"/> not covered (NP) 9 <input type="checkbox"/> DK (NP)</p>

B2.	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK</p>	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK</p>	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK</p>
   CARD NUMBER TYPE OF COVERAGE <p><input type="checkbox"/> hospital only (Part A) <input type="checkbox"/> medical only (Part B) <input type="checkbox"/> both</p> <p><input type="checkbox"/> CARD NOT AVAILABLE - ASK B4 AND B5</p>			
B3.	 CARD NUMBER TYPE OF COVERAGE <p><input type="checkbox"/> hospital only (Part A) <input type="checkbox"/> medical only (Part B) <input type="checkbox"/> both</p> <p><input type="checkbox"/> CARD NOT AVAILABLE - ASK B4 AND B5</p>	 CARD NUMBER TYPE OF COVERAGE <p><input type="checkbox"/> hospital only (Part A) <input type="checkbox"/> medical only (Part B) <input type="checkbox"/> both</p> <p><input type="checkbox"/> CARD NOT AVAILABLE - ASK B4 AND B5</p>	 CARD NUMBER TYPE OF COVERAGE <p><input type="checkbox"/> hospital only (Part A) <input type="checkbox"/> medical only (Part B) <input type="checkbox"/> both</p> <p><input type="checkbox"/> CARD NOT AVAILABLE - ASK B4 AND B5</p>
B4.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
B5.	<input type="checkbox"/> Y <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)
B7.	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK (NP)</p>	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK (NP)</p>	<p><input type="checkbox"/> covered <input type="checkbox"/> not covered (NP) <input type="checkbox"/> DK (NP)</p>

B8. During the <u>last month</u> (were/was) (NAME(S) OF ALL SPs IN FAMILY) covered by CHAMPUS, CHAMPVA, the VA, or military health care? (These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.)	<input type="checkbox"/> Yes, one or more SPs covered <input type="checkbox"/> No, no SPs covered (B10)	
ASK FOR EACH SP: B9. During the <u>last month</u> was – covered by CHAMPUS, CHAMPVA, the VA or military health care?	<input type="checkbox"/> covered <input type="checkbox"/> not covered <input type="checkbox"/> DK	{ (NP)
B10. We are interested in all kinds of health insurance plans except those that pay only for accidents. (Not counting Medicare, Medicaid, or Veteran's Payments) During the <u>last month</u> (were/was) (NAME(S) OF ALL SPs IN FAMILY) covered by a health insurance plan obtained privately or through a current or former employer or union that pays any part of a hospital stay or routine doctor's care? Include membership in a health maintenance organization. <input type="checkbox"/> Yes, one or more SPs covered <input type="checkbox"/> No, no SPs covered (B12)		
ASK B11-B11d FOR EACH SP BEFORE ASKING B12. B11. During the <u>last month</u> was – covered by one or more health insurance plans obtained privately or through an employer or union?	<input type="checkbox"/> covered (B11a) <input type="checkbox"/> not covered <input type="checkbox"/> DK	{ (NP)
FOR EACH SP WITH "COVERED" IN B11, ASK B11a-B11d.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
B11a. Did any of these plans cover any part of hospital expenses?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
B11b. Did any of these plans cover any part of the costs of routine doctor's care?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
B11c. Did any of these plans cover any part of dental care?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
B11d. Are any of these plans from someone's current or former employer or union?	1 <input type="checkbox"/> Y (NP) 2 <input type="checkbox"/> N (NP) 9 <input type="checkbox"/> DK (NP)	
ASK FOR EACH SP: B12. Has – ever been refused health insurance or limited in the kind of insurance coverage (he/she) could obtain because of poor health?	1 <input type="checkbox"/> Y (NP) 2 <input type="checkbox"/> N (NP) 9 <input type="checkbox"/> DK (NP)	

B9.	<input type="checkbox"/> covered <input type="checkbox"/> not covered <input type="checkbox"/> DK	<input type="checkbox"/> covered <input type="checkbox"/> not covered <input type="checkbox"/> DK	<input type="checkbox"/> covered <input type="checkbox"/> not covered <input type="checkbox"/> DK
B11.	<input type="checkbox"/> covered (B11a) <input type="checkbox"/> not covered <input type="checkbox"/> DK	<input type="checkbox"/> covered (B11a) <input type="checkbox"/> not covered <input type="checkbox"/> DK	<input type="checkbox"/> covered (B11a) <input type="checkbox"/> not covered <input type="checkbox"/> DK
B11a.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
B11b.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
B11c.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
B11d.	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)
B12.	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)	<input type="checkbox"/> Y (NP) <input type="checkbox"/> N (NP) <input type="checkbox"/> DK (NP)

B13. CHECK ITEM. REVIEW RESPONSES TO B2, B7, B9, AND B11 AND MARK BOX FOR EACH SP. <u>IF ALL COVERED, GO TO C1.</u> IF NOT CONTINUE.	1 <input type="checkbox"/> 'COVERED' IN B2, B7, B9, OR B11 (C1) 2 <input type="checkbox"/> 'NOT COVERED' 9 <input type="checkbox"/> DK
B14. Many people do not carry health insurance for various reasons. HAND CARD F4.	2 3 4 5 6 7
Which of these statements describes why -- is currently not covered by any health insurance?	9 → 10 _____ (NP) specify
B15. Any other reasons?	1 <input type="checkbox"/> Y (REASK B14 <u>AND</u> B15) 2 <input type="checkbox"/> N
MARK BOX IF ONLY ONE REASON IS GIVEN IN B14, OTHERWISE ASK:	
B16. What is the <u>main</u> reason -- is currently not covered by any health insurance?	0 <input type="checkbox"/> ONLY ONE REASON IN B14 2 3 4 5 6 7 9 → 10 _____ (NP) specify
C. FAMILY BACKGROUND	
C1. CHECK ITEM. REFER TO AGE OF SP AND MARK BOX.	1 <input type="checkbox"/> 17+ YEARS OLD (NP) 2 <input type="checkbox"/> UNDER 17 YEARS OLD (C2)
C2. Now I have some questions about --'s <u>biological</u> parents. How much (does --'s mother/do you) weigh? IF PREGNANT, RECORD WEIGHT BEFORE PREGNANCY.	_____ pounds or _____ kilograms 999 <input type="checkbox"/> DK
C3. How tall (is --'s mother/are you)?	_____ feet/ _____ inches or _____ centimeters 999 <input type="checkbox"/> DK
C4. How much (does --'s father/do you) weigh?	_____ pounds or _____ kilograms 999 <input type="checkbox"/> DK
C5. How tall (is --'s father/are you)?	_____ feet/ _____ inches or _____ centimeters 999 <input type="checkbox"/> DK

B13.	<p><input type="checkbox"/> 'COVERED' IN B2, B7, B9, OR B11 (C1)</p> <p><input type="checkbox"/> 'NOT COVERED'</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 'COVERED' IN B2, B7, B9, OR B11 (C1)</p> <p><input type="checkbox"/> 'NOT COVERED'</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 'COVERED' IN B2, B7, B9, OR B11 (C1)</p> <p><input type="checkbox"/> 'NOT COVERED'</p> <p><input type="checkbox"/> DK</p>
B14.	<p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>	<p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>	<p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>
B15.	<p><input type="checkbox"/> Y (REASK B14 AND B15)</p> <p><input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y (REASK B14 AND B15)</p> <p><input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y (REASK B14 AND B15)</p> <p><input type="checkbox"/> N</p>
B16.	<p><input type="checkbox"/> ONLY ONE REASON IN B14</p> <p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>	<p><input type="checkbox"/> ONLY ONE REASON IN B14</p> <p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>	<p><input type="checkbox"/> ONLY ONE REASON IN B14</p> <p>2 3 4 5 6 7</p> <p>9 → 10 _____ (NP) specify</p>
C1.	<p><input type="checkbox"/> 17+ YEARS OLD (NP)</p> <p><input type="checkbox"/> UNDER 17 YEARS OLD (C2)</p>	<p><input type="checkbox"/> 17+ YEARS OLD (NP)</p> <p><input type="checkbox"/> UNDER 17 YEARS OLD (C2)</p>	<p><input type="checkbox"/> 17+ YEARS OLD (NP)</p> <p><input type="checkbox"/> UNDER 17 YEARS OLD (C2)</p>
C2.	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>
C3.	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>
C4.	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ pounds or _____ kilograms</p> <p>999 <input type="checkbox"/> DK</p>
C5.	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>	<p>_____ feet/_____ inches or _____ centimeters</p> <p>999 <input type="checkbox"/> DK</p>

C6. Has either of --'s <u>biological</u> parents ever been told by a doctor that he or she had . . .	<p>a. High blood pressure or stroke before the age of 50?</p> <p><input type="checkbox"/> Y - Which, --'s <input type="checkbox"/> father <input type="checkbox"/> N (b) <input type="checkbox"/> mother, or <input type="checkbox"/> DK (b) <input type="checkbox"/> both?</p> <hr/> <p>b. Heart attack or angina before the age of 50?</p> <p><input type="checkbox"/> Y - Which, --'s <input type="checkbox"/> father <input type="checkbox"/> N (c) <input type="checkbox"/> mother, or <input type="checkbox"/> DK (c) <input type="checkbox"/> both?</p> <hr/> <p>c. High blood cholesterol at any age?</p> <p><input type="checkbox"/> Y - Which, --'s <input type="checkbox"/> father <input type="checkbox"/> N (d) <input type="checkbox"/> mother, or <input type="checkbox"/> DK (d) <input type="checkbox"/> both?</p> <hr/> <p>d. Asthma or hay fever at any age?</p> <p><input type="checkbox"/> Y - Which, --'s <input type="checkbox"/> father <input type="checkbox"/> N (e) <input type="checkbox"/> mother, or <input type="checkbox"/> DK (e) <input type="checkbox"/> both?</p> <hr/> <p>e. Diabetes at any age?</p> <p><input type="checkbox"/> Y - Which, --'s <input type="checkbox"/> father <input type="checkbox"/> N <input type="checkbox"/> mother, or <input type="checkbox"/> DK <input type="checkbox"/> both?</p>
C7. How long has -- lived at this address?	<p>_____ number <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years</p> <p>00 <input type="checkbox"/> WHOLE LIFE (C10)</p>
C8. How long has -- lived in this (city/town/area)?	<p>_____ number <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years</p> <p>00 <input type="checkbox"/> WHOLE LIFE (C10)</p>
C9. How many times has -- moved?	<p>_____ times number 99 <input type="checkbox"/> DK</p>
C10. In what country (was --'s mother/were you) born?	<p>1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify</p>
C11. In what country (was --'s father/were you) born?	<p>1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify</p>

	SAMPLE NUMBER	SAMPLE NUMBER	SAMPLE NUMBER
A1.	NAME	NAME	NAME
A2.	_____	_____	_____
C6. a.	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b) 3 <input type="checkbox"/> both? 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b)	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b) 3 <input type="checkbox"/> both? 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b)	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b) 3 <input type="checkbox"/> both? 2 <input type="checkbox"/> N (b) 9 <input type="checkbox"/> DK (b)
b.	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (c) 9 <input type="checkbox"/> DK (c) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (c) 9 <input type="checkbox"/> DK (c) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (c) 9 <input type="checkbox"/> DK (c) 3 <input type="checkbox"/> both?
c.	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (d) 9 <input type="checkbox"/> DK (d) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (d) 9 <input type="checkbox"/> DK (d) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (d) 9 <input type="checkbox"/> DK (d) 3 <input type="checkbox"/> both?
d.	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (e) 9 <input type="checkbox"/> DK (e) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (e) 9 <input type="checkbox"/> DK (e) 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N (e) 9 <input type="checkbox"/> DK (e) 3 <input type="checkbox"/> both?
e.	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> both?	 1 <input type="checkbox"/> Y - Which, -'s { 1 <input type="checkbox"/> father 2 <input type="checkbox"/> mother, or 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> both?
C7.	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)
C8.	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)	 number { 1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 00 <input type="checkbox"/> WHOLE LIFE (C10)
C9.	 number times 99 <input type="checkbox"/> DK	 number times 99 <input type="checkbox"/> DK	 number times 99 <input type="checkbox"/> DK
C10.	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify
C11.	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify	 1 <input type="checkbox"/> 50 U.S. states 2 <input type="checkbox"/> other 3 _____ specify

D. OCCUPATION OF FAMILY HEAD		
D1. CHECK ITEM	1 <input type="checkbox"/> HEAD OF FAMILY IS AN SP (E1) 2 <input type="checkbox"/> HEAD OF FAMILY NOT AN SP (ASK D2-D12 FOR HEAD OF FAMILY) 3 <input type="checkbox"/> HEAD OF FAMILY ACTIVE MILITARY LIVING AT HOME (D10)	
D2. During the past 2 weeks, did -- work at any time at a job or business, not counting work around the house? INCLUDE UNPAID WORK IN THE FAMILY FARM OR BUSINESS.	1 <input type="checkbox"/> Y (D7) 2 <input type="checkbox"/> N	
D3. Even though -- did not work during those 2 weeks, did -- have a job or business?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	
D4. Was -- looking for work or on layoff from a job?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D6)	
D5. Which, looking for work or on layoff from a job?	1 <input type="checkbox"/> looking (D8) 2 <input type="checkbox"/> layoff (D7) 3 <input type="checkbox"/> both (D7)	
D6. CHECK ITEM. MARK A BOX ONLY IF "NO" IN D4.	1 <input type="checkbox"/> "Y" IN D3 (D7) 2 <input type="checkbox"/> "N" IN D3 (E1)	
D7. For whom did -- work? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. RECORD RESPONSE AND SKIP TO D9.	Employer	
D8. For whom did -- work at -- last full-time civilian job or business lasting 2 consecutive weeks or more? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER.		
D9. What kind of business or industry is this? (For example, TV and radio, manufacturing, retail shoe store, State Labor Department, farm.)	Industry	
D10. What kind of work was -- doing? (For example, electrical engineer, stock clerk, typist, farmer.)	Occupation	
D11. What were --'s most important activities or duties at that job? (For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.)	Duties	
D12. COMPLETE FROM ENTRIES IN D7 THRU D11. IF NOT CLEAR ASK: Was -- an employee of a private company, business or individual for wages, salary or commission? P -- a Federal government employee? ... F -- a State government employee? S -- a Local government employee? L	- self-employed in own business, professional practice, or farm? IF NOT FARM, ASK: Is the business incorporated? Yes I No SE - working without pay in business or farm? WP - never worked or never worked at a full-time civilian job lasting 2 weeks or more NEV	Class of worker 01 <input type="checkbox"/> P 02 <input type="checkbox"/> F 03 <input type="checkbox"/> S 04 <input type="checkbox"/> L 05 <input type="checkbox"/> I 06 <input type="checkbox"/> SE 07 <input type="checkbox"/> WP 08 <input type="checkbox"/> ARMED FORCES 00 <input type="checkbox"/> NEV

E. HOUSING CHARACTERISTICS		
E1. When was this (house/structure) originally built? (Was it . . . ?)	<input type="checkbox"/> before 1946 <input type="checkbox"/> 1946-1973 <input type="checkbox"/> 1974 to present	
E2. How many rooms are in this home? Count the kitchen but not the bathroom.	_____ rooms number	
E3. How long has your family lived at this address?	_____ years number	
E4. Is your home drinking water bottled or from the tap (faucet)?	<input type="checkbox"/> bottled (E7) <input type="checkbox"/> tap	
E5. What is the source of your home tap water?	<input type="checkbox"/> private or public water company <input type="checkbox"/> private or public well <input type="checkbox"/> spring <input type="checkbox"/> DK	
E6. Does your home drinking water have a water softening or conditioning system? This includes both systems at the (tap/faucet) and systems for the entire home.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
E7. Do any pets live in this home?	<input type="checkbox"/> Y <input type="checkbox"/> N (E9)	
E8. What kind of pet lives here . . . <ul style="list-style-type: none"> a. a dog? 	<input type="checkbox"/> Y <input type="checkbox"/> N	
<hr/> <ul style="list-style-type: none"> b. a cat? 	<input type="checkbox"/> Y <input type="checkbox"/> N	
<hr/> <ul style="list-style-type: none"> c. a bird? 	<input type="checkbox"/> Y <input type="checkbox"/> N	
<hr/> <ul style="list-style-type: none"> d. any other pet(s)? 	<input type="checkbox"/> Y <input type="checkbox"/> N → 3 _____ specify	
E9. During the <u>past 12 months</u> was a furnace that forces out hot air used to heat this place?	<input type="checkbox"/> Y <input type="checkbox"/> N (E11) <input type="checkbox"/> DK (E11)	
E10. Was the hot-air furnace fueled by oil, by gas, by electricity or by something else?	<input type="checkbox"/> oil <input type="checkbox"/> gas <input type="checkbox"/> electricity <input type="checkbox"/> other 5 _____ <input type="checkbox"/> DK	
E11. During the <u>past 12 months</u> was one or more space heaters used to heat this place? We are interested only in heaters that are not vented to the outside.	<input type="checkbox"/> Y <input type="checkbox"/> N (E13) <input type="checkbox"/> DK (E13)	
E12. Was the room or space heater fueled by electricity, kerosene, propane, or by something else?	<input type="checkbox"/> electricity <input type="checkbox"/> kerosene <input type="checkbox"/> propane <input type="checkbox"/> other 5 _____ specify	
E13. During the <u>past 12 months</u> was one or more wood stoves used here?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	

E14. During the <u>past 12 months</u> was one or more fireplaces used here?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
E15. Is a gas stove or oven used for cooking at this place?	<input type="checkbox"/> Y <input type="checkbox"/> N (F1)
E16. Is there an exhaust fan near this stove that sends fumes outside the house?	<input type="checkbox"/> Y <input type="checkbox"/> N (E18)
E17. When the stove or oven is being used, how often is this exhaust fan used? Would you say it is used always, sometimes, rarely, or never?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> DK
E18. During the <u>past 12 months</u> was the stove or oven <u>ever</u> used to <u>heat</u> this place?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK

F. FAMILY CHARACTERISTICS

F1. Does anyone who lives here smoke cigarettes in the home?	<input type="checkbox"/> Y <input type="checkbox"/> N (F4)
F2. Who? Anyone else? RECORD NAME(S), FAMILY NUMBER(S) AND LINE NUMBER(S) FROM HOUSEHOLD SCREENER FOR ALL <u>HOUSEHOLD</u> MEMBERS WHO SMOKE.	<p>F3. FOR EACH PERSON RECORDED IN F2 ASK:</p> <p>How many cigarettes per day does – usually smoke in the home?</p> <p>a) _____ cigarettes</p> <p>b) _____ cigarettes</p> <p>c) _____ cigarettes</p> <p>d) _____ cigarettes</p> <p>e) _____ cigarettes</p> <p>f) _____ cigarettes</p>
F4. Which one of the following statements <u>best</u> describes the food eaten by (you/your family)? Do you have <u>enough</u> food to eat, <u>sometimes not enough</u> to eat, or <u>often not</u> <u>enough</u> to eat?	<input type="checkbox"/> enough food to eat (F7) <input type="checkbox"/> sometimes not enough to eat <input type="checkbox"/> often not enough to eat
F5. Thinking about the <u>past month</u> , how many days did (you/your family) have no food or money to buy food?	<input type="checkbox"/> none (F7) <input type="checkbox"/> number days <input type="checkbox"/> 99 DK

F6. Which of the following reasons explains why (you have/your family has) had this problem?	
a. because of transportation problems?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. because you did <u>not</u> have working appliances for storing or preparing foods (such as a stove or refrigerator)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
c. because you did <u>not</u> have enough money, food stamps, or WIC vouchers to buy food or beverages?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
d. any other reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N → 3 _____ specify
F7. Thinking about the <u>past month</u> , did (you/adult members of your family) ever cut the size of your meals because there was not enough money for food?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
REFER TO SCREENER. IF CHILDREN LESS THAN AGE 17 ASK THIS, OTHERWISE SKIP TO F9.	
F8. Thinking about the <u>past month</u> , did you cut the size of your children's meals or did they skip meals because there was not enough money for food?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F9. Did (you/any member of this family) receive benefits from the WIC program, that is, the Women, Infants, and Children program in (NAME OF LAST MONTH)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F10. Did (you/any member of this family) receive food stamps in <u>any</u> of the <u>last 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F12a) 9 <input type="checkbox"/> DK (F12a)
F11. (Are you/Is your family) receiving food stamps at the <u>present time</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
The following questions are about different types of <u>family income</u> . We ask them to see if there is a relationship between <u>family income</u> and health.	
F12a. During the <u>last month</u> , did anyone in the <u>family</u> receive income from working for an employer or from self-employment?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F13a) 9 <input type="checkbox"/> DK (F13a)
F12b. Who was that?	REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME. CODE ALL THAT APPLY. 01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"> 04 <input type="checkbox"/> 10 <input type="checkbox"> 05 <input type="checkbox"/> 11 <input type="checkbox"> 06 <input type="checkbox"/> 12 <input type="checkbox"/></input></input></input>
F12c. Anyone else?	1 <input type="checkbox"/> Y (REASK F12b AND F12c) 2 <input type="checkbox"/> N

F13a. During the <u>last month</u> , did anyone in the <u>family</u> receive Social Security or Railroad Retirement payments?		<input type="checkbox"/> Y <input type="checkbox"/> N (F14a) <input type="checkbox"/> DK (F14a)	
F13b. Who was that?		REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME. CODE ALL THAT APPLY. 01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/>	
F13c. Anyone else?		<input type="checkbox"/> Y (REASK F13b AND F13c) <input type="checkbox"/> N	
F13d. RECORD A SEPARATE ANSWER FOR EACH PERSON LESS THAN 65 ANSWERING YES TO F13a. What is the reason – is getting Social Security or Railroad Retirement? Is it because – is retired, disabled, widowed, a surviving child, a spouse or a dependent child?	LINE NO. _____	LINE NO. _____	LINE NO. _____
	1 <input type="checkbox"/> retired 2 <input type="checkbox"/> disabled 3 <input type="checkbox"/> widowed 4 <input type="checkbox"/> surviving child 5 <input type="checkbox"/> spouse 6 <input type="checkbox"/> dependent child 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> retired 2 <input type="checkbox"/> disabled 3 <input type="checkbox"/> widowed 4 <input type="checkbox"/> surviving child 5 <input type="checkbox"/> spouse 6 <input type="checkbox"/> dependent child 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> retired 2 <input type="checkbox"/> disabled 3 <input type="checkbox"/> widowed 4 <input type="checkbox"/> surviving child 5 <input type="checkbox"/> spouse 6 <input type="checkbox"/> dependent child 9 <input type="checkbox"/> DK
F14a. During the <u>last month</u> , did anyone in the <u>family</u> receive any SSI (Supplemental Security Income) payments from the Federal Government?		<input type="checkbox"/> Y <input type="checkbox"/> N (F15a) <input type="checkbox"/> DK (F15a)	
F14b. Who was that?		REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME. CODE ALL THAT APPLY. 01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/>	
F14c. Anyone else?		<input type="checkbox"/> Y (REASK F14b AND F14c) <input type="checkbox"/> N	
F15a. During the <u>last month</u> , did anyone in the <u>family</u> receive any pension or disability payment other than Social Security or Railroad Retirement?		<input type="checkbox"/> Y <input type="checkbox"/> N (F16a) <input type="checkbox"/> DK (F16a)	
F15b. Who was that?		REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME. CODE ALL THAT APPLY. 01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/>	
F15c. Anyone else?		<input type="checkbox"/> Y (REASK F15b AND F15c) <input type="checkbox"/> N	

F16a. During the <u>last month</u> , did anyone in the <u>family</u> receive Public assistance or welfare payments from the State or Local welfare office? Do not include SSI.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F17a) 9 <input type="checkbox"/> DK (F17a)												
F16b. Who was that?	<p>REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME.</p> <p>CODE ALL THAT APPLY.</p> <table style="margin-left: 100px;"> <tr><td>01 <input type="checkbox"/></td><td>07 <input type="checkbox"/></td></tr> <tr><td>02 <input type="checkbox"/></td><td>08 <input type="checkbox"/></td></tr> <tr><td>03 <input type="checkbox"/></td><td>09 <input type="checkbox"/></td></tr> <tr><td>04 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td></tr> <tr><td>05 <input type="checkbox"/></td><td>11 <input type="checkbox"/></td></tr> <tr><td>06 <input type="checkbox"/></td><td>12 <input type="checkbox"/></td></tr> </table>	01 <input type="checkbox"/>	07 <input type="checkbox"/>	02 <input type="checkbox"/>	08 <input type="checkbox"/>	03 <input type="checkbox"/>	09 <input type="checkbox"/>	04 <input type="checkbox"/>	10 <input type="checkbox"/>	05 <input type="checkbox"/>	11 <input type="checkbox"/>	06 <input type="checkbox"/>	12 <input type="checkbox"/>
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06 <input type="checkbox"/>	12 <input type="checkbox"/>												
F16c. Anyone else?	1 <input type="checkbox"/> Y (REASK F16b AND F16c) 2 <input type="checkbox"/> N												
F16d. During the <u>last month</u> , did anyone in the family receive "Aid to Families with Dependent Children," sometimes called AFDC or ADC?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F17a) 9 <input type="checkbox"/> DK (F17a)												
F16e. Who was that?	<p>REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME.</p> <p>CODE ALL THAT APPLY.</p> <table style="margin-left: 100px;"> <tr><td>01 <input type="checkbox"/></td><td>07 <input type="checkbox"/></td></tr> <tr><td>02 <input type="checkbox"/></td><td>08 <input type="checkbox"/></td></tr> <tr><td>03 <input type="checkbox"/></td><td>09 <input type="checkbox"/></td></tr> <tr><td>04 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td></tr> <tr><td>05 <input type="checkbox"/></td><td>11 <input type="checkbox"/></td></tr> <tr><td>06 <input type="checkbox"/></td><td>12 <input type="checkbox"/></td></tr> </table>	01 <input type="checkbox"/>	07 <input type="checkbox"/>	02 <input type="checkbox"/>	08 <input type="checkbox"/>	03 <input type="checkbox"/>	09 <input type="checkbox"/>	04 <input type="checkbox"/>	10 <input type="checkbox"/>	05 <input type="checkbox"/>	11 <input type="checkbox"/>	06 <input type="checkbox"/>	12 <input type="checkbox"/>
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06 <input type="checkbox"/>	12 <input type="checkbox"/>												
F16f. Anyone else?	1 <input type="checkbox"/> Y (REASK F16e AND F16f) 2 <input type="checkbox"/> N												
F17a. During the <u>last month</u> , did anyone in the <u>family</u> receive income from any other source such as veteran's payments, workman's compensation, rental income, interest and dividend income, or child support and alimony?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F18) 9 <input type="checkbox"/> DK (F18)												
F17b. Who was that?	<p>REFER TO SCREENER HOUSEHOLD COMPOSITION TABLE AND CODE THE LINE NO. FOR EACH FAMILY MEMBER RECEIVING THIS INCOME.</p> <p>CODE ALL THAT APPLY.</p> <table style="margin-left: 100px;"> <tr><td>01 <input type="checkbox"/></td><td>07 <input type="checkbox"/></td></tr> <tr><td>02 <input type="checkbox"/></td><td>08 <input type="checkbox"/></td></tr> <tr><td>03 <input type="checkbox"/></td><td>09 <input type="checkbox"/></td></tr> <tr><td>04 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td></tr> <tr><td>05 <input type="checkbox"/></td><td>11 <input type="checkbox"/></td></tr> <tr><td>06 <input type="checkbox"/></td><td>12 <input type="checkbox"/></td></tr> </table>	01 <input type="checkbox"/>	07 <input type="checkbox"/>	02 <input type="checkbox"/>	08 <input type="checkbox"/>	03 <input type="checkbox"/>	09 <input type="checkbox"/>	04 <input type="checkbox"/>	10 <input type="checkbox"/>	05 <input type="checkbox"/>	11 <input type="checkbox"/>	06 <input type="checkbox"/>	12 <input type="checkbox"/>
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06 <input type="checkbox"/>	12 <input type="checkbox"/>												
F17c. Anyone else?	1 <input type="checkbox"/> Y (REASK F17b AND F17c) 2 <input type="checkbox"/> N												

<p>F18. Including wages, salaries, self-employment, and any other source of income we just talked about, was the <u>total combined family income</u> during the <u>last 12 months</u> - (that is, yours, READ NAMES OF ALL FAMILY MEMBERS, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME) – more or less than \$20,000?</p>	<p><input type="checkbox"/> Less than \$20,000 (HAND CARD F5)</p> <p><input type="checkbox"/> \$20,000 or more (HAND CARD F6)</p> <p><input type="checkbox"/> No income (F21)</p>																																				
<p>READ PARENTHETICAL PHRASE IF ARMED FORCES MEMBER LIVING AT HOME OR IF NECESSARY.</p> <p>F19. Of those income groups, which letter best represents the <u>total combined family income</u> during the <u>last 12 months</u> (that is, yours, READ NAMES, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME)? Include all sources of income we just talked about.</p>	<p>CARD F5 CARD F6</p> <table> <tbody> <tr><td>01 <input type="checkbox"/> A</td><td>11 <input type="checkbox"/> K</td><td>21 <input type="checkbox"/> U</td></tr> <tr><td>02 <input type="checkbox"/> B</td><td>12 <input type="checkbox"/> L</td><td>22 <input type="checkbox"/> V</td></tr> <tr><td>03 <input type="checkbox"/> C</td><td>13 <input type="checkbox"/> M</td><td>23 <input type="checkbox"/> W</td></tr> <tr><td>04 <input type="checkbox"/> D</td><td>14 <input type="checkbox"/> N</td><td>24 <input type="checkbox"/> X</td></tr> <tr><td>05 <input type="checkbox"/> E</td><td>15 <input type="checkbox"/> O</td><td>25 <input type="checkbox"/> Y</td></tr> <tr><td>06 <input type="checkbox"/> F</td><td>16 <input type="checkbox"/> P</td><td>26 <input type="checkbox"/> Z</td></tr> <tr><td>07 <input type="checkbox"/> G</td><td>17 <input type="checkbox"/> Q</td><td>27 <input type="checkbox"/> ZZ</td></tr> <tr><td>08 <input type="checkbox"/> H</td><td>18 <input type="checkbox"/> R</td><td>28 <input type="checkbox"/> AA</td></tr> <tr><td>09 <input type="checkbox"/> I</td><td>19 <input type="checkbox"/> S</td><td>29 <input type="checkbox"/> BB</td></tr> <tr><td>10 <input type="checkbox"/> J</td><td>20 <input type="checkbox"/> T</td><td>30 <input type="checkbox"/> CC</td></tr> <tr><td colspan="3">99 <input type="checkbox"/> DK</td></tr> </tbody> </table>	01 <input type="checkbox"/> A	11 <input type="checkbox"/> K	21 <input type="checkbox"/> U	02 <input type="checkbox"/> B	12 <input type="checkbox"/> L	22 <input type="checkbox"/> V	03 <input type="checkbox"/> C	13 <input type="checkbox"/> M	23 <input type="checkbox"/> W	04 <input type="checkbox"/> D	14 <input type="checkbox"/> N	24 <input type="checkbox"/> X	05 <input type="checkbox"/> E	15 <input type="checkbox"/> O	25 <input type="checkbox"/> Y	06 <input type="checkbox"/> F	16 <input type="checkbox"/> P	26 <input type="checkbox"/> Z	07 <input type="checkbox"/> G	17 <input type="checkbox"/> Q	27 <input type="checkbox"/> ZZ	08 <input type="checkbox"/> H	18 <input type="checkbox"/> R	28 <input type="checkbox"/> AA	09 <input type="checkbox"/> I	19 <input type="checkbox"/> S	29 <input type="checkbox"/> BB	10 <input type="checkbox"/> J	20 <input type="checkbox"/> T	30 <input type="checkbox"/> CC	99 <input type="checkbox"/> DK					
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99 <input type="checkbox"/> DK																																					
<p>HAND CARD F7.</p> <p>F20. Now, please think about your <u>family income</u> during (NAME OF LAST MONTH). Which letter best represents the <u>total combined family income</u> during (NAME OF LAST MONTH) (that is, yours, READ NAMES, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME)? Again, include all sources of income we just talked about.</p>	<p>CARD F7</p> <table> <tbody> <tr><td>01 <input type="checkbox"/> A</td><td>11 <input type="checkbox"/> K</td><td>22 <input type="checkbox"/> U</td></tr> <tr><td>02 <input type="checkbox"/> B</td><td>12 <input type="checkbox"/> L</td><td>23 <input type="checkbox"/> V</td></tr> <tr><td>03 <input type="checkbox"/> C</td><td>13 <input type="checkbox"/> M</td><td>24 <input type="checkbox"/> W</td></tr> <tr><td>04 <input type="checkbox"/> D</td><td>14 <input type="checkbox"/> N</td><td></td></tr> <tr><td>05 <input type="checkbox"/> E</td><td>15 <input type="checkbox"/> O</td><td></td></tr> <tr><td>06 <input type="checkbox"/> F</td><td>16 <input type="checkbox"/> P</td><td></td></tr> <tr><td>07 <input type="checkbox"/> G</td><td>17 <input type="checkbox"/> Q</td><td></td></tr> <tr><td>08 <input type="checkbox"/> H</td><td>18 <input type="checkbox"/> R</td><td></td></tr> <tr><td>09 <input type="checkbox"/> I</td><td>19 <input type="checkbox"/> S</td><td></td></tr> <tr><td>10 <input type="checkbox"/> J</td><td>20 <input type="checkbox"/> T</td><td></td></tr> <tr><td colspan="3">21 <input type="checkbox"/> Respondent indicates annual income as reported in F19 divided by 12.</td></tr> <tr><td colspan="3">99 <input type="checkbox"/> DK</td></tr> </tbody> </table>	01 <input type="checkbox"/> A	11 <input type="checkbox"/> K	22 <input type="checkbox"/> U	02 <input type="checkbox"/> B	12 <input type="checkbox"/> L	23 <input type="checkbox"/> V	03 <input type="checkbox"/> C	13 <input type="checkbox"/> M	24 <input type="checkbox"/> W	04 <input type="checkbox"/> D	14 <input type="checkbox"/> N		05 <input type="checkbox"/> E	15 <input type="checkbox"/> O		06 <input type="checkbox"/> F	16 <input type="checkbox"/> P		07 <input type="checkbox"/> G	17 <input type="checkbox"/> Q		08 <input type="checkbox"/> H	18 <input type="checkbox"/> R		09 <input type="checkbox"/> I	19 <input type="checkbox"/> S		10 <input type="checkbox"/> J	20 <input type="checkbox"/> T		21 <input type="checkbox"/> Respondent indicates annual income as reported in F19 divided by 12.			99 <input type="checkbox"/> DK		
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F21. The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of two relatives or friends who would know where you could be reached in case we have trouble reaching you. Please give me the names of persons who are not currently living in the household. PRINT ITEMS F21 a-e AND F22 a-e.

a. NAME OF <u>FIRST</u> CONTACT PERSON (PRINT) LAST	FIRST	MIDDLE
b. ADDRESS (NUMBER AND STREET)		
c. CITY	STATE	ZIP CODE
d. AREA CODE/TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> 0 <input type="checkbox"/> NONE 7 <input type="checkbox"/> REFUSED 9 <input type="checkbox"/> DK	PRINT NAME PHONE NUMBER LISTED UNDER _____ FIRST _____ MIDDLE _____ LAST	
e. What is (CONTACT'S) relationship to you?		
F22. <u>SECOND</u> CONTACT PERSON		
a. NAME OF <u>SECOND</u> CONTACT PERSON (PRINT) LAST	FIRST	MIDDLE
b. ADDRESS (NUMBER AND STREET)		
c. CITY	STATE	ZIP CODE
d. AREA CODE/TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> 0 <input type="checkbox"/> NONE 7 <input type="checkbox"/> REFUSED 9 <input type="checkbox"/> DK	PRINT NAME PHONE NUMBER LISTED UNDER _____ FIRST _____ MIDDLE _____ LAST	
e. What is (CONTACT'S) relationship to you?		
F23. WHO RESPONDED TO FAMILY QUESTIONNAIRE REFER TO SCREENER.		
		FAMILY NO. _____ LINE NO. _____

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey
NHANES III

HOUSEHOLD ADULT QUESTIONNAIRE
(Ages 17 + Years)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242 m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, Room 721-B, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

STAND NO.	SEGMENT NO.	SERIAL NO.
-----------	-------------	------------

EDITOR NO.

FAMILY
NO:

NAME

First

SP NO.

Middle

Last

SAMPLE
NO.

AGE

SEX

- 1 MALE
2 FEMALE

DECK
NO.



* 7 5 6 *

TIME BEGAN

1 AM
2 PM
3 NOON

DATE OF EXAMINATION

MO / DY / YR

TIME 1 AM
2 PM

TIME ENDED

1 AM
2 PM
3 NOON

TRANSPORTATION

- 1 TAXI
2 SELF
3 STAFF

DATE OF INTERVIEW

MO / DY / YR

LANGUAGE OF INTERVIEW

1 ENGLISH
2 SPANISH
3 OTHER
4 SPECIFY

HOUSEHOLD ADULT QUESTIONNAIRE

AGES 17 + YEARS

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ORIENTATION (AGES 17+ YEARS)

As part of this interview I will be measuring your pulse and blood pressure. Although I will be doing this procedure towards the end of our meeting, I would like to request that you do not smoke, eat, or drink coffee or alcohol now or during the interview because these factors can affect your pulse and blood pressure.

Now I would like to begin the interview.

A1. Did you receive an introductory letter in the mail about our survey?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
A2. Did you hear about the survey in any other way?	1 <input type="checkbox"/> Y 3 _____ 2 <input type="checkbox"/> N specify _____
A3. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 60 YEARS OR PROXY RESPONDENT (B1) 2 <input type="checkbox"/> 60 + YEARS
First, I need to verify some information.	
A4. What is today's date? PROBE FOR MISSING DATE INFORMATION.	MONTH - DAY - YEAR - _____ - _____ - _____
A5. What is the day of the week?	S M T W T F S <div style="margin-top: 20px; margin-left: 100px; border-left: 1px solid black; padding-left: 10px; display: inline-block;"> 1 <input type="checkbox"/> CORRECT 2 <input type="checkbox"/> OFF BY ONE DAY 3 <input type="checkbox"/> OFF BY MORE THAN ONE DAY </div>
A6. What is your complete street address? PROBE FOR CITY/TOWN, STATE <u>OR</u> ZIP CODE IF MISSING. IF MAILING ADDRESS GIVEN, CODE AS CORRECT.	a. _____ street address 1 <input type="checkbox"/> CORRECT 2 <input type="checkbox"/> ERROR b. _____ city/town 1 <input type="checkbox"/> CORRECT 2 <input type="checkbox"/> ERROR c. _____ state 1 <input type="checkbox"/> CORRECT 2 <input type="checkbox"/> ERROR d. _____ zip code 1 <input type="checkbox"/> CORRECT 2 <input type="checkbox"/> ERROR

HEALTH SERVICES (AGES 17+ YEARS)

<p>B1. Would you say your health in general is excellent, very good, good, fair, or poor?</p>	1 <input type="checkbox"/> excellent 2 <input type="checkbox"/> very good 3 <input type="checkbox"/> good 4 <input type="checkbox"/> fair 5 <input type="checkbox"/> poor
<p>B2. Is there a particular clinic, health center, doctor's office, or other place that you <u>usually</u> go to if you are sick, need advice about your health, or for routine care?</p>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B4)
<p>B3. Is there <u>one</u> particular doctor or health professional you usually see?</p>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
<p>B4. During the <u>past 12 months</u>, how many different times did you stay in the hospital overnight or longer?</p>	00 <input type="checkbox"/> NONE _____ times number
<p>B5. During the <u>past 12 months</u>, about how many times did you see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)</p>	00 <input type="checkbox"/> NONE _____ times number
<p>B6. About how long has it been since you <u>last</u> saw or talked to a medical doctor or other health professional about your health? Include health professionals seen while a patient in a hospital.</p>	00 <input type="checkbox"/> less than 1 month _____ number } 1 <input type="checkbox"/> months 2 <input type="checkbox"/> years 66 <input type="checkbox"/> NEVER 99 <input type="checkbox"/> DK
<p>B7. IF UNDER 60 YEARS OLD, MARK BOX, OTHERWISE ASK: During the <u>past 12 months</u>, about how many times have you been in a nursing or convalescent home?</p>	01 <input type="checkbox"/> UNDER 60 YEARS 00 <input type="checkbox"/> NONE _____ times number

SELECTED CONDITIONS (AGES 17+ YEARS)

C1. Has a doctor <u>ever</u> told you that you had ... IF "YES," ASK C2 AND C3 BEFORE GOING TO NEXT CONDITION.	C2. Do you still have ... ?	C3. How old were you when you were <u>first</u> told you had ...? _____ age
a. Arthritis? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (c)		
b. Which type of arthritis was it? Was it rheumatoid or osteoarthritis? 1 <input type="checkbox"/> Rheumatoid arthritis 2 <input type="checkbox"/> Osteoarthritis 9 <input type="checkbox"/> DK		
c. Congestive heart failure? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (d)		
d. Stroke? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (e)		
e. Asthma? 1 <input type="checkbox"/> Y (C2) 2 <input type="checkbox"/> N (f)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	_____ age
f. Chronic bronchitis? 1 <input type="checkbox"/> Y (C2) 2 <input type="checkbox"/> N (g)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	_____ age
g. Emphysema? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (h)		
h. Hay fever? 1 <input type="checkbox"/> Y (C2) 2 <input type="checkbox"/> N (i)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	_____ age
i. Cataracts? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (j)		
j. Goiter? 1 <input type="checkbox"/> Y (C2) 2 <input type="checkbox"/> N (k)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	_____ age
k. Other thyroid disease? 1 <input type="checkbox"/> Y (C2) 2 <input type="checkbox"/> N (l)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	_____ age
l. Lupus? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (m)		
m. Gout? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (n)		
n. Skin cancer? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (o)		
o. Other cancer? 1 <input type="checkbox"/> Y (C3) 2 <input type="checkbox"/> N (C4)	_____ age	↓
HAND CARD HAQ-1. Where was the cancer located when you were <u>first</u> told? SPECIFY NUMBER _____ IF 22 CODED → _____ SPECIFY		

Next, I'd like to ask you a few questions about your family's health.

C4. Including living and deceased, were any of your blood relatives (including grandparents, parents, brothers, sisters) ever told by a doctor that they had...

a. diabetes?

- 1 Y (C5)
- 2 N (b)
- 9 DK (b)

C5. Which biological family members?

MARK ALL THAT APPLY.

- 1 grandmother
- 2 grandfather
- 3 mother
- 4 father
- 5 sister
- 6 brother
- 7 aunt
- 8 uncle
- 9 cousin

b. a heart attack before the age of 50?

- 1 Y (C5)
- 2 N (C6)
- 9 DK (C6)

Which biological family members?

MARK ALL THAT APPLY.

- 1 grandmother
- 2 grandfather
- 3 mother
- 4 father
- 5 sister
- 6 brother
- 7 aunt
- 8 uncle
- 9 cousin

C6. Was your biological mother ever told by a doctor that she had osteoporosis, sometimes called thin or brittle bones?

1 Y 2 N 9 DK

C7. Did your biological mother ever fracture her hip?

1 Y How many times?
 |
 |>

number

C8. ASK FOR FIRST HIP FRACTURE ONLY:

About how old was she when she fractured her hip (the first time)?

age OR 000 under 50
 666 50+

DIABETES (AGES 17+ YEARS)

D1. Have you <u>ever</u> been told by a doctor that you have diabetes or sugar diabetes? IF "BORDERLINE" OR "PREDIABETIC", CODE 2.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E1) 9 <input type="checkbox"/> DK (E1)
D2. CHECK ITEM. REFER TO SEX OF SP.	1 <input type="checkbox"/> MALE (D5) 2 <input type="checkbox"/> FEMALE
D3. Were you pregnant when you were told that you had diabetes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D5)
D4. Other than during pregnancy, has a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E1)
D5. How old were you when a doctor <u>first</u> told you that you had diabetes (not including during pregnancy)?	age
D6. Are you <u>now</u> taking insulin?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D10)
D7. About how often do you take insulin?	_____ times per number } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week
D8. On the average, how many units per day do you take?	_____ units per day number
D9. For how long have you been taking insulin?	00 <input type="checkbox"/> LESS THAN 1 MONTH _____ number } 1 <input type="checkbox"/> months 2 <input type="checkbox"/> years
D10. Are you <u>now</u> taking diabetes pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
D11. On your own, how often do you check yourself for . . . a. glucose or sugar in your urine?	_____ times per number } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 00 <input type="checkbox"/> NEVER
b. glucose or sugar in your blood?	_____ times per number } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 00 <input type="checkbox"/> NEVER

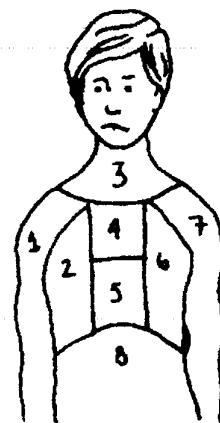
D12. How long ago was the <u>last</u> time you had your eyes examined by a doctor?	<u>number</u>	}	1 <input type="checkbox"/> days
			2 <input type="checkbox"/> weeks
		3 <input type="checkbox"/> months	
		4 <input type="checkbox"/> years	
		00 <input type="checkbox"/> NEVER (D14)	
		99 <input type="checkbox"/> DK (D14)	
D13. How long has it been since you had an eye exam in which your pupils were dilated? (This would have made you temporarily sensitive to bright light.)	<u>number</u>	}	1 <input type="checkbox"/> days
			2 <input type="checkbox"/> weeks
		3 <input type="checkbox"/> months	
		4 <input type="checkbox"/> years	
		00 <input type="checkbox"/> NEVER	
		99 <input type="checkbox"/> DK	
D14. Have you ever had photographs taken of the retina of your eyes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
D15. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		

HIGH BLOOD PRESSURE/CHOLESTEROL (AGES 17+ YEARS)

E1. About how long has it been since you <u>last</u> had your blood pressure taken by a doctor or other health professional?	1 <input type="checkbox"/> less than 6 months 2 <input type="checkbox"/> 6 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 5 years 4 <input type="checkbox"/> more than 5 years 5 <input type="checkbox"/> NEVER (E6) 9 <input type="checkbox"/> DK	
E2. Have you <u>ever</u> been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E6) 9 <input type="checkbox"/> DK (E6)	
E3. Were you told on <u>2 or more different</u> visits that you had hypertension, also called high blood pressure?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
ASK TREATMENTS IN E4a-d, THEN GO TO E5a-d FOR EACH TREATMENT WITH "YES" IN E4.		
E4. Because of your (high blood pressure/hypertension), have you <u>ever</u> been told by a doctor or other health professional to ...	FOR EACH "YES" IN E4, ASK:	
a. take prescribed medicine? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	E5. Are you <u>now</u> ...	
b. control your weight or lose weight? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	a. taking prescribed medicine? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	
c. cut down on salt or sodium in your diet? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	b. controlling or losing weight? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	
d. do anything else? 1 <input type="checkbox"/> Y What else? 2 <input type="checkbox"/> N IF YES, MARK ALL THAT APPLY 1 <input type="checkbox"/> EXERCISE MORE 2 <input type="checkbox"/> ALCOHOL RESTRICTION 3 <input type="checkbox"/> OTHER 4 _____ SPECIFY	c. using less salt or sodium in your diet? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	
d. <u>(ACTIVITY SPECIFIED IN E4d.)?</u>		
E6. Have you <u>ever</u> had your blood cholesterol checked?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E10) 9 <input type="checkbox"/> DK (E10)	
E7. Have you <u>ever</u> been told by a doctor or other health professional that your blood cholesterol level was high?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E10)	

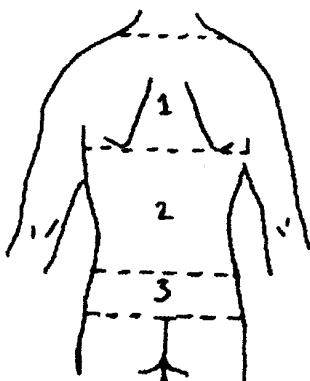
ASK TREATMENTS IN E8a-d. THEN GO TO E9a-d FOR EACH TREATMENT WITH "YES" IN E8.		FOR EACH "YES" IN E8, ASK:	
<p>E8. <u>Because of your high blood cholesterol</u>, have you <u>ever</u> been told by a doctor or other health professional to ...</p> <p>a. eat fewer high fat or high cholesterol foods? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>		<p>E9. <u>To lower your blood cholesterol</u>, are you <u>now</u> following this advice to...</p> <p>a. eat fewer high fat or high cholesterol foods? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
<p>b. control your weight or lose weight? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>		<p>b. control your weight or lose weight? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
<p>c. exercise? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>		<p>c. exercise? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
<p>d. take prescribed medicine? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>		<p>d. take prescribed medicine? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
E10. CHECK ITEM. MARK <u>FIRST</u> APPLICABLE BOX.		<p>1 <input type="checkbox"/> "NO" OR "DK" IN E6, OR "NO" IN E7 (ASK ALL OF E11a-c)</p> <p>2 <input type="checkbox"/> "NO" TO EITHER E8a, b, OR c (ASK CORRESPONDING E11a-c ITEM)</p> <p>3 <input type="checkbox"/> OTHERWISE (F1)</p>	
<p>E11. To lower your blood cholesterol, have you made any lasting and major changes <u>on your own</u>? Specifically...</p> <p>a. do you eat fewer high fat or high cholesterol foods?</p>		<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
<p>b. have you controlled your weight or lost weight?</p>		<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	
<p>c. do you exercise more?</p>		<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>	

CARDIOVASCULAR DISEASE (AGES 17+ YEARS)

F1. Have you ever had any pain or discomfort in your chest?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F10)									
F2. Do you get it when you walk uphill or hurry?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F9) 3 <input type="checkbox"/> never walks uphill or hurries									
F3. Do you get it when you walk at an ordinary pace on level ground?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N									
F4. What do you do if you get it while you are walking? Do you stop or slow down, or continue at the same pace? CHECK "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.	1 <input type="checkbox"/> stop or slow down 2 <input type="checkbox"/> continue at the same pace (F9)									
F5. If you stand still, what happens to it? Is the pain or discomfort relieved or not relieved?	1 <input type="checkbox"/> relieved 2 <input type="checkbox"/> not relieved (F9)									
F6. How soon is the pain relieved?	1 <input type="checkbox"/> 10 minutes or less 2 <input type="checkbox"/> more than 10 minutes (F9)									
F7. Where is the pain or discomfort located? MARK ALL THAT APPLY. PROBE IF NECESSARY: Please show me where it is located.	MARK ALL AREAS INDICATED. RIGHT LEFT									
	 <table style="margin-left: auto; margin-right: auto;"> <tbody> <tr><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 8</td></tr> </tbody> </table>		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 1										
<input type="checkbox"/> 2										
<input type="checkbox"/> 3										
<input type="checkbox"/> 4										
<input type="checkbox"/> 5										
<input type="checkbox"/> 6										
<input type="checkbox"/> 7										
<input type="checkbox"/> 8										
F8. Do you feel it anywhere else?	1 <input type="checkbox"/> Y —> SPECIFY NUMBERS 3 _____ 2 <input type="checkbox"/> N									
F9. Have you ever had a <u>severe</u> pain across the front of your chest lasting for half an hour or more?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK									
F10. Has a doctor <u>ever</u> told you that you had a heart attack?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F14)									
F11. How many heart attacks have you had?	<hr style="width: 20px; margin-left: 0; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> number 99 <input type="checkbox"/> DK									

F12. How old were you when you had your (first) attack?	<u>age</u> 99 <input type="checkbox"/> DK
IF ONLY ONE ATTACK IN F11, GO TO F14. OTHERWISE, ASK:	
F13. How old were you when you had your <u>last</u> attack?	<u>age</u> 99 <input type="checkbox"/> DK
F14. Do you get pain in either leg while you are walking?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F23)
F15. Does this pain ever begin while you are standing still or sitting?	1 <input type="checkbox"/> Y (F23) 2 <input type="checkbox"/> N
F16. In what part of your leg do you feel it? IF CALVES NOT MENTIONED, PROBE: Anywhere else?	1 <input type="checkbox"/> PAIN INCLUDES CALF/CALVES 2 <input type="checkbox"/> PAIN DOES NOT INCLUDE CALF/CALVES (F23)
F17. Do you get it if you walk uphill or hurry?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F23) 3 <input type="checkbox"/> never walks uphill or hurries
F18. Do you get it if you walk at an ordinary pace on level ground?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F19. Does this pain ever disappear while you are walking?	1 <input type="checkbox"/> Y (F23) 2 <input type="checkbox"/> N
F20. What do you do if you get it while you are walking? Do you stop or slow down or continue at the same pace?	1 <input type="checkbox"/> stop or slow down 2 <input type="checkbox"/> continue at the same pace (F23)
F21. What happens to it if you stand still? Is the pain relieved or not relieved?	1 <input type="checkbox"/> relieved 2 <input type="checkbox"/> not relieved (F23)
F22. How soon is it relieved?	1 <input type="checkbox"/> 10 minutes or less 2 <input type="checkbox"/> more than 10 minutes
F23. Have you ever had weakness or paralysis in one side of your face, an arm, or a leg <u>lasting more than 5 minutes?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F24. Have you ever had pronounced numbness, tingling, or loss of sensation involving one side of your face or body and <u>lasting more than 5 minutes?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F25. Have you ever had a spell of marked loss of vision in one eye or pronounced blurring of vision in both eyes <u>lasting more than 5 minutes?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F26. Have you ever had a spell of severe dizziness <u>lasting more than 5 minutes?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F27. Have you ever had a spell during which you experienced a problem with your ability to speak, or to understand what someone was saying to you?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

MUSCULOSKELETAL CONDITIONS (AGES 20+ YEARS)

G1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 20 YEARS (H1) 2 <input type="checkbox"/> 20+ YEARS
G2. Have you ever had pain in your back on <u>most days for at least one month?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G5) 9 <input type="checkbox"/> DK (G5)
G3. Have you had this pain within the <u>past 12 months?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G4. HAND CARD HAQ-2. In what part of your back (is/was) the pain usually located?	<p>MARK ALL AREAS INDICATED.</p>  <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 </p>
G5. Has a doctor <u>ever</u> told you that you had broken or fractured your . . . a. Hip? 1 <input type="checkbox"/> Y (G6) 2 <input type="checkbox"/> N (b)	G6. How many times have you broken or fractured your . . .? _____ times number
b. Wrist? (Not forearm or hand) 1 <input type="checkbox"/> Y (G6) 2 <input type="checkbox"/> N (c)	_____ times number
c. Spine? 1 <input type="checkbox"/> Y (G6) 2 <input type="checkbox"/> N (G7)	_____ times number

G7. CHECK ITEM. REFER TO G5.		1 <input type="checkbox"/> ALL "N" IN G5 (G11) 2 <input type="checkbox"/> AT LEAST ONE "Y" IN G5 (G8)	
G8. REFER TO G5. FOR EACH FRACTURE REPORTED, RECORD SITE AND THEN ASK G9.	G9. About how old were you when you fractured your ... [the (1st/2nd ...) time]?		G10. IF AGE 50 OR OLDER IN G9, ASK: Did that fracture occur as a result of a fall from <u>standing height or less</u> , or did it occur <u>because of a harder fall</u> , or did it occur <u>from a car accident</u> or other severe trauma?
SITE OF FRACTURE 1. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
2. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
3. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
4. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
5. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
6. _____	age _____ OR 000 <input type="checkbox"/> under 50 666 <input type="checkbox"/> 50+	1 <input type="checkbox"/> standing height or less 2 <input type="checkbox"/> harder fall 3 <input type="checkbox"/> severe trauma	
G11. Has a doctor ever told you that you had osteoporosis, sometimes called thin or brittle bones?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G13) 9 <input type="checkbox"/> DK (G13)	
G12. Were you treated for osteoporosis?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	

G13. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 20-59 YEARS (G32) 2 <input type="checkbox"/> 60+ YEARS
G14. About how many times have you fallen in the <u>past 12 months</u> and landed on the floor <u>or hit an object</u> ?	00 <input type="checkbox"/> NONE (G16) <u> </u> times number
G15. Did (that fall/any of those falls) cause a broken bone, a serious injury like a head injury, or cause you to seek medical care?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G16. Have you ever had <u>pain</u> in your hands <u>on most days for at least 6 weeks</u> ? This also includes aching and stiffness.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G18) 9 <input type="checkbox"/> DK (G18)
<p>G17. Please show me which joints have been painful or stiff in either your right hand, left hand, or both hands. SP SHOULD INDICATE JOINTS ON THEIR OWN HANDS. <u>CIRCLE ALL AREAS INDICATED.</u></p>	

RIGHT

LEFT

G18. Have you ever had swelling in your hands that hurt when the joint was touched on most days for at least 6 weeks?

1 Y 2 N (G20) 9 DK (G20)

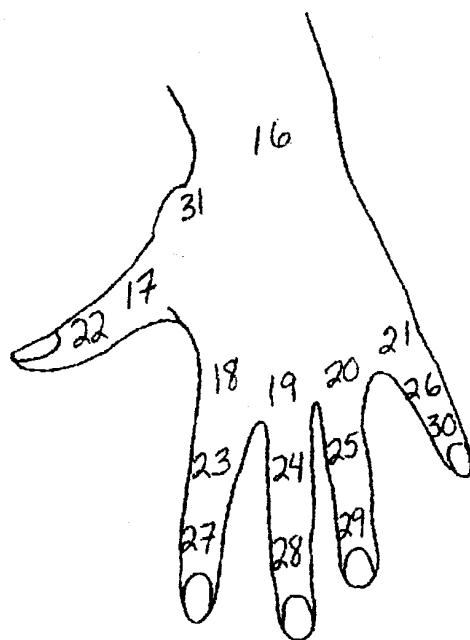
G19. Please show me which joints have been swollen in either your right hand, left hand, or both hands.

SP SHOULD INDICATE JOINTS ON THEIR OWN HANDS.

CIRCLE ALL AREAS INDICATED.



RIGHT



LEFT

G20. Have you ever had <u>stiffness</u> in your hands <u>when first getting out of bed in the morning on most days for at least 6 weeks?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G22) 9 <input type="checkbox"/> DK (G22)
G21. How long after getting up and moving around does the morning stiffness last?	1 <input type="checkbox"/> less than 30 minutes 2 <input type="checkbox"/> 30 min. - 1 hour 3 <input type="checkbox"/> 1-3 hours 4 <input type="checkbox"/> more than 3 hours
G22. Have you ever had <u>pain</u> in your knees <u>on most days for at least 6 weeks?</u> This also includes aching and stiffness.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G25) 9 <input type="checkbox"/> DK (G25)
G23. Did you have the pain in your right knee, left knee, or both knees?	1 <input type="checkbox"/> right 2 <input type="checkbox"/> left 3 <input type="checkbox"/> both
G24. When the knee pain is present, does it hurt at rest as well as when moving?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G25. Have you ever had <u>swelling</u> in your knees that hurt when the joint was touched <u>on most days for at least 6 weeks?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G27) 9 <input type="checkbox"/> DK (G27)
G26. Did you have the swelling in your right knee, left knee, or both knees?	1 <input type="checkbox"/> right 2 <input type="checkbox"/> left 3 <input type="checkbox"/> both
G27. Have you ever had <u>stiffness</u> in your knees <u>when first getting out of bed in the morning on most days for at least 6 weeks?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G30) 9 <input type="checkbox"/> DK (G30)
G28. Did you have the stiffness in your right knee, left knee, or both knees?	1 <input type="checkbox"/> right 2 <input type="checkbox"/> left 3 <input type="checkbox"/> both
G29. How long after getting up and moving around does the morning stiffness last?	1 <input type="checkbox"/> less than 30 minutes 2 <input type="checkbox"/> 30 min. - 1 hour 3 <input type="checkbox"/> 1-3 hours 4 <input type="checkbox"/> more than 3 hours
G30. Have you ever had pain in your hips <u>on most days for at least 6 weeks?</u>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G32) 9 <input type="checkbox"/> DK (G32)
G31. Did you have the pain in your right hip, left hip, or both hips?	1 <input type="checkbox"/> right 2 <input type="checkbox"/> left 3 <input type="checkbox"/> both
G32. Has a doctor ever told you that you had hip dysplasia?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G33. Has a doctor ever told you that you had scoliosis?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G34. Do you have a chronic limp (a limp that has lasted more than 3 months)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

PHYSICAL FUNCTIONING QUESTIONS (AGES 17+ YEARS)

HAND CARD HAQ-3.					
Now I am going to read a list of activities with which some people have difficulty because of a health or physical reason. Using the categories on this card, please tell me if you have no difficulty, some difficulty, much difficulty or are unable to do these activities at all when you are <u>by yourself and without the use of aids</u> .					
DO NOT INCLUDE <u>TEMPORARY CONDITIONS LIKE</u> PREGNANCY OR BROKEN LIMBS.					
	No difficulty	Some difficulty	Much difficulty	Unable to do	DK OR DOESN'T DO
H1. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H2. Walking up 10 steps without resting?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H3. Stooping, crouching, or kneeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H4. Lifting or carrying something as heavy as 10 pounds (like a sack of potatoes or rice)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H5. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H6. Preparing your own meals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H7. Managing your money (such as keeping track of your expenses or paying bills)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H8. Walking from one room to another on the same level?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H9. Standing up from an armless straight chair?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H10. Getting in or out of bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H11. Eating, like holding a fork, cutting food or drinking from a glass?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H12. Dressing yourself, including tying shoes, working zippers, and doing buttons?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
H13. Because of any impairment or health problem, do you need the help of other persons with personal care needs such as eating, bathing, dressing or getting around this home?	<input type="checkbox"/> 1 Y (H15) <input type="checkbox"/> 2 N				
H14. Because of any impairment or health problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?	<input type="checkbox"/> 1 Y <input type="checkbox"/> 2 N				
H15. Do you usually use any device to help you get around such as a cane, wheelchair, crutches or walker?	<input type="checkbox"/> 1 Y <input type="checkbox"/> 2 N				
H16. Do you usually use any special eating utensils?	<input type="checkbox"/> 1 Y <input type="checkbox"/> 2 N				
H17. Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long-handled shoe horn, etc.)?	<input type="checkbox"/> 1 Y <input type="checkbox"/> 2 N <input type="checkbox"/> 9 DK				

GALLBLADDER DISEASE (AGES 17+ YEARS)

JO. CHECK ITEM. REFER TO AGE OF SP.		1 <input type="checkbox"/> 17-74 YEARS (J1) 2 <input type="checkbox"/> 75+ YEARS (J16)
HAND CARD HAQ-4. J1. Please look at this diagram. During the <u>past 12 months</u> have you had pain in the area shaded on the diagram? FOR FEMALES DO NOT INCLUDE MENSTRUAL PAIN.		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J9) 9 <input type="checkbox"/> DK (J9)
<p>J2. Sometimes people have more than one type of pain. I am going to ask you a few questions about the pain that has been the <u>most uncomfortable</u> in the <u>past 12 months</u>.</p> <p>For the pain that was <u>most</u> uncomfortable please show me where the pain was located.</p>		<p>MARK ALL AREAS INDICATED.</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p style="text-align: center;">RIGHT LEFT</p>
J3. During the <u>past 12 months</u> , what is the longest time that one episode of this pain has lasted?		<p style="text-align: center;"><u> </u> number</p> <p>1 <input type="checkbox"/> minutes 2 <input type="checkbox"/> hours 3 <input type="checkbox"/> days</p>
J4. On how many days in the <u>past 12 months</u> have you had this pain?		<p style="text-align: center;"><u> </u> days number</p>
J5. When you had this pain, was it continuous, or did it tend to come and go?		<p>1 <input type="checkbox"/> continuous 2 <input type="checkbox"/> come and go 3 <input type="checkbox"/> both</p>
J6. When you had the pain, if you moved around, did you hurt more, less, or was there no difference?		<p>1 <input type="checkbox"/> more 2 <input type="checkbox"/> less 3 <input type="checkbox"/> no difference 9 <input type="checkbox"/> DK</p>
J7. Have you ever seen a doctor about this pain?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J9)

J8. What did the doctor say caused the pain?	01 <input type="checkbox"/> GALLSTONES/GALLBLADDER PROBLEMS (J11) 02 <input type="checkbox"/> ULCER 03 <input type="checkbox"/> APPENDICITIS OR APPENDIX PROBLEMS 04 <input type="checkbox"/> SPASTIC COLON OR IRRITABLE BOWEL 05 <input type="checkbox"/> DIVERTICULITIS OR DIVERTICULOSIS 06 <input type="checkbox"/> OTHER 07 _____ SPECIFY
J9. Has a doctor <u>ever</u> told you that you had gallstones?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J12) 9 <input type="checkbox"/> DK (J12)
J10. What was the reason you visited the doctor the time that he told you that you had gallstones?	1 <input type="checkbox"/> pain 2 <input type="checkbox"/> other 3 _____ specify
J11. Have you ever had medical treatment to dissolve or remove gallstones? Do not include surgery.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
J12. Have you <u>ever</u> had gallbladder surgery?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J14) 9 <input type="checkbox"/> DK (J14)
J13. How old were you when you had your gallbladder surgery?	_____ age
J14. CHECK ITEM. REFER TO J8, J10, AND J12.	1 <input type="checkbox"/> GALLSTONES/GALL BLADDER PROBLEMS (01) MARKED IN J8 AND YES (1) IN J12 1 <input type="checkbox"/> PAIN (1) MARKED IN J10 AND YES (1) IN J12 2 <input type="checkbox"/> OTHER (K1)
J15. Did the pain that caused you to visit the doctor continue after your gallbladder surgery?	1 <input type="checkbox"/> Y (K1) 2 <input type="checkbox"/> N (K1) 9 <input type="checkbox"/> DK (K1)
J16. Has a doctor <u>ever</u> told you that you had gallstones?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
J17. Have you <u>ever</u> had gallbladder surgery?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (K1) 9 <input type="checkbox"/> DK (K1)
J18. How old were you when you had your gallbladder surgery?	_____ age

KIDNEY CONDITIONS (AGES 17+ YEARS)

K1. Have you ever had kidney stones?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (K4)
K2. How many times have you passed a kidney stone?	00 <input type="checkbox"/> NEVER _____ times number
K3. Have you ever had any of the following kinds of treatment for kidney stones...	
a. medication?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N → How old were you when you had your first treatment? _____
b. a treatment used to crush kidney stones called lithotripsy?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N → How old were you when you had your first treatment? _____
c. surgery for removing kidney stones?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N → How old were you when you had your first treatment? _____
K4. How many times have you had a bladder infection, also called urinary tract infection, UTI, or cystitis?	1 <input type="checkbox"/> 1-2 times 2 <input type="checkbox"/> 3 or more times 3 <input type="checkbox"/> NEVER (K6)
K5. How many of these infections did you have during the <u>past 12 months</u> ?	00 <input type="checkbox"/> NONE _____ infections number
K6. Have you ever had symptoms of a bladder infection (such as pain in your bladder and frequent urination) that <u>lasted more than 3 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (K9) 9 <input type="checkbox"/> DK (K9)
K7. When you had this condition, were you told that you had interstitial cystitis or painful bladder syndrome?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (K9) 9 <input type="checkbox"/> DK (K9)
K8. How old were you when you were first told that you had interstitial cystitis or painful bladder syndrome?	_____ years number 99 <input type="checkbox"/> DK
K9. (Not including during pregnancy) how many times a night do you <u>usually</u> get up to urinate (pass water)?	1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 4 <input type="checkbox"/> 3 or more times
K10. When you urinate (pass water) do you <u>usually</u> feel like you have not completely emptied your bladder?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
K11. Do you <u>usually</u> have trouble starting to urinate (pass water)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

K12. CHECK ITEM. REFER TO SEX AND AGE OF SP.	1 <input type="checkbox"/> FEMALES (L1)
	2 <input type="checkbox"/> MALES UNDER 60 YEARS (L1)
	3 <input type="checkbox"/> MALES 60+ YEARS
K13. Has the force of your urinary stream or water <u>decreased</u> over the years?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
K14. Have you ever had surgery for your prostate not related to cancer?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

RESPIRATORY AND ALLERGY (AGES 17+ YEARS)

L1. Do you usually cough on most days for <u>3 consecutive months or more</u> during the year?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (L3)
L2. For how many years have you had this cough?	00 <input type="checkbox"/> less than 1 year <u> </u> years number
L3. Do you bring up phlegm on most days for <u>3 consecutive months or more</u> during the year?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (L5)
L4. For how many years have you had trouble with phlegm?	00 <input type="checkbox"/> less than 1 year <u> </u> years number
L5. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
L6. Have you had wheezing or whistling in your chest at any time in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (L10)
L7. How many episodes of wheezing or whistling have you had in the <u>past 12 months</u> ?	<u> </u> episodes number
L8. How many times in the <u>past 12 months</u> were you hospitalized overnight or longer for these episodes of wheezing or whistling?	00 <input type="checkbox"/> NONE <u> </u> times number
L9. During the <u>past 12 months</u> , how many times have you gone to a doctor's office or a hospital emergency room for one of these episodes of wheezing or whistling?	00 <input type="checkbox"/> NONE <u> </u> times number
L10. Apart from when you have a cold, does your chest <u>ever</u> sound wheezy or whistling?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
L11. During the <u>past 12 months</u> , have you had any episodes of ... a. stuffy, itchy, or runny nose?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. watery, itchy eyes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
IF NO IN <u>BOTH</u> L11 a AND b, CODE NONE.	000 <input type="checkbox"/> NONE
L12. During the <u>past 12 months</u> , how many episodes of stuffy, itchy, or runny nose, or watery, itchy eyes, have you had?	666 <input type="checkbox"/> CONSTANTLY/CONTINUOUSLY <u> </u> episodes number
L13. CHECK ITEM. REFER TO L6 - L11.	1 <input type="checkbox"/> "YES" IN AT LEAST ONE OF L6, L10 OR L11a-b. 2 <input type="checkbox"/> "NO" IN ALL OF L6, L10 AND L11a-b. (L16)

L14. Are any of the symptoms we have just talked about brought on by . . .	
IF NECESSARY STATE SYMPTOMS: "Wheezing, whistling, stuffy, itchy, or runny nose, watery, itchy eyes."	
a. exercise or cold air?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
b. animals?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
c. house dust?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
d. work environment (PROBE: Do you feel better on days off)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> DOESN'T WORK
e. pollen?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (L16) 9 <input type="checkbox"/> DK (L16)
L15. During which months of the year does pollen make your symptoms worse? CIRCLE ALL THAT APPLY.	1 <input type="checkbox"/> ALL MONTHS J F M A M J J A S O N D
L16. Within an hour after eating something, have you <u>ever</u> had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
L17. Within an hour after receiving allergy shots or allergy tests, have you <u>ever</u> had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> NEVER RECEIVED ALLERGY SHOTS OR TESTS 9 <input type="checkbox"/> DK
L18. Have you <u>ever</u> given up or had to avoid a pet because of allergies?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
L19. During the <u>past 12 months</u> , have you had any of the following conditions?	L20. How many episodes of . . . have you had in the <u>past 12 months</u> ?
a. Cold or flu? 1 <input type="checkbox"/> Y (L20) 2 <input type="checkbox"/> N (b)	a. _____ episodes number
b. Sinusitis or sinus problems? 1 <input type="checkbox"/> Y (L20) 2 <input type="checkbox"/> N (c)	b. _____ episodes number
c. Pneumonia? 1 <input type="checkbox"/> Y (L20) 2 <input type="checkbox"/> N (M1)	c. _____ episodes number

DIET (AGES 17+ YEARS)

M1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 60 YEARS (M4) 2 <input type="checkbox"/> 60+ YEARS (M2)
Now I'm going to ask you some general questions about your eating habits.	
M2. Some cities, churches, and other organizations provide meals for senior citizens. Do you receive meals from any such programs?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (M4)
M3. Are these meals ever delivered to your home, such as Meals on Wheels?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
M4. How often do you eat <u>breakfast</u> - every day, on some days, rarely, never, or on weekends only?	1 <input type="checkbox"/> every day 2 <input type="checkbox"/> some days 3 <input type="checkbox"/> rarely 4 <input type="checkbox"/> never 5 <input type="checkbox"/> weekends only
M5. How tall are you without shoes?	_____ feet/ _____ inches _____ or _____ centimeters 999 <input type="checkbox"/> DK
M6. How much do you weigh without clothes or shoes? FEMALES: IF CURRENTLY PREGNANT, ASK: About how much did you weigh <u>before</u> your pregnancy?	_____ pounds _____ or _____ kilograms 999 <input type="checkbox"/> DK
M7. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 25 YEARS OR LESS (M10) 2 <input type="checkbox"/> 26 YEARS THROUGH 35 YEARS (M9) 3 <input type="checkbox"/> 36 YEARS AND OLDER
M8. How much did you weigh <u>10 years ago</u> ?	_____ pounds _____ or _____ kilograms 999 <input type="checkbox"/> DK
M9. How much did you weigh when you were <u>25 years old</u> ?	_____ pounds _____ or _____ kilograms 999 <input type="checkbox"/> DK
M10. Up to the present time, what is the most you have ever weighed? (FEMALES): Do not include any times when you were pregnant.	_____ pounds _____ or _____ kilograms 999 <input type="checkbox"/> DK

M11. Do you consider yourself <u>now</u> to be overweight, underweight, or about the right weight?	1 <input type="checkbox"/> overweight 2 <input type="checkbox"/> underweight 3 <input type="checkbox"/> about the right weight
M12. Would you like to weigh more, less, or stay about the same?	1 <input type="checkbox"/> more 2 <input type="checkbox"/> less 3 <input type="checkbox"/> stay about the same
M13. During the <u>past 12 months</u> , have you tried to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
M14. During the <u>past 12 months</u> , have you changed what you eat because of any medical reason or health condition?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (N1)
M15. What was the medical reason or health condition that caused you to change what you eat? MARK ALL THAT APPLY.	01 <input type="checkbox"/> OVERWEIGHT/OBESITY 02 <input type="checkbox"/> HIGH BLOOD PRESSURE/HYPERTENSION 03 <input type="checkbox"/> HIGH BLOOD CHOLESTEROL 04 <input type="checkbox"/> DIABETES 05 <input type="checkbox"/> HEART DISEASE 06 <input type="checkbox"/> ALLERGY 07 <input type="checkbox"/> ULCER 08 <input type="checkbox"/> OTHER 10 _____ 99 <input type="checkbox"/> DK

FOOD FREQUENCY (AGES 17+ YEARS)

HAND CARD HAQ-5.

Now I'm going to ask you how often you usually eat certain foods. When answering think about your usual diet over the past month. Tell me how often you usually ate or drank these foods per day, per week, per month, or not at all.

N1. MILK AND MILK PRODUCTS

First are milk and milk products. Do not include their use in cooking.

a. How often did you have chocolate milk and hot cocoa?

Times	Day	Week	Month	Never	DK
____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

b. How often did you have milk to drink or on cereal? Do not count small amounts of milk added to coffee or tea.

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

c. CHECK ITEM. REFER TO RESPONSES IN N1a AND N1b.

1 "NEVER" IN BOTH N1a AND N1b (N1e)

2 OTHER

d. What type of milk was it? Was it usually whole, 2%, 1%, skim, nonfat, or some other type?

IF SP CANNOT PROVIDE USUAL TYPE, MARK ALL THAT APPLY.

01 whole/regular

02 2%/low fat

03 1%

04 skim/nonfat

05 buttermilk

06 evaporated

07 other 08 _____

specify

99 DK

e. Yogurt and frozen yogurt

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

f. Ice cream, ice milk, and milkshakes

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

g. Cheese, all types including American, Swiss, cheddar, and cottage cheese

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

h. Pizza, calzone, and lasagna

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

i. Cheese dishes such as macaroni and cheese, cheese nachos, cheese enchiladas, and quesadillas

____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N
					9 <input type="checkbox"/> DK

N2. MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

Next are main dishes, meat, fish, chicken, and eggs.

- a. How often did you eat any type of stew or soup containing vegetables, including minestrone, tomato, and split pea?

- b. Spaghetti and pasta with tomato sauce

- c. Bacon, sausage (chorizo) and luncheon meats such as hot dogs, salami, and bologna

- d. Liver and other organ meats such as heart, kidney, tongue, and tripe (menudo)

- e. Beef, including hamburger, steaks, roast beef, and meatloaf

- f. Pork and ham, including roast pork, pork chops, and spare ribs

- g. Shrimp, clams, oysters, crab, and lobster

- h. Fish including fillets, fish sticks, fish sandwiches, and tuna fish

- i. Chicken, all types, including baked, fried, chicken nuggets, and chicken salad. Include turkey

- j. How often did you have eggs including scrambled, fried, omelettes, hard-boiled eggs, and egg salad?

Times	Day	Week	Month	Never	DK
____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

N3. FRUIT AND FRUIT JUICES

Next are fruit juices and fruit. Include all forms - fresh, frozen, canned, and dried.

- a. How often did you have orange juice, grapefruit juice and tangerine juice?

____ per 1 D 2 W 3 M or 4 N 9 DK

- b. Other fruit juices such as grape juice, apple juice, cranberry juice, and fruit nectars

____ per 1 D 2 W 3 M or 4 N 9 DK

- c. Citrus fruits including oranges, grapefruits, and tangerines

____ per 1 D 2 W 3 M or 4 N 9 DK

- d. Melons including cantaloupe, honeydew, and watermelon

____ per 1 D 2 W 3 M or 4 N 9 DK

- e. Peaches, nectarines, apricots, guava, mango, and papaya

____ per 1 D 2 W 3 M or 4 N 9 DK

- f. How often did you have any other fruits such as apples, bananas, pears, berries, cherries, grapes, plums, and strawberries? (Include plantains.)

____ per 1 D 2 W 3 M or 4 N 9 DK

N4. VEGETABLES

These next questions are about vegetables. Please remember to include fresh, raw, frozen, canned, and cooked vegetables.

- a. How often did you have carrots and vegetable mixtures containing carrots?

- b. Broccoli

- c. Brussels sprouts and cauliflower

- d. White potatoes, including baked, mashed, boiled, french-fries, and potato salad

- e. Sweet potatoes, yams, and orange squash including acorn, butternut, hubbard, and pumpkin

- f. Tomatoes including fresh and stewed tomatoes, tomato juice, and salsa

- g. Spinach, greens, collards, and kale

- h. Tossed salad

- i. Cabbage, cole slaw, and sauerkraut

- j. Hot red chili peppers. Do not count ground red chili peppers

- k. Peppers including green, red, and yellow peppers

- l. Any other vegetables such as green beans, corn, peas, mushrooms, and zucchini

Times	Day	Week	Month	Never	DK
____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

____ per 1 D 2 W 3 M or 4 N 9 DK

N5. BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

- a. How often did you have beans, lentils, and (chickpeas/garbanzos)? Include kidney, pinto, refried, black, and baked beans.

____ per 1 D 2 W 3 M or 4 N 9 DK

- b. Peanuts, peanut butter, other types of nuts, and seeds

____ per 1 D 2 W 3 M or 4 N 9 DK

Now I'm going to ask how often you ate certain cereals.

- c. How about All-Bran, All-Bran Extra Fiber, 100% Bran, and Fiber One

____ per 1 D 2 W 3 M or 4 N 9 DK

- d. Total, Product 19, Most, and Just Right

____ per 1 D 2 W 3 M or 4 N 9 DK

N5. <u>BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS</u> (cont.)		Times Day Week Month Never DK
		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
e. All other cold cereals like corn flakes, Cheerios, Rice Krispies, and presweetened cereals		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
f. Cooked, hot cereals like oatmeal, cream of wheat, cream of rice, and grits		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
Now let's talk about white bread products only. I'll ask about dark breads next.		
g. How often did you have white bread, rolls, bagels, biscuits, English muffins, and crackers? Include those used for sandwiches.		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
h. Dark breads and rolls, including whole wheat, rye, and pumpernickel		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
i. Corn bread, corn muffins, and corn tortillas		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
j. Flour tortillas		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
k. Rice		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
l. Salted snacks such as potato chips, taco chips, corn chips, and salted pretzels and popcorn		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
N6. <u>DESSERTS, SWEETS, AND BEVERAGES</u>		
a. How often did you have cakes, cookies, brownies, pies, doughnuts, and pastries?		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
b. Chocolate candy and fudge		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
Next are hot and iced beverages.		
c. How often did you have Hi-C, Tang, Hawaiian Punch, Koolaid, and other drinks with <u>added vitamin C</u> ?		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
d. Diet colas, diet sodas, and diet drinks such as Crystal Light		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
e. Regular colas and sodas, not diet		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
f. Regular coffee with caffeine		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
g. Regular tea with caffeine		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
h. Beer and lite beer		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
i. Wine, wine coolers, sangria, and champagne		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
j. Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey and liqueurs, either alone or mixed		____ per 1 <input type="checkbox"/> D 2 <input type="checkbox"/> W 3 <input type="checkbox"/> M or 4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

N7. FATS

How often were these items added to your foods after preparation? For example, this would include on top of vegetables or baked potatoes, or as a spread on bread.

Times	Day	Week	Month	Never	DK
____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or	4 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

a. Margarine

____ per 1 D 2 W 3 M or 4 N 9 DK

b. Butter

____ per 1 D 2 W 3 M or 4 N 9 DK

c. Oil and vinegar, mayonnaise and salad dressings such as Italian and Thousand Island, including those added to salads and sandwiches

____ per 1 D 2 W 3 M or 4 N 9 DKN8. Have I missed any other foods or beverages that you had at least once per week in the past month?1 Y (specify) → 2 N (N9)

a. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

b. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

c. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

d. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

e. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

f. 1 _____

____ per 1 D 2 W 3 M or 4 N 9 DK

N9. CHECK ITEM. REFER TO AGE OF SP.

1 UNDER 20 YEARS (P1)2 20+ YEARS

N10. REFER TO AGE OF SP. HAND CARD HAQ-6.

READ RESPONSE CATEGORIES TO SP IF NECESSARY.

Now I am going to ask how often you drank milk over your lifetime. Try to remember whether you were a milk drinker or a non-milk drinker during different times in your life. Then think of certain events that might have occurred during each time period; for example, were you in school, at home with children, on a farm, or in the service.

How often did you drink any type of milk, including milk added to cereal, when you were a _____? Do not count small amounts of milk added to coffee or tea.

<u>Time period (age)</u>	more than once per day	once per day	less than once per day but more than once per week	once per week	less than once per week	never	don't know
a. Child (5-12)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Teenager (13-17)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Young adult (18-35)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Middle-aged adult (36-65)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Older adult (over 65)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

VISION AND HEARING (AGES 17+ YEARS)

<p>P1. Do you have total blindness in one or both eyes? IF "YES," ASK: Which, one or both?</p>	<p>1 <input type="checkbox"/> Y —> In one or both eyes? 1 <input type="checkbox"/> one 2 <input type="checkbox"/> both 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P2. Do you use eyeglasses, contact lenses or both? INCLUDE EYEGLASSES THAT JUST MAGNIFY.</p>	<p>1 <input type="checkbox"/> eyeglasses 2 <input type="checkbox"/> contact lenses 3 <input type="checkbox"/> both 4 <input type="checkbox"/> neither</p>
<p>P3. Do you have trouble seeing with one <u>or</u> both eyes (even when wearing glasses or contact lenses)?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>P4. (When wearing your eyeglasses/contact lenses) can you see well enough to recognize a friend across the street?</p>	<p>1 <input type="checkbox"/> Y (P8) 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P5. (When wearing your eyeglasses/contact lenses) can you see well enough to recognize a friend across a room?</p>	<p>1 <input type="checkbox"/> Y (P8) 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P6. (When wearing your eyeglasses/contact lenses) can you see well enough to recognize a friend who is at arm's length away?</p>	<p>1 <input type="checkbox"/> Y (P8) 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P7. (When wearing your eyeglasses/contact lenses) can you see well enough to recognize a friend if you get close to his/her face?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P8. (When wearing eyeglasses/contact lenses) can you see well enough to read ordinary newspaper print?</p>	<p>1 <input type="checkbox"/> Y (P10) 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>P9. (When wearing eyeglasses/contact lenses) can you see well enough to read large print such as newspaper headlines?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>

P10. Do you now have total deafness in one <u>or</u> both ears? IF "YES" ASK: Which, one or both?	1 <input type="checkbox"/> Y ——> In one or both ears? 1 <input type="checkbox"/> one 2 <input type="checkbox"/> both 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
P11. Do you use a hearing aid?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
P12. Do you have trouble hearing (even when wearing your hearing aid)? Let's be more specific.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
P13. (With a hearing aid) can you hear most of the things people say?	1 <input type="checkbox"/> Y (P15) 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
P14. (With a hearing aid) can you hear <u>only a few words</u> people say or <u>loud noises</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
P15. Do you have difficulty using a telephone because of hearing problems?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> NO PHONE 9 <input type="checkbox"/> DK
P16. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 60 YEARS OR PROXY RESPONDENT (Q1) 2 <input type="checkbox"/> 60+ YEARS
P17. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. "Apple" "Table" "Penny" Could you repeat the 3 items for me? a. SCORE <u>FIRST</u> TRIAL.	APPLE: } 1 <input type="checkbox"/> CORRECT } 2 <input type="checkbox"/> ERROR TABLE: } 1 <input type="checkbox"/> CORRECT } 2 <input type="checkbox"/> ERROR PENNY: } 1 <input type="checkbox"/> CORRECT } 2 <input type="checkbox"/> ERROR
b. REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED OR UNTIL YOU HAVE REPEATED THESE 3 TIMES. RECORD NUMBER OF TRIALS UNTIL OBJECTS ARE LEARNED.	TRIALS NUMBER

- P18. If you have \$20 and you take away \$3, how many dollars do you have left?

Keep subtracting \$3 from the answer until I tell you to stop.

RECORD ANSWERS, WHETHER CORRECT OR NOT.

a. (\$17)

	<u>SAYS CAN'T DO</u>	<u>OTHER REFUSAL</u>
--	--------------------------	--------------------------

\$ _____ 66 99

b. (\$14)

\$ _____ 66 99

c. (\$11)

\$ _____ 66 99

d. (\$8)

\$ _____ 66 99

e. (\$5)

\$ _____ 66 99

STOP

- P19. Now what were the 3 objects I asked you to remember?

Could you repeat the 3 items for me?

SCORE FIRST TRIAL.

DO NOT REPEAT ITEM TO RESPONDENT.

APPLE:	}	1 <input type="checkbox"/> CORRECT
	}	2 <input type="checkbox"/> ERROR
TABLE:	}	1 <input type="checkbox"/> CORRECT
	}	2 <input type="checkbox"/> ERROR
PENNY:	}	1 <input type="checkbox"/> CORRECT
	}	2 <input type="checkbox"/> ERROR

DENTAL CARE AND STATUS (AGES 17+ YEARS)

<p>Q1. How would you describe the condition of your natural teeth: excellent, very good, good, fair or poor?</p>	<p>1 <input type="checkbox"/> excellent 2 <input type="checkbox"/> very good 3 <input type="checkbox"/> good 4 <input type="checkbox"/> fair 5 <input type="checkbox"/> poor 6 <input type="checkbox"/> HAS NO NATURAL TEETH</p>				
<p>Q2. What type of dental care do you need now? HAND CARD HAQ-7. MARK ALL REPORTED.</p>	<p>01 <input type="checkbox"/> teeth filled or replaced (for example, fillings, crowns and/or bridges) 02 <input type="checkbox"/> teeth pulled 03 <input type="checkbox"/> gum treatment 04 <input type="checkbox"/> denture work 05 <input type="checkbox"/> relief of pain 06 <input type="checkbox"/> work to improve appearance (for example, braces or bonding) 10 <input type="checkbox"/> CLEANING 07 <input type="checkbox"/> other 08 _____ specify 09 <input type="checkbox"/> NOTHING 99 <input type="checkbox"/> DK</p>				
<p>Q3. How long ago was your <u>last</u> visit to a dentist <u>or</u> dental hygienist?</p>	<p><u>number</u> <table style="margin-left: 20px; border-left: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">1 <input type="checkbox"/> days</td> </tr> <tr> <td style="padding: 0 10px;">2 <input type="checkbox"/> weeks</td> </tr> <tr> <td style="padding: 0 10px;">3 <input type="checkbox"/> months</td> </tr> <tr> <td style="padding: 0 10px;">4 <input type="checkbox"/> years</td> </tr> </table> 00 <input type="checkbox"/> NEVER (Q5)</p>	1 <input type="checkbox"/> days	2 <input type="checkbox"/> weeks	3 <input type="checkbox"/> months	4 <input type="checkbox"/> years
1 <input type="checkbox"/> days					
2 <input type="checkbox"/> weeks					
3 <input type="checkbox"/> months					
4 <input type="checkbox"/> years					
<p>Q4. How often do you go to the dentist <u>or</u> dental hygienist? MARK <u>FIRST</u> APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> at least once a year 2 <input type="checkbox"/> every 2 years 3 <input type="checkbox"/> less often than every 2 years 4 <input type="checkbox"/> whenever needed - no regular schedule 5 <input type="checkbox"/> other 6 _____ specify 9 <input type="checkbox"/> DK</p>				
<p>Q5. Have you had "cold sores" or "fever blisters" on your lips in the <u>past 12 months</u>?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>				
<p>Q6. Have you had "canker sores" or other ulcers or sores inside your mouth in the <u>past 12 months</u>?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>				
<p>Q7. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 50+ YEARS (R1) 2 <input type="checkbox"/> UNDER 50 YEARS</p>				

Q8. Have you ever received orthodontic treatment such as wearing braces, bands, or removable appliances to straighten your teeth?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R1)
Q9. How old were you when you <u>started</u> your <u>most recent</u> orthodontic treatment? _____ 99 <input type="checkbox"/> DK	

TOBACCO (AGES 17+ YEARS)

Now I'd like to ask you about tobacco use.	
R1. Have you smoked at least 100 cigarettes during your entire life? APPROXIMATELY 5 PACKS.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R14)
R2. How old were you when you <u>first</u> started smoking cigarettes fairly regularly?	<p style="text-align: center;">_____ age</p> <p>000 <input type="checkbox"/> NEVER SMOKED REGULARLY 999 <input type="checkbox"/> DK</p>
R3. Do you smoke cigarettes <u>now</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R11)
R4. About how many cigarettes do you smoke per day?	<p>000 <input type="checkbox"/> LESS THAN 1 PER DAY</p> <p style="text-align: center;">_____ number</p> <p style="text-align: right;">} 1 <input type="checkbox"/> cigarettes per day } 2 <input type="checkbox"/> packs per day</p> <p>666 <input type="checkbox"/> VARIES</p>
R5. For approximately how many years have you smoked this amount?	<p style="text-align: center;">_____ number</p> <p>years</p>
R6. Was there ever a period of a year or more when you smoked more than (NUMBER IN R4) cigarettes per day?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R9)
R7. During the period when you were smoking the most, about how many cigarettes per day did you <u>usually</u> smoke?	<p style="text-align: center;">_____ number</p> <p style="text-align: right;">} 1 <input type="checkbox"/> cigarettes per day } 2 <input type="checkbox"/> packs per day</p> <p>666 <input type="checkbox"/> VARIED</p>
R8. For how many years did you smoke that amount?	<p style="text-align: center;">_____ number</p> <p>years</p>
R9. Have you ever quit smoking for a period of <u>one year or longer</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R14)
R10. Since you <u>first</u> started smoking; how many years <u>altogether</u> have you stayed off cigarettes?	<p>000 <input type="checkbox"/> LESS THAN 1 YEAR (R14)</p> <p style="text-align: center;">_____ number</p> <p>years (R14)</p>
R11. About how old were you when you <u>last</u> smoked cigarettes (fairly regularly)? PROBE: How old were you when you quit smoking cigarettes?	<p style="text-align: center;">_____ age</p> <p>999 <input type="checkbox"/> DK</p>
R12. About how many cigarettes per day did you <u>usually</u> smoke at that time?	<p>000 <input type="checkbox"/> LESS THAN 1 PER DAY</p> <p style="text-align: center;">_____ number</p> <p style="text-align: right;">} 1 <input type="checkbox"/> cigarettes per day } 2 <input type="checkbox"/> packs per day</p> <p>666 <input type="checkbox"/> VARIED</p>
R13. Did you quit smoking because you <u>had</u> a health problem that was caused <u>or</u> made worse by smoking?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
R14. Have you <u>ever</u> used chewing tobacco <u>or</u> snuff?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R23)

R15. At what age did you <u>first</u> start using chewing tobacco or snuff fairly regularly? IF BOTH USED, ENTER EARLIEST AGE.	<u>age</u> 000 <input type="checkbox"/> NEVER USED REGULARLY (R20) 999 <input type="checkbox"/> DK
R16. Do you use chewing tobacco or snuff <u>now</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R20)
R17. Which - chewing tobacco or snuff?	1 <input type="checkbox"/> chewing tobacco 2 <input type="checkbox"/> snuff 3 <input type="checkbox"/> both
R18. How many containers do you use per day or per week? RECORD FOR SNUFF OR CHEWING TOBACCO OR BOTH.	1 <input type="checkbox"/> snuff <u> </u> per containers } 1 <input type="checkbox"/> day } 2 <input type="checkbox"/> week 2 <input type="checkbox"/> chew <u> </u> per containers } 1 <input type="checkbox"/> day } 2 <input type="checkbox"/> week
R19. Where in your mouth do you <u>usually</u> place the (chewing tobacco/snuff)? a. In the right side, left side, or front of your mouth?	1 <input type="checkbox"/> right 2 <input type="checkbox"/> left 3 <input type="checkbox"/> front
b. In the top or bottom of your mouth?	1 <input type="checkbox"/> top 2 <input type="checkbox"/> bottom 3 <input type="checkbox"/> OTHER 4 <u> </u> SPECIFY 5 <input type="checkbox"/> NO SPECIAL PLACE } (R23)
R20. About how old were you when you <u>last</u> used (chewing tobacco/ snuff) fairly regularly?	<u>age</u> 999 <input type="checkbox"/> DK
R21. Which did you use - chewing tobacco or snuff?	1 <input type="checkbox"/> chewing tobacco 2 <input type="checkbox"/> snuff 3 <input type="checkbox"/> both
R22. Did you quit using (chewing tobacco/snuff) because you had a problem that was caused or made worse because you used (it/them)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
R23. Have you <u>ever</u> smoked at least 20 cigars in your entire life?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R26)
R24. Do you <u>now</u> smoke cigars?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (R26)
R25. How many cigars do you smoke per day?	<u> </u> cigars number
R26. Have you <u>ever</u> smoked at least 20 pipefuls of tobacco in your entire life?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (S1)
R27. Do you <u>now</u> smoke a pipe?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (S1)
R28. How many pipefuls of tobacco do you smoke per day?	<u> </u> pipefuls number

OCCUPATION/LANGUAGE USAGE (AGES 17+ YEARS)

In this part of the survey I will ask about topics including your work experience, school attendance, and where you were born.									
First I'll ask about what you are doing now.									
S1. During the <u>past 2 weeks</u> , did you work at any time at a job or business, not counting work around the house?	1 <input type="checkbox"/> Y (S6) 2 <input type="checkbox"/> N								
INCLUDE UNPAID WORK IN THE FAMILY (FARM/ BUSINESS).									
S2. Even though you did not work during those 2 weeks, did you have a job or business?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N								
S3. Were you looking for work or on layoff from a job?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (S5)								
S4. Which, looking for work or on layoff from a job?	1 <input type="checkbox"/> looking (S7) 2 <input type="checkbox"/> layoff (S6) 3 <input type="checkbox"/> both (S6)								
S5. CHECK ITEM. REFER TO S2.	1 <input type="checkbox"/> "YES" IN S2 2 <input type="checkbox"/> "NO" IN S2 (S17)								
S6. For whom did you work? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. RECORD RESPONSE AND <u>SKIP TO S8</u> .	Employer:								
S7. For whom did you work at your last full-time civilian job or business lasting 2 consecutive weeks or more? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER.									
S8. What kind of business or industry is this? (For example, TV and radio manufacturing, retail shoe store, state labor department, farm.)	Industry:								
S9. What kind of work were you doing? (For example, electrical engineer, stock clerk, typist, farmer.)	Occupation:								
S10. What were your most important activities or duties? (For example - types, keeps account books, files, sells cars, operates printing press, finishes concrete.)	Duties:								
S11. COMPLETE FROM ENTRIES IN S6 THRU S10. IF NOT CLEAR, ASK: Were you an employee of a <u>private</u> company, business or individual for wages, salary or commission? P -- a <u>Federal</u> government employee? F -- a <u>State</u> government employee? S -- a <u>local</u> government employee? L -- self employed in <u>own</u> business, professional practice, or farm? IF NOT FARM, ASK: Is the business incorporated? Yes I No SE -- working <u>without pay</u> in family business or farm? WP -- never worked or never worked at a full-time civilian job lasting 2 weeks or more? NEV	<p>Class of worker</p> <table> <tbody> <tr><td>1 <input type="checkbox"/> P</td></tr> <tr><td>2 <input type="checkbox"/> F</td></tr> <tr><td>3 <input type="checkbox"/> S</td></tr> <tr><td>4 <input type="checkbox"/> L</td></tr> <tr><td>5 <input type="checkbox"/> I</td></tr> <tr><td>6 <input type="checkbox"/> SE</td></tr> <tr><td>7 <input type="checkbox"/> WP</td></tr> <tr><td>0 <input type="checkbox"/> NEV</td></tr> </tbody> </table>	1 <input type="checkbox"/> P	2 <input type="checkbox"/> F	3 <input type="checkbox"/> S	4 <input type="checkbox"/> L	5 <input type="checkbox"/> I	6 <input type="checkbox"/> SE	7 <input type="checkbox"/> WP	0 <input type="checkbox"/> NEV
1 <input type="checkbox"/> P									
2 <input type="checkbox"/> F									
3 <input type="checkbox"/> S									
4 <input type="checkbox"/> L									
5 <input type="checkbox"/> I									
6 <input type="checkbox"/> SE									
7 <input type="checkbox"/> WP									
0 <input type="checkbox"/> NEV									

S12. For how long (have you worked/did you work) at that job?	1 <input type="checkbox"/> 12 months or less -----> <u> </u> months 2 <input type="checkbox"/> More than 12 months -----> <u> </u> years
S13. CHECK ITEM. REFER TO S1 AND S2.	1 <input type="checkbox"/> "NO" IN S1 AND S2 (S17) 2 <input type="checkbox"/> "YES" IN S1 OR S2
S14. At work, how many hours per day are you close enough to people who smoke so that you can smell the smoke?	00 <input type="checkbox"/> NONE <u> </u> hours number
S15. In your job as (<u>S9 OCCUPATION FOR S10 INDUSTRY OR EMPLOYER</u>), do you ever wear protective equipment such as safety glasses, protective gloves, a dust mask, or a respirator?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (S17) 9 <input type="checkbox"/> DK (S17)
S16. Do you ever wear any of the following equipment? a. Safety glasses, goggles, or other eye protection such as face shields or welding hoods? b. Protective gloves (other than gloves for cold weather)? c. Dust mask? d. Respirator?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
S17. Thinking of all the paid jobs or businesses you ever had, what kind of work were you doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.) IF IN THE ARMED FORCES, MARK "AF".	1 <input type="checkbox"/> NEVER WORKED (S22) 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> _____ occupation
S18. Considering all your employers, for how long did you do this kind of work?	00 <input type="checkbox"/> LESS THAN 1 YEAR <u> </u> years number
MARK BOX IF "AF" MARKED IN S17.	2 <input type="checkbox"/> AF
S19. What kind of business or industry did you work in the longest period of time as a (<u>ENTRY IN S17</u>)?	1 _____ industry
S20. What were your main job activities or work duties when you were a (<u>OCCUPATION IN S17</u>) in (<u>INDUSTRY IN S19</u>)?	_____ duties
S21. CHECK ITEM. REFER TO S1 AND S12.	1 <input type="checkbox"/> "YES" IN S1 AND MORE THAN 12 MONTHS IN S12 (S23) 2 <input type="checkbox"/> OTHER

<p>S22. What were you doing <u>most of the past 12 months</u>, working at a job or business, retired, keeping house, going to school, or something else?</p> <p>PRIORITY IF 2 OR MORE ACTIVITIES REPORTED: (1) SPENT MOST TIME DOING; (2) CONSIDERS MOST IMPORTANT.</p> <p>IF "SOMETHING ELSE", PROBE: What were you doing?</p>	<p>1 <input type="checkbox"/> working 2 <input type="checkbox"/> retired (S24) 3 <input type="checkbox"/> keeping house (S24) 4 <input type="checkbox"/> going to school (S25) 5 <input type="checkbox"/> something else 6 _____ (S25) specify</p>
<p>S23. Are you limited in the kind or amount of <u>work</u> you can do because of any impairment or health problem?</p>	<p>1 <input type="checkbox"/> Y (S26) 2 <input type="checkbox"/> N (S25)</p>
<p>S24. Are you limited in the kind or amount of <u>housework</u> you can do because of any impairment or health problem?</p>	<p>1 <input type="checkbox"/> Y (S26) 2 <input type="checkbox"/> N</p>
<p>S25. Are you limited in any way in any <u>activities</u> because of an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>S26. Have you <u>ever</u> changed your job, stopped working, or made any changes in your housework because of a disability or health problem?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (S28)</p>
<p>S27. Did you . . .</p> <p>a. change permanently to an easier job?</p> <p>b. change temporarily to an easier job?</p> <p>c. cut down to part-time work only?</p> <p>d. have to stop working for a few months?</p> <p>e. retire because of a disability?</p> <p>f. have to cut down on housework?</p> <p>g. stop doing all housework?</p> <p>h. make some other change?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N L> _____ specify</p>
<p>S28. Which language do you <u>mainly</u> speak at home?</p>	<p>1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other 4 _____ specify</p>
<p>S29. IF NOW WORKING OR IN SCHOOL, ASK: What language do you <u>mainly</u> speak at (work/school)?</p>	<p>1 <input type="checkbox"/> DOESN'T WORK OR GO TO SCHOOL 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Spanish 4 <input type="checkbox"/> other 5 _____ specify</p>

EXERCISE (AGES 17+ YEARS)

<p>T1. In the <u>past month</u>, how often did you walk a mile or more at a time without stopping?</p>	<u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 00 <input type="checkbox"/> NEVER
<p>The next questions are about your <u>leisure time physical activity</u> during the <u>past month</u>. We are interested in the following exercises, sports, or physically active hobbies that you might have done.</p> <p>In the <u>past month</u> did you . . .</p>	
<p>T2. jog or run?</p> <p>1 <input type="checkbox"/> Y (T3) 2 <input type="checkbox"/> N (T4)</p>	<p>T3. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T4. ride a bicycle or an exercise bicycle?</p> <p>1 <input type="checkbox"/> Y (T5) 2 <input type="checkbox"/> N (T6)</p>	<p>T5. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T6. swim?</p> <p>1 <input type="checkbox"/> Y (T7) 2 <input type="checkbox"/> N (T8)</p>	<p>T7. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T8. do aerobics or aerobic dancing?</p> <p>1 <input type="checkbox"/> Y (T9) 2 <input type="checkbox"/> N (T10)</p>	<p>T9. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T10. do other dancing?</p> <p>1 <input type="checkbox"/> Y (T11) 2 <input type="checkbox"/> N (T12)</p>	<p>T11. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T12. do calisthenics or exercises?</p> <p>1 <input type="checkbox"/> Y (T13) 2 <input type="checkbox"/> N (T14)</p>	<p>T13. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T14. garden or do yard work?</p> <p>1 <input type="checkbox"/> Y (T15) 2 <input type="checkbox"/> N (T16)</p>	<p>T15. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T16. lift weights?</p> <p>1 <input type="checkbox"/> Y (T17) 2 <input type="checkbox"/> N (T18)</p>	<p>T17. <u> </u> times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>

<p>T18. In the <u>past month</u>, have you done any other exercises, sports, or physically active hobbies not mentioned?</p> <p><input type="checkbox"/> Y (T19) <input type="checkbox"/> N (T27)</p>	<p>In the <u>past month</u> how often did you . . .?</p>
<p>PROBE: What?</p> <p>T19. 1 _____ (T20) specify</p>	<p>T20. _____ times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>PROBE: Any others?</p> <p>T21. 1 _____ (T22) specify</p>	<p>T22. _____ times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>PROBE: Any others?</p> <p>T23. 1 _____ (T24) specify</p>	<p>T24. _____ times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>PROBE: Any others?</p> <p>T25. 1 _____ (T26) specify</p>	<p>T26. _____ times number per } 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>
<p>T27. How does the amount of activity that you reported for the <u>past month</u> compare with your physical activity for the <u>past 12 months</u>? During the <u>past month</u>, were you more active, less active, or about the same?</p>	<p>1 <input type="checkbox"/> more active 2 <input type="checkbox"/> less active 3 <input type="checkbox"/> about the same 9 <input type="checkbox"/> DK</p>
<p>T28. Compared with most (men/women) your age, would you say that you are more active, less active, or about the same?</p>	<p>1 <input type="checkbox"/> more active 2 <input type="checkbox"/> less active 3 <input type="checkbox"/> about the same 9 <input type="checkbox"/> DK</p>
<p>T29. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> UNDER 30 YEARS (V1) 2 <input type="checkbox"/> 30 + YEARS</p>
<p>T30. Compared with yourself <u>10 years ago</u>, would you say that you are more active now, less active now, or about the same?</p>	<p>1 <input type="checkbox"/> more active 2 <input type="checkbox"/> less active 3 <input type="checkbox"/> about the same 9 <input type="checkbox"/> DK</p>

SOCIAL SUPPORT/RESIDENCE (AGES 17+ YEARS)

<p>Now I want to ask a few questions about how you spend your time.</p> <p>V1. In a <u>typical week</u>, how many times do you talk on the <u>telephone</u> with family, friends, or neighbors?</p>	<p style="text-align: right;"><u>number</u> times per</p> <p style="text-align: right;">000 <input type="checkbox"/> NEVER</p> <p style="text-align: right;">666 <input type="checkbox"/> NO TELEPHONE</p> <p style="text-align: right;">1 <input type="checkbox"/> day 2 <input type="checkbox"/> week</p>
<p>V2. How often do you get together with <u>friends or relatives</u>; I mean things like going out together or visiting in each other's homes?</p>	<p style="text-align: right;"><u>number</u> times per</p> <p style="text-align: right;">00 <input type="checkbox"/> NEVER</p> <p style="text-align: right;">1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> year</p>
<p>V3. About how often do you visit with any of your other <u>neighbors</u>, either in their homes or in your own?</p>	<p style="text-align: right;"><u>number</u> times per</p> <p style="text-align: right;">00 <input type="checkbox"/> NEVER</p> <p style="text-align: right;">1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> year</p>
<p>V4. How often do you attend church or religious services?</p>	<p style="text-align: right;"><u>number</u> times per</p> <p style="text-align: right;">00 <input type="checkbox"/> NEVER</p> <p style="text-align: right;">1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> year</p>
<p>V5. Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?</p>	<p style="text-align: right;">1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (V7)</p>
<p>V6. Altogether, how often do you attend meetings of the clubs or organizations you belong to?</p>	<p style="text-align: right;"><u>number</u> times per</p> <p style="text-align: right;">00 <input type="checkbox"/> NEVER</p> <p style="text-align: right;">1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> year</p>
<p>V7. How long have you lived at this address?</p>	<p style="text-align: right;"><u>number</u></p> <p style="text-align: right;">00 <input type="checkbox"/> WHOLE LIFE (V12)</p> <p style="text-align: right;">1 <input type="checkbox"/> weeks 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years</p>

V8. How long have you lived in this (city/town/area)? IF SP LIVED IN AREA OFF AND ON, DO NOT INCLUDE PERIODS AWAY FROM THE AREA.	1 <input type="checkbox"/> whole life (V12) 2 <input type="checkbox"/> 20+ years 3 <input type="checkbox"/> 11-20 years 4 <input type="checkbox"/> 5-10 years 5 <input type="checkbox"/> 3-4 years 6 <input type="checkbox"/> 1-2 years 0 <input type="checkbox"/> less than 1 year
V9. Have you lived anywhere longer than you lived here?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (V12)
V10. Where did you live the longest? PROBE FOR CITY OR TOWN. IF OUTSIDE OF THE U.S. RECORD COUNTRY.	_____ city state or _____ country
V11. How long did you live in (PLACE IN V10)? DO NOT INCLUDE PERIODS AWAY FROM PLACE IN V10.	1 <input type="checkbox"/> 20+ years 2 <input type="checkbox"/> 11-20 years 3 <input type="checkbox"/> 5-10 years 4 <input type="checkbox"/> 3-4 years 5 <input type="checkbox"/> 1-2 years 0 <input type="checkbox"/> less than 1 year
V12. In what state or country were you born? PRINT THE FULL NAME OF THE STATE OR MARK THE APPROPRIATE BOX.	_____ state 072 <input type="checkbox"/> Puerto Rico 078 <input type="checkbox"/> Virgin Islands 080 <input type="checkbox"/> Mexico 066 <input type="checkbox"/> Guam 063 <input type="checkbox"/> Cuba 098 <input type="checkbox"/> All other countries 093 <input type="checkbox"/> Canada _____ specify
V13. IF BORN IN THE US, SKIP TO NEXT SECTION. OTHERWISE ASK: How long have you lived in the United States?	00 <input type="checkbox"/> LESS THAN 1 YEAR _____ years number

VITAMIN, MINERAL AND MEDICINE USAGE (AGES 17+ YEARS)

<p>The following questions concern your use of vitamins, minerals, medicines, and certain products in the <u>past month</u>.</p>	
<p>X1. a. Have you taken any vitamins or minerals in the <u>past month</u>? Please include those that are prescribed by a doctor and those that are not prescribed.</p> <p>DO NOT INCLUDE TOPICAL VITAMINS.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>b. Have you taken or used medicines for which a doctor's or dentist's prescription is needed, in the <u>past month</u>? This includes any products which cannot be obtained without a doctor's or dentist's prescription. Include those medicines you may have already mentioned.</p> <p>DO NOT INCLUDE PRESCRIPTION VITAMINS WHICH SHOULD BE RECORDED AT X1a.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>c. Have you taken antacids in the <u>past month</u>?</p> <p>INCLUDE PRESCRIPTION ANTACIDS HERE.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>X2. CHECK ITEM. REFER TO RESPONSES IN X1a-1c.</p> <p>IF <u>ANY</u> YES: May I see the containers for <u>all</u> of the (vitamins/minerals/prescription medicines/antacids) you took in the <u>past month</u>?</p> <p>Also, if there are things that you need to do at this time such as going to the bathroom, please do so now so that I will be able to take your pulse and blood pressure immediately after the next section is completed.</p> <p>IF NECESSARY, ASK SP TO MOVE TO A SUITABLE LOCATION TO RECORD LABEL INFORMATION AND TO TAKE THE PULSE AND BLOOD PRESSURE READINGS.</p>	<p><input type="checkbox"/> "Y" IN <u>ANY</u> OF X1a-c. ENTER REPORTED NUMBER OF EACH BELOW.</p> <p>a. _____ VITAMINS/MINERALS b. _____ PRESCRIPTION MEDICINES c. _____ ANTACIDS</p> <p>COMPLETE APPROPRIATE PRODUCT TABLE(S). <u>VERIFY THAT THE NUMBER OF PRODUCTS ENTERED AGREES WITH THE NUMBER OF PRODUCT COLUMNS COMPLETED IN THE SUBSEQUENT PAGES.</u></p> <p><input type="checkbox"/> "N" OR "DK" IN <u>ALL</u> OF X1a-c (X18)</p>

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK X6 - X8.

	PRODUCT #1	PRODUCT #2
X3. ENTER COMPLETE NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.	NAME:	NAME:
X4. CHECK ITEM.	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)
X5. ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS (CITY AND STATE).	name <hr/> city state	name <hr/> city state
X6. How often did you take/use (PRODUCT) in the past month?	times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK	times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK
X7. How much (PRODUCT) did you take/use each time you took it?	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
X8. For how long have you been taking/using this type of product?	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK X6 - X8.

	PRODUCT #3	PRODUCT #4
X3. ENTER COMPLETE NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.	NAME:	NAME:
X4. CHECK ITEM.	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)
X5. ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS (CITY AND STATE).	name _____ city _____ state _____	name _____ city _____ state _____
X6. How often did you take/use (PRODUCT) in the past month?	number times per _____ _____ 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ specify 999 <input type="checkbox"/> DK	number times per _____ _____ 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ specify 999 <input type="checkbox"/> DK
X7. How much (PRODUCT) did you take/use each time you took it?	number _____ 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 _____ specify 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number _____ 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 _____ specify 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
X8. For how long have you been taking/using this type of product?	number _____ 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number _____ 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK X6 - X8.

PRODUCT #5	PRODUCT #6	PRODUCT #7
NAME:	NAME:	NAME:
1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)	1 <input type="checkbox"/> CONTAINER SEEN (X5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (X6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (X6)
name	name	name
city state	city state	city state
X6. times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ specify 999 <input type="checkbox"/> DK	 times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ specify 999 <input type="checkbox"/> DK	 times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ specify 999 <input type="checkbox"/> DK
X7. number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 _____ specify 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	 number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 _____ specify 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	 number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 _____ specify 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
X8. number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	 number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	 number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

PRESCRIPTION MEDICINES: RECORD LABEL INFORMATION AND ASK X11-X12 FOR EACH MEDICATION.

MEDICATION #1	MEDICATION #2	MEDICATION #3																											
X9. NAME:	X9. NAME:	X9. NAME:																											
X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.																											
X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.	X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.	X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.																											
X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years	X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years	X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years
number		1 <input type="checkbox"/>	days																										
		2 <input type="checkbox"/>	weeks																										
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number	1 <input type="checkbox"/>	days																											
	2 <input type="checkbox"/>	weeks																											
	3 <input type="checkbox"/>	months																											
	4 <input type="checkbox"/>	years																											

PREScription MEDICINES: RECORD LABEL INFORMATION AND ASK X11-X12 FOR EACH MEDICATION.

MEDICATION #4	MEDICATION #5	MEDICATION #6																											
X9. NAME:	X9. NAME:	X9. NAME:																											
X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	X10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.																											
X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.	X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.	X11. What is the health problem you had for which you took the (<u>MEDICINE</u>)? PROBE FOR SYMPTOM OR CONDITION.																											
X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years	X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years	X12. For how long have you been taking (<u>MEDICINE</u>)? <table style="margin-left: 100px;"><tr><td rowspan="4" style="vertical-align: middle; padding-right: 10px;">number</td><td>1 <input type="checkbox"/></td><td>days</td></tr><tr><td>2 <input type="checkbox"/></td><td>weeks</td></tr><tr><td>3 <input type="checkbox"/></td><td>months</td></tr><tr><td>4 <input type="checkbox"/></td><td>years</td></tr></table> 999 <input type="checkbox"/> DK	number	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years
number		1 <input type="checkbox"/>	days																										
		2 <input type="checkbox"/>	weeks																										
		3 <input type="checkbox"/>	months																										
	4 <input type="checkbox"/>	years																											
number	1 <input type="checkbox"/>	days																											
	2 <input type="checkbox"/>	weeks																											
	3 <input type="checkbox"/>	months																											
	4 <input type="checkbox"/>	years																											
number	1 <input type="checkbox"/>	days																											
	2 <input type="checkbox"/>	weeks																											
	3 <input type="checkbox"/>	months																											
	4 <input type="checkbox"/>	years																											

ANTACIDS: RECORD LABEL INFORMATION AND ASK X15 - X17.

	PRODUCT #1	PRODUCT #2
X13. ENTER COMPLETE NAME OF ANTACID FROM LABEL OR PROBE RESPONDENT.	NAME:	NAME:
X14. CHECK ITEM.	1 <input type="checkbox"/> ANTACID SEEN. 2 <input type="checkbox"/> ANTACID NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT.	1 <input type="checkbox"/> ANTACID SEEN. 2 <input type="checkbox"/> ANTACID NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT.
X15. How often did you take (<u>ANTACID</u>) in the past month?	number times per _____ 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ 999 <input type="checkbox"/> DK	number times per _____ 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 _____ 999 <input type="checkbox"/> DK
X16. How much (<u>ANTACID</u>) did you take each time you took it?	number _____ 1 <input type="checkbox"/> tablets/pills 2 <input type="checkbox"/> teaspoons 3 <input type="checkbox"/> tablespoons 4 <input type="checkbox"/> fluid ounces 5 <input type="checkbox"/> pieces of gum 6 <input type="checkbox"/> other _____ 7 _____ specify 999 <input type="checkbox"/> DK	number _____ 1 <input type="checkbox"/> tablets/pills 2 <input type="checkbox"/> teaspoons 3 <input type="checkbox"/> tablespoons 4 <input type="checkbox"/> fluid ounces 5 <input type="checkbox"/> pieces of gum 6 <input type="checkbox"/> other _____ 7 _____ specify 999 <input type="checkbox"/> DK
X17. For how long have you been taking this antacid?	number _____ 1 <input type="checkbox"/> days 2 <input type="checkbox"/> weeks 3 <input type="checkbox"/> months 4 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number _____ 1 <input type="checkbox"/> days 2 <input type="checkbox"/> weeks 3 <input type="checkbox"/> months 4 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

X18. Next are questions about non-prescription pain relief medicines.

In the past month, have you taken any ...

- a. aspirin, Anacin, Bufferin,
Ecotrin, Ascriptin, or Midol?

1 Y (X19) 2 N (b) 9 DK (b)

- b. Tylenol, Anacin-3, or
acetaminophen?

1 Y (X19) 2 N (c) 9 DK (c)

- c. Advil, Nuprin, Medipren,
or ibuprofen?

1 Y (X19) 2 N (d) 9 DK (d)

- d. other?

1 Y 2 N (Y1) 9 DK (Y1)

3 _____ (X19)
specify

- e. other?

1 Y 2 N (Y1) 9 DK (Y1)

3 _____ (X19)
specify

- f. other?

1 Y 2 N (Y1) 9 DK (Y1)

3 _____ (X19)
specify

- g. other?

1 Y 2 N (Y1) 9 DK (Y1)

3 _____ (X19)
specify

X19. How often did you take . . . during the past month?

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

_____ times per }
number }
1 day
2 week
3 month
999 DK

NAME/SSAN (AGES 17+ YEARS)

We would like to know how people's health practices and conditions relate to how long they live. The following information will be used to check against the vital statistics records maintained by the National Center for Health Statistics of the U.S. Public Health Service. The results will only be used for statistical purposes and no individual identification will be shown in any analysis. To make sure that our records are complete:

Y1. What is your full name, including middle name? PRINT <u>AND VERIFY SPELLING.</u>	<hr/> first <hr/> middle <hr/> last
Y2. How old are you? RECORD AGE AS OF HAQ (TODAY'S) INTERVIEW DATE.	<hr/> years <hr/> number
Y3. What is your date of birth?	<hr/> month / <hr/> day / <hr/> year
Y4. What is your father's last name? PRINT <u>AND VERIFY SPELLING. DO NOT WRITE "SAME."</u>	<hr/> father's last name
Y5. We would like to have your Social Security Number. This will have no effect on your benefits. This information is voluntary and is collected under the authority of the U.S. Public Health Service Act (42 U.S.C. 242K Section 306). What is your Social Security Number?	0 <input type="checkbox"/> REFUSED <hr/> Social Security Number
Y6. CHECK ITEM: MARK ONE BOX. MARK MAIN RESPONDENT FOR HOUSEHOLD ADULT Q. SPECIFY FAMILY NO. AND LINE NO. IF OTHER THAN SP.	1 <input type="checkbox"/> SAMPLE PERSON (Y9) 2 <input type="checkbox"/> MOTHER 3 <input type="checkbox"/> FATHER 4 <input type="checkbox"/> SPOUSE 5 <input type="checkbox"/> DAUGHTER 6 <input type="checkbox"/> SON 7 <input type="checkbox"/> OTHER 6 <hr/> SPECIFY
Y7. IF OTHER THAN SAMPLE PERSON, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.	1 <hr/> REASON
Y8. IF MAIN RESPONDENT WAS NOT THE SAMPLE PERSON, WAS THE SAMPLE PERSON PRESENT DURING ANY PART OF THE INTERVIEW?	1 <input type="checkbox"/> Y (Y10) 2 <input type="checkbox"/> N (Y10)
Y9. IF SAMPLE PERSON MARKED IN Y6, WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
Y10. QUALITY OF INTERVIEW.	1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE

Y11. OBSERVED CHARACTERISTICS OF THE SP:		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
a. IN BED?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
b. IN WHEELCHAIR?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
c. USES CANE, CRUTCHES, OR WALKER?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
d. WALKS SLOWLY OR SHUFFLES?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
e. PARALYSIS IN HANDS OR LEGS?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
f. HEARING IMPAIRMENT?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
g. SPEECH PROBLEMS (NOT LANGUAGE)?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
h. COUGHS CONTINUOUSLY?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
i. DRESSED IN STREET CLOTHES?		1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N	9 <input type="checkbox"/> DK
j. WEIGHT?		1 <input type="checkbox"/> VERY OVERWEIGHT	2 <input type="checkbox"/> ABOUT AVERAGE	3 <input type="checkbox"/> VERY THIN
k. OTHER PHYSICAL CHARACTERISTICS?		1 _____ _____		
l. COMMENTS: 1 _____ _____				

RECORD TIME ON COVER

BLOOD PRESSURE MEASUREMENT (AGES 17+ YEARS)

IF SETTING IS INAPPROPRIATE FOR BLOOD PRESSURE MEASUREMENT, GO TO ZA9.

Now I will explain the procedure for measuring your pulse and blood pressure. It is important that you remain relaxed and seated for the measurement which will take about 15 minutes. I would like to suggest that should the phone or doorbell ring that I answer it for you. Would that be all right?

First, I will find the pulse in your right arm. Next, I will wrap the blood pressure cuff around your arm. I will take your pulse and then inflate the cuff. You will feel a sensation of pressure on your arm when the cuff is inflated. I will be inflating the cuff a maximum of five times. While I am measuring your blood pressure, it is best that we refrain from any conversation. If you have any questions, I will be happy to answer them for you before or after the measurements are taken.

ASK SP TO REMOVE ANY OUTER CLOTHING/JEWELRY AND TO ROLL UP SLEEVE. OBSERVE SP's ARM FOR CONDITIONS PREVENTING MEASUREMENT. IF CONDITIONS ARE PRESENT, RECORD IN ZA9 AND DISCONTINUE PROCEDURE. OTHERWISE GO TO ZA1.

<p>ZA1. Do you know of any medical reason why this procedure should not be done?</p> <p>CODE YES ONLY IF THE PROBLEM EXISTS ON BOTH ARMS.</p> <p>IF BLOOD PRESSURE PROCEDURE SHOULD NOT BE DONE DUE TO MEDICAL REASONS, DO <u>NOT</u> TAKE THE MEASUREMENT.</p>	<p>1 <input type="checkbox"/> Y What is the medical reason? →</p> <p>01 <input type="checkbox"/> RECENT SURGERY 02 <input type="checkbox"/> UPPER BODY CIRCULATORY PROBLEM 03 <input type="checkbox"/> PAIN/INJURY 04 <input type="checkbox"/> OTHER 05 } (END) SPECIFY</p> <p>2 <input type="checkbox"/> N (GO TO ZA2)</p>
<p>ZA2. IF SP OBSERVED RECORD, OTHERWISE ASK: Have you consumed any food, alcohol, or coffee or smoked any cigarettes within the <u>last 30 minutes</u>?</p>	<p>1 <input type="checkbox"/> Y Which have you had? → MARK ALL THAT APPLY</p> <p>1 <input type="checkbox"/> Food 2 <input type="checkbox"/> Alcohol 3 <input type="checkbox"/> Coffee 4 <input type="checkbox"/> Cigarettes</p> <p>2 <input type="checkbox"/> N</p>
<p>ZA3. I will now take your pulse and blood pressure.</p>	<p>CUFF SIZE SELECTED:</p> <p>1 <input type="checkbox"/> CHILD 3 <input type="checkbox"/> LARGE 2 <input type="checkbox"/> ADULT 4 <input type="checkbox"/> THIGH</p>
<p>ZA4. ARM SELECTED</p>	<p>1 <input type="checkbox"/> RIGHT 2 <input type="checkbox"/> LEFT → REASON:</p> <p>01 <input type="checkbox"/> INJURY, RASH 02 <input type="checkbox"/> CAST, DRESSING 03 <input type="checkbox"/> PLACEMENT OF EQUIPMENT 04 <input type="checkbox"/> OTHER 05 SPECIFY</p>
<p>ZA5. SP'S PULSE RATE FOR 30 SECONDS</p>	<p> __ __ PULSE (GO TO ZA6) 00 <input type="checkbox"/> NEVER FOUND PULSE (GO TO ZA9)</p>
<p>ZA6. PULSE REGULAR/RHYTHMIC</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

ZA7. MAXIMUM INFLATION LEVEL (MIL) ATTEMPTS

ENTER A READING OR "NOT DONE" REASON.

	READING	MIL NOT DONE
	_ _ _ MIL	1 <input type="checkbox"/> NOT ATTEMPTED 2 <input type="checkbox"/> FAILED ATTEMPT (MISSING READING, OPEN VALVE, ETC.) 3 <input type="checkbox"/> EQUIPMENT FAILURE (ZA9)
a. FIRST ATTEMPT	_ _ _ MIL	1 <input type="checkbox"/> NOT ATTEMPTED 2 <input type="checkbox"/> FAILED ATTEMPT (MISSING READING, OPEN VALVE, ETC.) 3 <input type="checkbox"/> EQUIPMENT FAILURE (ZA9)
b. SECOND ATTEMPT	_ _ _ MIL	1 <input type="checkbox"/> NOT ATTEMPTED 2 <input type="checkbox"/> 2 ATTEMPTS FAILED 3 <input type="checkbox"/> EQUIPMENT FAILURE

ZA8. BLOOD PRESSURE ATTEMPTS

ENTER A READING OR A "NOT DONE/REFUSED" REASON FOR EACH ATTEMPT NECESSARY.

	READING	BP NOT DONE	BP REFUSED
a. FIRST ATTEMPT	_ _ _ SBP _ _ _ DBP } (ZA8b)	666 <input type="checkbox"/> MISSED READING (INTERRUPTION, NOISE, OPEN VALVE, ETC.) 667 <input type="checkbox"/> EQUIPMENT FAILURE	997 <input type="checkbox"/> TIME CONSTRAINTS 998 <input type="checkbox"/> DISCOMFORT 999 <input type="checkbox"/> OTHER _____ SPECIFY
b. SECOND ATTEMPT	_ _ _ SBP _ _ _ DBP } (ZA8c)	666 <input type="checkbox"/> MISSED READING (INTERRUPTION, NOISE, OPEN VALVE, ETC.) 667 <input type="checkbox"/> EQUIPMENT FAILURE	997 <input type="checkbox"/> TIME CONSTRAINTS 998 <input type="checkbox"/> DISCOMFORT 999 <input type="checkbox"/> OTHER _____ SPECIFY
c. THIRD ATTEMPT	_ _ _ SBP _ _ _ DBP } (GO TO ZA10 ONLY IF 3 READINGS OR 5 INFLATIONS OBTAINED. OTHERWISE, GO TO ZA8d)	666 <input type="checkbox"/> MISSED READING (INTERRUPTION, NOISE, OPEN VALVE, ETC.) 667 <input type="checkbox"/> EQUIPMENT FAILURE	(IF LESS THAN 5 INFLATIONS GO TO ZA8d. IF 5 INFLATIONS AND AT LEAST ONE BP, GO TO ZA10. OTHERWISE, GO TO ZA9) 997 <input type="checkbox"/> TIME CONSTRAINTS 998 <input type="checkbox"/> DISCOMFORT 999 <input type="checkbox"/> OTHER _____ SPECIFY
d. FOURTH ATTEMPT	_ _ _ SBP _ _ _ DBP } (ZA10)	666 <input type="checkbox"/> MISSED READING (INTERRUPTION, NOISE, OPEN VALVE, ETC.) 667 <input type="checkbox"/> EQUIPMENT FAILURE	(GO TO ZA10 IF AT LEAST ONE BP OBTAINED. OTHERWISE, GO TO ZA9) 997 <input type="checkbox"/> TIME CONSTRAINTS 998 <input type="checkbox"/> DISCOMFORT 999 <input type="checkbox"/> OTHER _____ SPECIFY

ZA9. REASON FOR NOT TAKING BLOOD PRESSURE MEASUREMENT:

- 01 SP REFUSED (NO TIME, DISINTEREST)
- 02 WITHERED ARMS, INJURY, DRESSING, RASH (ON BOTH ARMS)
- 03 2 FAILED MIL
- 04 INAPPROPRIATE SETTING
- 05 EQUIPMENT FAILURE
- 06 COULD NOT LOCATE PULSE IN EITHER ARM
- 07 OTHER, SPECIFY:

(END)

ZA10. IF ZA8 HAS A READING FOR		THEN AVERAGE		IF ZA8 HAS A READING FOR		THEN AVERAGE	
01	<input type="checkbox"/> a,b,c		b,c	08	<input type="checkbox"/> b,c		c
02	<input type="checkbox"/> a,b,d		b,d	09	<input type="checkbox"/> b,d		d
03	<input type="checkbox"/> a,c,d		c,d	10	<input type="checkbox"/> c,d		d
04	<input type="checkbox"/> b,c,d		c,d	11	<input type="checkbox"/> a		a
05	<input type="checkbox"/> a,b		b	12	<input type="checkbox"/> b		b
06	<input type="checkbox"/> a,c		c	13	<input type="checkbox"/> c		c
07	<input type="checkbox"/> a,d		d	14	<input type="checkbox"/> d		d

ZA11.

SYSTOLIC / DIASTOLIC

TOTAL	
AVERAGE	

ZA12. CIRCLE INTERSECTION OF SYSTOLIC & DIASTOLIC

SYSTOLIC	DIASTOLIC				
	≤ 84	85-89	90-104	105-114	> 115
≤ 139	1	2	3	4	5
140-159	3	3	3	4	5
160-199	4	4	4	4	5
200 +	4	4	4	4	5

ENTER AVERAGE OF BP READINGS AND PULSE ON REPORT OF PULSE & BLOOD PRESSURE FINDINGS AND CIRCLE SAME NUMBER AS ZA12.

ZA13. ADDITIONAL COMMENTS/PROBLEMS: 1

**Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics**
**HOUSEHOLD ADULT QUESTIONNAIRE
SHORT FORM**
NHANES III

National Health and Nutrition Examination Survey

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242 m).
NOTICE: La información contenida en este formulario que permitiría identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad, será usada sólo para los propósitos establecidos para este estudio, y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la sección 308(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.
 Carga al público de reportaje para participación completa en el NHANES III se estima que, en promedio, sea cinco horas. Envíe comentarios respecto a esta carga o cualquier otro aspecto de esta colección de información, incluyendo sugerencias para reducir esta carga al PHS Reports Clearance Officer, Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, y a Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**CASE
NO:**

Stand No.	Segment No.	Serial No.
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EDITOR NO.

**FAMILY
NO.**

SP NO.

NAME (First, Middle, Last)

SEX

1 <input type="checkbox"/>	Male
2 <input type="checkbox"/>	Female

**SAMPLE
NO:**

**DECK
NO.**

656A

HOUSEHOLD ADULT QUESTIONNAIRE: SHORT FORM
(AGES 17+ YEARS)

ZZ31. Would you say your health in general is excellent, very good, good, fair, or poor? ¿Diría usted que en general su salud es excelente, muy buena, buena, regular o mala?		1 <input type="checkbox"/> excellent 2 <input type="checkbox"/> very good 3 <input type="checkbox"/> good 4 <input type="checkbox"/> fair 5 <input type="checkbox"/> poor	1 <input type="checkbox"/> excelente 2 <input type="checkbox"/> muy buena 3 <input type="checkbox"/> buena 4 <input type="checkbox"/> regular 5 <input type="checkbox"/> mala	
ZZ32. Do you smoke cigarettes now? ¿Fuma cigarrillos ahora?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		
ZZ33. OBSERVED PHYSICAL CHARACTERISTICS/HEALTH CONDITIONS OF THE SP:				
a. IN BED?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
b. IN WHEELCHAIR?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
c. USES CANE, CRUTCHES, OR WALKER?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
d. WALKS SLOWLY OR SHUFFLES?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
e. PARALYSIS IN HANDS OR LEGS?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
f. HEARING IMPAIRMENT?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
g. SPEECH PROBLEMS (NOT LANGUAGE)?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
h. COUGHS CONTINUOUSLY?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
i. DRESSED IN STREET CLOTHES?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
j. WEIGHT?		1 <input type="checkbox"/> OVERWEIGHT 2 <input type="checkbox"/> AVERAGE 3 <input type="checkbox"/> THIN	ABOUT	
k. OTHER PHYSICAL CHARACTERISTICS/ HEALTH CONDITIONS?		1 _____ _____ _____		
ATTEMPT #1		ATTEMPT #2		ATTEMPT #3
ZZ34. DATE OF INTERVIEW/OBSERVATION MONTH / DAY / YEAR		ZZ34. DATE OF INTERVIEW/OBSERVATION MONTH / DAY / YEAR		ZZ34. DATE OF INTERVIEW/OBSERVATION MONTH / DAY / YEAR
ZZ35. LANGUAGE OF INTERVIEW 1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER 4 _____ SPECIFY		ZZ35. LANGUAGE OF INTERVIEW 1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER 4 _____ SPECIFY		ZZ35. LANGUAGE OF INTERVIEW 1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER 4 _____ SPECIFY
ZZ36. INTERVIEWER NUMBER _____		ZZ36. INTERVIEWER NUMBER _____		ZZ36. INTERVIEWER NUMBER _____
ZZ37. MARK ALL THAT APPLY 1 <input type="checkbox"/> REFUSED 2 <input type="checkbox"/> SELF RESPONSE 3 <input type="checkbox"/> PROXY 4 <input type="checkbox"/> NOT OBSERVED		ZZ37. MARK ALL THAT APPLY 1 <input type="checkbox"/> REFUSED 2 <input type="checkbox"/> SELF RESPONSE 3 <input type="checkbox"/> PROXY 4 <input type="checkbox"/> NOT OBSERVED		ZZ37. MARK ALL THAT APPLY 1 <input type="checkbox"/> REFUSED 2 <input type="checkbox"/> SELF RESPONSE 3 <input type="checkbox"/> PROXY 4 <input type="checkbox"/> NOT OBSERVED
ZZ38. ITEMS COMPLETED 0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> ZZ31 2 <input type="checkbox"/> ZZ32 3 <input type="checkbox"/> ZZ33		ZZ38. ITEMS COMPLETED 0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> ZZ31 2 <input type="checkbox"/> ZZ32 3 <input type="checkbox"/> ZZ33		ZZ38. ITEMS COMPLETED 0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> ZZ31 2 <input type="checkbox"/> ZZ32 3 <input type="checkbox"/> ZZ33

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey
NHANES III

HOUSEHOLD YOUTH QUESTIONNAIRE
(Ages 2 Months - 16 Years)

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CASE
NO:

STAND NO.	SEGMENT NO.	SERIAL NO.
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EDITOR NO.

FAMILY
NO:

	NAME
	First
	Middle
	Last

SP NO.

	AGE
<input type="checkbox"/> MONTHS	NUMBER
<input type="checkbox"/> YEARS	NUMBER

SEX
1 <input type="checkbox"/> MALE
2 <input type="checkbox"/> FEMALE

SAMPLE
NO.

	TIME BEGAN
---	1 <input type="checkbox"/> AM
---	2 <input type="checkbox"/> PM
---	3 <input type="checkbox"/> NOON

DECK
NO.

	DATE OF EXAMINATION
	MO / DY / YR
	TIME 1 <input type="checkbox"/> AM

	2 <input type="checkbox"/> PM

INTERVIEWER NO:

	TIME ENDED
---	1 <input type="checkbox"/> AM
---	2 <input type="checkbox"/> PM
---	3 <input type="checkbox"/> NOON

1 AM
2 PM

	DATE OF INTERVIEW	
	/ /	
MO	DY	YR

	LANGUAGE OF INTERVIEW
1	<input type="checkbox"/> ENGLISH
2	<input type="checkbox"/> SPANISH
3	<input type="checkbox"/> OTHER
4	SPECIFY

TRANSPORTATION

- 1 TAXI
2 SELF
3 STAFF

HOUSEHOLD YOUTH QUESTIONNAIRE

AGES 2 MONTHS - 16 YEARS

<u>TOPIC</u>	<u>PAGE</u>
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M. RESPONDENT	29

BIRTH (AGES 2 MONTHS - 11 YEARS)

A1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 12+ YEARS (D1) 2 <input type="checkbox"/> UNDER 12 YEARS
A2. How old (was --'s biological mother/were you) when -- was born?	<u> </u> age 99 <input type="checkbox"/> DK
A3. Did (--'s mother/you) smoke at any time while (she was/you were) pregnant with --?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A6) 9 <input type="checkbox"/> DK (A6)
A4. At any time during the pregnancy did (--'s mother/you) quit or refrain from smoking for the rest of the pregnancy?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (A6) 9 <input type="checkbox"/> DK (A6)
A5. About what month of the pregnancy did (--'s mother/you) stop smoking? USE ROUNDING RULE IF NECESSARY.	CIRCLE NUMBER OF MONTH 1 2 3 4 5 6 7 8 9 99 <input type="checkbox"/> DK
A6. Did -- receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?	1 <input type="checkbox"/> Y How many days? 2 <input type="checkbox"/> N → <u> </u> days number
A7. How much did -- weigh at birth? PROBE FOR OUNCES IF NOT REPORTED. ENTER RESPONSE IN POUNDS AND OUNCES OR IN GRAMS.	<u> </u> lbs/ <u> </u> oz. (B1) number number OR <u> </u> grams (B1) number 9999 <input type="checkbox"/> DK (A8)
A8. Did -- weigh more than 5-1/2 pounds (2500 grams) or less?	1 <input type="checkbox"/> more than 5-1/2 lbs (2500g) (A9) 2 <input type="checkbox"/> less than 5-1/2 lbs (2500g) (B1) 9 <input type="checkbox"/> DK (B1)
A9. Did -- weigh more than 9 pounds (4100 grams) or less?	1 <input type="checkbox"/> more than 9 lbs (4100g) 2 <input type="checkbox"/> less than 9 lbs (4100g) 9 <input type="checkbox"/> DK

INFANT FEEDING PRACTICES/DIET (AGES 2 MONTHS - 11 YEARS)

Now I'm going to ask you some general questions about --'s eating habits.	
B1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 6+ YEARS (B14) 2 <input type="checkbox"/> UNDER 6 YEARS
B2. Was -- ever breastfed or fed breastmilk?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B6)
B3. How old was -- when -- was <u>first</u> fed something other than breastmilk or water? INCLUDE FORMULA, JUICE, SOLID FOODS.	00 <input type="checkbox"/> NEVER (B11) <div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div>
B4. How old was -- when -- was <u>first</u> fed formula on a daily basis? INCLUDE CHILDREN RECEIVING ONLY FORMULA <u>AND</u> THOSE RECEIVING FORMULA <u>AND</u> BREASTMILK AT THE SAME TIME.	00 <input type="checkbox"/> NEVER <div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div>
B5. How old was -- when -- completely <u>stopped</u> breastfeeding or being fed breastmilk?	000 <input type="checkbox"/> STILL BREASTFEEDING <div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div> <div style="text-align: right; margin-top: 10px;">(B7)</div>
B6. How old was -- when -- was <u>first</u> fed formula on a <u>daily</u> basis? INCLUDE CHILDREN RECEIVING ONLY FORMULA <u>AND</u> THOSE RECEIVING FORMULA AND BREASTMILK AT SAME TIME.	00 <input type="checkbox"/> NEVER ON A DAILY BASIS (B8) <div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div>
IF "NEVER" IN B4, THEN SKIP TO B8.	00 <input type="checkbox"/> STILL DRINKING FORMULA
B7. How old was -- when -- completely <u>stopped</u> drinking formula?	<div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div>
B8. How old was -- when -- was <u>first</u> fed milk on a daily basis? DO NOT INCLUDE BREASTMILK OR FORMULA.	00 <input type="checkbox"/> NEVER ON A DAILY BASIS (B10) <div style="text-align: center;"> <u>number</u> </div> <div style="text-align: right; margin-right: 100px;"> } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months </div>

B9. What type of milk was -- <u>first</u> fed on a daily basis?	01 <input type="checkbox"/> regular whole milk 02 <input type="checkbox"/> lowfat milk (1% or 2%) 03 <input type="checkbox"/> skim milk (1/2% or nonfat) 04 <input type="checkbox"/> nonfat dry milk (reconstituted) 05 <input type="checkbox"/> evaporated milk 06 <input type="checkbox"/> goat's milk 07 <input type="checkbox"/> other 08 _____ specify 99 <input type="checkbox"/> DK
B10. How old was -- when -- <u>started</u> eating solid foods (such as strained foods or any other non-liquid foods) on a daily basis?	00 <input type="checkbox"/> NEVER ON A DAILY BASIS number } 1 <input type="checkbox"/> days } 2 <input type="checkbox"/> weeks } 3 <input type="checkbox"/> months
B11. Has -- <u>ever</u> used a baby bottle?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B13)
B12. How old was -- when -- stopped using a baby bottle?	00 <input type="checkbox"/> STILL USING BABY BOTTLE number } 1 <input type="checkbox"/> months } 2 <input type="checkbox"/> years 99 <input type="checkbox"/> DK
B13. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 1 YEAR (B16) 2 <input type="checkbox"/> 1-11 YEARS
B14. How often does -- eat breakfast: every day, on some days, rarely, never, or on weekends only?	01 <input type="checkbox"/> every day 02 <input type="checkbox"/> some days 03 <input type="checkbox"/> rarely 04 <input type="checkbox"/> never 05 <input type="checkbox"/> weekends only
B15. During the <u>past 12 months</u> , has -- changed -- eating habits to try to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
B16. During the <u>past 12 months</u> , has -- changed what -- eats for any medical reason or health condition?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B18)
B17. What was the medical reason or health condition that caused -- to change what -- eats? MARK ALL THAT APPLY.	01 <input type="checkbox"/> OVERWEIGHT/OBESITY 02 <input type="checkbox"/> HIGH BLOOD PRESSURE/HYPERTENSION 03 <input type="checkbox"/> HIGH BLOOD CHOLESTEROL 04 <input type="checkbox"/> ALLERGY 05 <input type="checkbox"/> DIABETES 06 <input type="checkbox"/> OTHER 07 _____ SPECIFY 99 <input type="checkbox"/> DK

B18. How (tall/long) is -- without shoes?	_____ feet/_____ inches or _____ centimeters 9999 <input type="checkbox"/> DK
B19. How much does --weigh without clothes or shoes?	_____ pounds or _____ kilograms 9999 <input type="checkbox"/> DK
B20. Do you consider -- to be overweight, underweight, or about the right weight?	1 <input type="checkbox"/> overweight 2 <input type="checkbox"/> underweight 3 <input type="checkbox"/> about the right weight

MOTOR AND SOCIAL DEVELOPMENT (AGES 2 MONTHS - 3 YEARS)

C1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 4+ YEARS (D1) 2 <input type="checkbox"/> UNDER 4 YEARS
Now I would like to ask a few questions about various things children do at different ages.	
C2. CHECK ITEM. RECORD AGE IN MONTHS ____ AS OF HYQ (TODAY'S) INTERVIEW. THEN MARK CORRECT BOX AND ASK THE 15 QUESTIONS INDICATED FOR THAT AGE.	01 <input type="checkbox"/> 0-3 MONTHS OLD (C3 - C17) 02 <input type="checkbox"/> 4-6 MONTHS OLD (C10 - C24) 03 <input type="checkbox"/> 7-9 MONTHS OLD (C14 - C28) 04 <input type="checkbox"/> 10-12 MONTHS OLD (C20 - C34) 05 <input type="checkbox"/> 13-15 MONTHS OLD (C24 - C38) 06 <input type="checkbox"/> 16-18 MONTHS OLD (C28 - C42) 07 <input type="checkbox"/> 19-21 MONTHS OLD (C31 - C45) 08 <input type="checkbox"/> 22 MONTHS - 3 YRS 11 MONTHS OLD (C35 - C50)
C3. When lying on (his/her) stomach, did -- ever lift (his/her) head off the surface for a moment?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C4. When lying on (his/her) stomach, has -- ever turned (his/her) head from side to side?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C5. Have --'s eyes ever followed a moving object?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C6. Have --'s eyes ever followed a moving object all the way from one side to the other?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C7. When lying on (his/her) stomach, has -- ever raised (his/her) head and chest from the surface while resting (his/her) weight on (his/her) lower arms or hands?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C8. Has -- ever turned (his/her) head around to look at something?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C9. While lying on (his/her) back and being pulled up to a sitting position, did -- ever hold (his/her) head stiffly so that it <u>did not</u> bend back as (he/she) was pulled up?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C10. Has -- ever laughed out loud without being tickled or touched?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C11. Has -- ever held in one hand a moderate size object such as a block or a rattle?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C12. Has -- ever rolled over on (his/her) own <u>on purpose</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C13. Has -- ever looked around with (his/her) eyes for a toy which was lost or not nearby?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C14. Has -- ever smiled at someone when that person talked to or smiled at but did not touch (him/her)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C15. Has -- ever seemed to enjoy looking in the mirror at (himself/ herself)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

C16. Has -- ever picked up small objects such as raisins or cookie crumbs, using only (his/her) thumb and first finger?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C17. Has -- ever sat alone with no help except for leaning forward on (his/her) hands or with just a little help from someone else?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK } IF SP IS 0-3 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C18.
C18. Has -- ever said any recognizable words such as "mama" or "dada"?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C19. Has -- ever shown by (his/her) behavior that (he/she) knows the names of common objects when somebody else names them out loud?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C20. Has -- ever walked at least 2 steps with one hand held or holding on to something?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C21. Has -- ever sat for <u>10 minutes</u> without any support at all?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C22. Has -- ever crawled when left lying on (his/her) stomach?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C23. Has -- ever been pulled from a sitting position to a standing position and supported (his/her) own weight with legs stretched out?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C24. Has -- ever waved good-bye without help from another person?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK } IF SP IS 4-6 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C25.
C25. Has -- ever pulled (himself/herself) to a standing position without help from another person?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C26. Has -- ever stood alone on (his/her) feet for 10 seconds or more without holding on to anything or another person?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C27. Has -- ever walked <u>at least 2 steps</u> without holding on to anything or another person?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C28. Has -- ever shown that (he/she) wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK } IF SP IS 7-9 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C29.
C29. Has -- ever said the name of a familiar object, such as ball?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C30. Has -- ever crawled up <u>at least 2 steps</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C31. Has -- said 2 <u>recognizable words besides</u> "mama" or "dada"?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C32. Has -- ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered (him/her)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C33. Did -- ever walk up <u>at least 2 steps</u> with one hand held or holding the rail?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

C34. Has -- ever run?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	IF SP IS 10-12 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C35.
C35. Has -- ever made a line with a crayon or pencil?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C36. Has -- ever fed (himself/herself) with a spoon or fork without spilling much?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C37. Has -- ever spoken a partial sentence of <u>3 words or more</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C38. Has -- ever said (his/her) first <u>and</u> last name together without someone's help? NICKNAME MAY BE USED FOR FIRST NAME.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	IF SP IS 13-15 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C39.
C39. Has -- ever walked up stairs by (himself/herself) without holding on to a rail?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C40. Has -- ever counted <u>3 objects</u> correctly?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C41. Has -- ever walked up stairs by (himself/herself) with no help, stepping on each step with only one foot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C42. Does -- know his/her own age <u>and sex</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	IF SP IS 16-18 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C43.
C43. Has -- ever said the names of <u>at least 4 colors</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C44. Has -- ever pedaled a tricycle <u>at least 40 feet</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C45. Has -- ever done a somersault without help from anybody?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	IF SP IS 19-21 MONTHS OLD, GO TO D1. OTHERWISE CONTINUE WITH C46.
C46. Has -- ever washed and dried (his/her) hands without any help except for turning the water on and off?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C47. Has -- ever dressed (himself/herself) without any help except for tying shoes (and buttoning the backs of dresses)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C48. Has -- ever gone to the toilet alone?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C49. Has -- ever counted out loud up to 10?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
C50. Has -- ever drawn a picture of a man or woman with <u>at least 2 parts</u> of the body <u>besides</u> a head?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	

HEALTH SERVICES AND FUNCTIONAL IMPAIRMENT (AGES 2 MONTHS - 16 YEARS)

D1. Would you say --'s health in general is excellent, very good, good, fair, or poor?	1 <input type="checkbox"/> excellent 2 <input type="checkbox"/> very good 3 <input type="checkbox"/> good 4 <input type="checkbox"/> fair 5 <input type="checkbox"/> poor
D2. Is there a particular clinic, health center, doctor's office, or other place that -- usually goes to if -- is sick, needs advice about health or for routine care?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D4)
D3. Is there <u>one</u> particular doctor or health professional that -- usually sees?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
D4. About how long has it been since (--) saw or talked to a medical doctor or other health professional about --? Include doctors seen while a patient in a hospital.	1 <input type="checkbox"/> less than 1 year 2 <input type="checkbox"/> 1 year, less than 2 years 3 <input type="checkbox"/> 2 years, less than 5 years 4 <input type="checkbox"/> 5 years or more 5 <input type="checkbox"/> NEVER 9 <input type="checkbox"/> DK
D5. Since -- was born, how many different times has -- stayed in the hospital overnight or longer? Do not include the hospitalization when -- was born.	00 <input type="checkbox"/> none _____ times number
D6. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 5+ YEARS (D9) 2 <input type="checkbox"/> UNDER 5 YEARS
D7. Is -- able to take part <u>at all</u> in any of the usual kinds of activities done by most (children/babies) --'s age?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D10)
D8. Is -- limited in the kind <u>or</u> amount of activities -- can do because of an impairment or health problem?	1 <input type="checkbox"/> Y (D10) 2 <input type="checkbox"/> N (E1)
D9. Does any impairment or health problem <u>now</u> keep -- from attending school?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E1)
D10. Does -- attend a special school or special classes because of any impairment or health problem?	1 <input type="checkbox"/> Y (D12) 2 <input type="checkbox"/> N
D11. Does -- <u>need</u> to attend a special school or special classes because of any impairment or health problem?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
D12. How long ago was the impairment or health problem <u>first</u> noticed?	_____ number <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1;"></div> <div style="text-align: right; margin-right: 20px;"> } 1 <input type="checkbox"/> months } 2 <input type="checkbox"/> years </div> </div> 99 <input type="checkbox"/> DK

SELECTED CONDITIONS (AGES 2 MONTHS - 16 YEARS)

E1. Did a doctor <u>ever</u> say that -- had...	E2. How old was -- when -- <u>first</u> had...?	E3. Does -- <u>still</u> have...?	E4. Has -- <u>ever</u> been treated by a doctor for...?	
IF "YES" ASK E2 - E4 BEFORE GOING TO NEXT CONDITION.				
a. Rheumatic fever/ rheumatic heart disease? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (b)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
b. Epilepsy/fit/ convulsion? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (c)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	
c. Cerebral palsy? 1 <input type="checkbox"/> Y (d) 2 <input type="checkbox"/> N (d)				
d. Mental retardation? 1 <input type="checkbox"/> Y (e) 2 <input type="checkbox"/> N (e)				
e. Muscle weakness or paralysis of the arms? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (f)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
f. Muscle weakness or paralysis of the legs? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (g)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
g. Asthma? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (h)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
h. Chronic bronchitis? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (i)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
i. Hayfever? 1 <input type="checkbox"/> Y (E2) 2 <input type="checkbox"/> N (E5)	<u>number</u> 1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

E5. CHECK ITEM. REFER TO AGE OF SP.		1 <input type="checkbox"/> UNDER 4 YEARS (E15) 2 <input type="checkbox"/> 4+ YEARS		
E6. Did a doctor <u>ever</u> say that -- had... IF "YES" ASK E7 - E9 BEFORE GOING TO NEXT CONDITION.	E7. How old was -- when -- <u>first</u> had...?		E8. Does -- <u>still</u> have...?	E9. Has -- <u>ever</u> been treated by a doctor for...?
a. Hypertension or high blood pressure? 1 <input type="checkbox"/> Y (E7) 2 <input type="checkbox"/> N (b)	<u>number</u>	1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
b. High blood cholesterol? 1 <input type="checkbox"/> Y (E7) 2 <input type="checkbox"/> N (E10)	<u>number</u>	1 <input type="checkbox"/> mos 2 <input type="checkbox"/> yrs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
E10. Has -- ever seen a psychiatrist, psychologist, or psychoanalyst about any emotional, mental, or behavioral problems?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		
E11. During the <u>past 12 months</u> , has -- taken any prescribed medicines or drugs to help control activity or behavior?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		
E12. During the <u>past 12 months</u> , how often did -- complain of headaches? Would you say never, rarely, sometimes, frequently, or always?		1 <input type="checkbox"/> never 2 <input type="checkbox"/> rarely 3 <input type="checkbox"/> sometimes 4 <input type="checkbox"/> frequently 5 <input type="checkbox"/> always		
E13. During the <u>past 12 months</u> , how often did -- complain of stomach aches? Would you say never, rarely, sometimes, frequently, or always? DO NOT INCLUDE MENSTRUAL CRAMPS.		1 <input type="checkbox"/> never 2 <input type="checkbox"/> rarely 3 <input type="checkbox"/> sometimes 4 <input type="checkbox"/> frequently 5 <input type="checkbox"/> always		
E14. Does -- have any speech defect, such as stuttering, stammering, or lisping?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		
E15. Has -- <u>ever</u> had anemia, sometimes called "tired blood" or "low blood?"		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK		
E16. Has -- <u>ever</u> been <u>tested</u> for lead poisoning?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E21) 9 <input type="checkbox"/> DK (E21)		
E17. How long ago was -- tested?		00 <input type="checkbox"/> LESS THAN ONE MONTH <u>number</u> 1 <input type="checkbox"/> months 2 <input type="checkbox"/> years		

E18. Did the results indicate that -- had high lead or lead poisoning?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
E19. Has -- ever been <u>treated</u> in a hospital for lead poisoning?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E21)
E20. How long ago was -- treated?	00 <input type="checkbox"/> LESS THAN ONE MONTH _____ number } 1 <input type="checkbox"/> months } 2 <input type="checkbox"/> years
E21. Now I will ask about some immunizations that -- may have received. It may be easier to recall this information if you have a record of --'s shots. Do you have a shot record for -- that I can see?	1 <input type="checkbox"/> SHOT RECORD AVAILABLE 2 <input type="checkbox"/> SHOT RECORD <u>NOT</u> AVAILABLE
E22. Has -- ever received a DPT <u>or</u> tetanus shot? A DPT shot is to prevent diphtheria, tetanus, and pertussis or whooping cough. VERIFY ANSWER WITH SHOT RECORD IF AVAILABLE	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E24) 9 <input type="checkbox"/> DK (E24)
E23. How long ago was --'s <u>last</u> DPT <u>or</u> tetanus shot? VERIFY ANSWER WITH SHOT RECORD IF AVAILABLE	_____ number } 1 <input type="checkbox"/> months } 2 <input type="checkbox"/> years
E24. During the <u>past 12 months</u> , did -- have an accident, injury or poisoning, excluding lead poisoning, that required medical attention?	1 <input type="checkbox"/> Y How many times? 2 <input type="checkbox"/> N  _____ times number

DENTAL CARE AND STATUS (AGES 2 - 16 YEARS)

F1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 2 YEARS (G1) 2 <input type="checkbox"/> 2+ YEARS								
F2. How would you describe the condition of --'s natural teeth: excellent, very good, good, fair or poor?	1 <input type="checkbox"/> excellent 2 <input type="checkbox"/> very good 3 <input type="checkbox"/> good 4 <input type="checkbox"/> fair 5 <input type="checkbox"/> poor 6 <input type="checkbox"/> HAS NO NATURAL TEETH								
F3. What type of dental care does -- need now? HAND CARD HYQ-1. MARK ALL REPORTED.	01 <input type="checkbox"/> teeth filled or replaced (for example, fillings, crowns and/or bridges) 02 <input type="checkbox"/> teeth pulled 03 <input type="checkbox"/> gum treatment 04 <input type="checkbox"/> denture work 05 <input type="checkbox"/> relief of pain 06 <input type="checkbox"/> work to improve appearance (for example, braces or bonding) 10 <input type="checkbox"/> CLEANING 07 <input type="checkbox"/> other 08 _____ specify 09 <input type="checkbox"/> NOTHING 99 <input type="checkbox"/> DK								
F4. How long ago was --'s <u>last</u> visit to a dentist <u>or</u> dental hygienist?	_____ number <table style="margin-left: 20px;"> <tr> <td>1 <input type="checkbox"/></td> <td>days</td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td>weeks</td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>months</td> </tr> <tr> <td>4 <input type="checkbox"/></td> <td>years</td> </tr> </table> 00 <input type="checkbox"/> NEVER (F6)	1 <input type="checkbox"/>	days	2 <input type="checkbox"/>	weeks	3 <input type="checkbox"/>	months	4 <input type="checkbox"/>	years
1 <input type="checkbox"/>	days								
2 <input type="checkbox"/>	weeks								
3 <input type="checkbox"/>	months								
4 <input type="checkbox"/>	years								
F5. How often does -- go to the dentist <u>or</u> dental hygienist? MARK <u>FIRST</u> APPLICABLE BOX.	1 <input type="checkbox"/> at least once a year 2 <input type="checkbox"/> every 2 years 3 <input type="checkbox"/> less often than every 2 years 4 <input type="checkbox"/> whenever needed - no regular schedule 5 <input type="checkbox"/> other 6 _____ specify 9 <input type="checkbox"/> DK								

F6. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 8 YEARS (G1) 2 <input type="checkbox"/> 8+ YEARS
F7. Has -- <u>ever</u> received orthodontic treatment such as wearing braces, bands, or removable appliances to straighten -- teeth?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F9)
F8. How old was -- when -- <u>started</u> -- most recent orthodontic treatment?	<u>age</u> 99 <input type="checkbox"/> DK
F9. Has -- had "cold sores" or "fever blisters" on -- lips in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F10. Has -- had "canker sores" or other ulcers or sores inside -- mouth in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

RESPIRATORY AND ALLERGY (AGES 2 MONTHS - 16 YEARS)

G1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 12 YEARS (G6) 2 <input type="checkbox"/> 12+ YEARS
G2. Does -- usually cough on most days for <u>3 consecutive months or more</u> during the year?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G4)
G3. For how many years has -- had this cough?	00 <input type="checkbox"/> LESS THAN 1 YEAR <u> </u> years number
G4. Does -- bring up phlegm on most days for <u>3 consecutive months or more</u> during the year?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G8)
G5. For how many years has -- had trouble with phlegm?	00 <input type="checkbox"/> LESS THAN 1 YEAR <u> </u> years (G8) number
G6. Has -- had problems with coughing in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G8)
G7. How many episodes of cough has -- had in the <u>past 12 months</u> ?	000 <input type="checkbox"/> CONTINUOUS <u> </u> episodes number
G8. Has -- had wheezing or whistling in --'s chest at any time in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G12)
G9. How many episodes of wheezing or whistling has -- had in the <u>past 12 months</u> ?	000 <input type="checkbox"/> CONTINUOUS <u> </u> episodes number
G10. How many times in the <u>past 12 months</u> was -- hospitalized overnight or longer for these episodes of wheezing or whistling?	000 <input type="checkbox"/> NONE <u> </u> times number
G11. During the <u>past 12 months</u> , how many times has -- gone to a hospital emergency room or doctor's office for one of these episodes of wheezing or whistling?	000 <input type="checkbox"/> NONE <u> </u> times number
G12. Apart from when -- has a cold, does --'s chest <u>ever</u> sound wheezy or whistling?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G13. During the <u>past 12 months</u> , has -- had any episodes of . . . a. stuffy, itchy, or runny nose?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. watery, itchy eyes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
IF NO IN <u>BOTH</u> G13 a and b, CODE NONE.	000 <input type="checkbox"/> NONE
G14. During the <u>past 12 months</u> , how many episodes of stuffy, itchy, or runny nose, or watery, itchy eyes, has -- had?	666 <input type="checkbox"/> CONSTANTLY/CONTINUOUSLY <u> </u> episodes number

G15. CHECK ITEM. REFER TO G8, G12 AND G13.		1 <input type="checkbox"/> "YES" IN <u>AT LEAST ONE</u> OF G8, G12, OR G13 a-b (G16)
		2 <input type="checkbox"/> "NO" IN <u>ALL</u> OF G8, G12, G13 a-b (G18)
G16. Are any of the symptoms we have just talked about brought on by . . . IF NECESSARY STATE SYMPTOMS: "Wheezing, whistling, stuffy, itchy, or runny nose, watery, itchy eyes."		
a. exercise or cold air?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
b. animals?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
c. house dust?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
d. pollen?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G18) 9 <input type="checkbox"/> DK (G18)
G17. During which months of the year does pollen make --'s symptoms worse? CIRCLE ALL THAT APPLY.		00 <input type="checkbox"/> ALL MONTHS J F M A M J J A S O N D
G18. <u>Within an hour after eating something</u> , has -- ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G19. <u>Within an hour after receiving allergy shots or allergy tests</u> , has -- ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?		3 <input type="checkbox"/> NEVER RECEIVED ALLERGY SHOTS OR TESTS 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
G20. Has -- ever given up or had to avoid a pet because of allergies?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G21. During the <u>past 12 months</u> , has -- had any of the following conditions? IF "YES," ASK G22 BEFORE GOING TO NEXT CONDITION.		G22. How many episodes of ... did -- have in the <u>past 12 months</u> ? _____ episodes 00 <input type="checkbox"/> CONTINUOUS number
a. Colds or flu?	1 <input type="checkbox"/> Y (G22) 2 <input type="checkbox"/> N (b)	_____ episodes 00 <input type="checkbox"/> CONTINUOUS number
b. Sinusitis or sinus problems?	1 <input type="checkbox"/> Y (G22) 2 <input type="checkbox"/> N (c)	_____ episodes 00 <input type="checkbox"/> CONTINUOUS number
c. Pneumonia?	1 <input type="checkbox"/> Y (G22) 2 <input type="checkbox"/> N (H1)	_____ episodes 00 <input type="checkbox"/> CONTINUOUS number

VISION AND HEARING (AGES 2 MONTHS - 16 YEARS)

H1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 3 YEARS (H5) 2 <input type="checkbox"/> 3+ YEARS
H2. Does -- have trouble seeing with one or both eyes even when wearing glasses or contact lenses?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
H3. Does -- use eyeglasses or contact lenses? Include eyeglasses that just magnify.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
H4. When was the <u>last</u> time -- had -- vision tested?	0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> 6 months ago or less 2 <input type="checkbox"/> over 6 months to 12 months 3 <input type="checkbox"/> over 12 months to 2 years 4 <input type="checkbox"/> over 2 years to 5 years 5 <input type="checkbox"/> more than 5 years 9 <input type="checkbox"/> DK
H5. Did -- ever have an ear infection or an earache?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H10) 9 <input type="checkbox"/> DK (H10)
H6. How many times has -- had an ear infection or an earache?	1 <input type="checkbox"/> once 2 <input type="checkbox"/> twice 3 <input type="checkbox"/> 3-5 times 4 <input type="checkbox"/> 6 or more times 9 <input type="checkbox"/> DK
H7. How old was -- when -- had the <u>first</u> ear infection or earache?	1 <input type="checkbox"/> less than 1 year old → ____ months age 2 <input type="checkbox"/> 1 year old or older → ____ years age
H8. Was -- ever treated by a doctor for (any of) -- ear infection(s) or earache(s)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H10) 9 <input type="checkbox"/> DK (H10)
H9. Did a doctor ever treat an ear infection or earache -- had by placing tubes in --'s ear?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
H10. Has -- <u>ever</u> had trouble hearing with one or both ears? Do not include any problems which lasted just a short period of time such as during a cold.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H12) 9 <input type="checkbox"/> DK (H12)
H11. Does -- <u>still</u> have trouble hearing with one or both ears?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
H12. Does -- use a hearing aid?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK

H13. How long ago did -- <u>last</u> have -- hearing tested?	0 <input type="checkbox"/> NEVER
	1 <input type="checkbox"/> 6 months ago or less
	2 <input type="checkbox"/> over 6 months to 12 months
	3 <input type="checkbox"/> over 12 months to 2 years
	4 <input type="checkbox"/> over 2 years to 5 years
	5 <input type="checkbox"/> more than 5 years ago
	9 <input type="checkbox"/> DK

SCHOOL ATTENDANCE AND LANGUAGE USE (AGES 2 MONTHS - 16 YEARS)

REFER TO AGE OF SP. IF OVER 4 YEARS USE WORDING IN PARENTHESES.	
J1. (Before the age of 4) did -- ever attend a day care center or nursery school where there were <u>6 or more</u> children?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J4)
J2. Did -- ever attend this kind of center or school for <u>10 or more hours</u> per week?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J4)
J3. (Before the age of 4) for how many months or years did -- attend this kind of center or school?	<u>number</u> } 1 <input type="checkbox"/> months } 2 <input type="checkbox"/> years
J4. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 5 YEARS (J28) 2 <input type="checkbox"/> 5+ YEARS
J5. Has -- <u>ever</u> attended school?	1 <input type="checkbox"/> Y (J7) 2 <input type="checkbox"/> N
J6. Why has -- never attended school? MARK ALL THAT APPLY.	1 <input type="checkbox"/> TOO YOUNG - NO SCHOOLS AROUND FOR CHILDREN THAT AGE (J21) 2 <input type="checkbox"/> HEALTH PROBLEM (J21) 3 <input type="checkbox"/> FAMILY NEEDS CHILD AT HOME (J21) 4 <input type="checkbox"/> OTHER 5 _____ (J21) SPECIFY
J7. Is -- <u>now</u> either going to school or on vacation from school?	1 <input type="checkbox"/> going to school 2 <input type="checkbox"/> on vacation from school (between grades) 3 <input type="checkbox"/> NEITHER (J13)
J8. What grade (is -- in now/will -- be in)?	00 <input type="checkbox"/> nursery school (J21) 66 <input type="checkbox"/> kindergarten <u>grade</u> <u>number</u>
J9. Does the school -- attends serve a <u>complete breakfast</u> costing the same fixed price everyday?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J11)
J10. About how many times a week does -- usually eat a <u>complete breakfast</u> at school?	0 <input type="checkbox"/> NEVER <u>times</u> <u>number</u>
J11. Does the school -- attends serve <u>school lunches</u> ? These are complete lunches costing the same fixed price every day.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J14)
J12. About how many times a week does -- usually eat a <u>complete school lunch</u> ?	0 <input type="checkbox"/> NEVER <u>times</u> <u>number</u> } (J14)

J13. Why did -- stop going to school?	1 <input type="checkbox"/> HEALTH PROBLEM 2 <input type="checkbox"/> FAMILY NEEDS CHILD AT HOME 3 <input type="checkbox"/> DROPPED OUT 4 <input type="checkbox"/> OTHER 5 _____ SPECIFY
J14. During the <u>past 12 months</u> , about how many <u>whole</u> days was -- absent from school because of illness, skipping or cutting, or for other reasons?	000 <input type="checkbox"/> NONE _____ days number
J15. Has -- ever skipped any grades for any reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> CHILD ATTENDING KINDERGARTEN (J23)
J16. Has -- repeated any grades for any reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J19)
J17. What grade did -- repeat? Any others? MARK ALL THAT APPLY.	K 1 2 3 4 5 6 7 8 9 10 11 12
J18. Why did -- repeat the (<u>NUMBERS IN J17</u>) grade(s)? MARK ALL THAT APPLY.	1 <input type="checkbox"/> ACADEMIC FAILURE 2 <input type="checkbox"/> IMMATURE/ACTED TOO YOUNG 3 <input type="checkbox"/> FREQUENTLY ABSENT 4 <input type="checkbox"/> MOVED INTO A MORE DIFFICULT SCHOOL 5 <input type="checkbox"/> OTHER 6 _____ SPECIFY
J19. Has -- <u>ever</u> been suspended, excluded or expelled from school?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J21)
J20. How many times has -- been suspended, excluded or expelled from school?	_____ times number
J21. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 12 YEARS (J23) 2 <input type="checkbox"/> 12+ YEARS
J22. On the average during the school year, how many hours per week does -- work in a paid <u>or</u> unpaid job?	0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> 5 or fewer hours 2 <input type="checkbox"/> 6-9 hours 3 <input type="checkbox"/> 10-14 hours 4 <input type="checkbox"/> 15-19 hours 5 <input type="checkbox"/> 20-24 hours 6 <input type="checkbox"/> 25 or more hours

J23. About how many hours did -- watch TV yesterday?	0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> half hour or less 2 <input type="checkbox"/> about 1 hour 3 <input type="checkbox"/> about 2 hours 4 <input type="checkbox"/> about 3 hours 5 <input type="checkbox"/> about 4 hours 6 <input type="checkbox"/> 5 hours or more
J24. Now I will ask about --'s friends. About how many good friends does -- have?	0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> 1-2 2 <input type="checkbox"/> 3-5 3 <input type="checkbox"/> 6+
J25. How many of --'s close friends do you know by sight <u>and</u> by first and last name? Would you say all, most, or only a few?	0 <input type="checkbox"/> NONE 1 <input type="checkbox"/> all 2 <input type="checkbox"/> most 3 <input type="checkbox"/> a few
J26. When it comes to meeting new (children/teenagers) and making friends, is -- somewhat shy and slow to make a new friend, or does -- have about average willingness, or is -- very outgoing, making new friends quickly?	1 <input type="checkbox"/> shy 2 <input type="checkbox"/> average 3 <input type="checkbox"/> outgoing
J27. How well would you say -- gets along with other (children/teenagers)? Does -- have no difficulty getting along, have some difficulty, but not much, getting along, or does -- have a lot of difficulty getting along with other (children/teenagers)?	1 <input type="checkbox"/> no difficulty 2 <input type="checkbox"/> some difficulty 3 <input type="checkbox"/> a lot of difficulty
J28. What language does -- <u>mainly</u> speak at home now?	01 <input type="checkbox"/> DOESN'T TALK YET (J30) 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Spanish 04 <input type="checkbox"/> both English and Spanish equally 05 <input type="checkbox"/> other 06 _____ specify
J29. What language (does/did) -- <u>mainly</u> speak at school in -- classes?	01 <input type="checkbox"/> DOES NOT ATTEND SCHOOL 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Spanish 04 <input type="checkbox"/> both English and Spanish equally 05 <input type="checkbox"/> depends on subject matter 06 <input type="checkbox"/> other 07 _____ specify

J30. What language do (--)'s parents/you) <u>mainly</u> speak at home now?	01 <input type="checkbox"/> English 02 <input type="checkbox"/> Spanish 03 <input type="checkbox"/> both English and Spanish equally 04 <input type="checkbox"/> other 05 _____ specify
--	---

DIABETES REVIEW	
N1. Has -- <u>ever</u> been told by a doctor that -- has diabetes or sugar diabetes?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (N3) 9 <input type="checkbox"/> DK (N3)
N2. Is -- <u>now</u> taking ...	
a. insulin	1 <input type="checkbox"/> Y (N4) 2 <input type="checkbox"/> N
b. diabetes pills, sometimes called oral agents or oral hypoglycemic agents?	1 <input type="checkbox"/> Y (N4) 2 <input type="checkbox"/> N (N3)
N3. GIVE SP CORRECT APPOINTMENT SLIP.	1 <input type="checkbox"/> MORNING EXAM - ADOLESCENTS 12-19 2 <input type="checkbox"/> AFTERNOON EXAM - PERSONS 12+ 3 <input type="checkbox"/> EVENING EXAM - PERSONS 12+ 4 <input type="checkbox"/> LESS THAN 12 YEARS } (K1)
N4. GIVE SP CORRECT APPOINTMENT SLIP.	1 <input type="checkbox"/> SP ON INSULIN. (GIVE APPT. SLIP FOR DIABETICS ON INSULIN.) 2 <input type="checkbox"/> SP ON DIABETES PILLS. (GIVE APPT. SLIP FOR DIABETES PILLS OR ORAL AGENTS.)

VITAMIN, MINERAL AND MEDICINE USAGE (AGES 2 MONTHS - 16 YEARS)

<p>The following questions concern --'s use of vitamins, minerals, and medicines in the <u>past month</u>.</p>	
<p>K1. a. Has -- taken any vitamins or minerals in the <u>past month</u>? Please include those that are prescribed by a doctor or dentist and those that are not prescribed.</p> <p>DO NOT INCLUDE TOPICAL VITAMINS.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>b. Has -- taken or used any medicines for which a doctor's or dentist's <u>prescription</u> is needed, in the <u>past month</u>? This includes any products which cannot be obtained without a doctor's or dentist's prescription. Include those medicines you may have already mentioned.</p> <p>DO NOT INCLUDE PRESCRIPTION VITAMINS WHICH SHOULD BE RECORDED AT K1a.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>K2. CHECK ITEM. REFER TO RESPONSES IN K1a-b.</p> <p>IF <u>ANY</u> YES: May I see the containers for <u>all</u> of the (vitamins and minerals/prescription medicines) -- took in the <u>past month</u>?</p>	<p><input type="checkbox"/> "Y" IN <u>ANY</u> OF K1a-b. ENTER NUMBER OF EACH BELOW.</p> <p>a. _____ VITAMINS/MINERALS</p> <p>b. _____ PRESCRIPTION MEDICINES</p> <p>COMPLETE APPROPRIATE PRODUCT TABLE(S). <u>VERIFY</u> THAT THE TOTAL NUMBER OF PRODUCTS ENTERED AGREES WITH THE NUMBER OF PRODUCT COLUMNS COMPLETED IN THE SUBSEQUENT PAGES.</p> <p><input type="checkbox"/> "N" OR "DK" IN <u>ALL</u> OF K1a-b (L1)</p>

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK K6 - K8.

	PRODUCT #1	PRODUCT #2
K3. ENTER COMPLETE NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.	NAME:	NAME:
K4. CHECK ITEM.	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)
K5. ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS (CITY AND STATE).	name <hr/> city state	name <hr/> city state
K6. How often did -- take (PRODUCT) in the <u>past month</u> ?	number times per 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK	number times per 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK
K7. How much (PRODUCT) did -- take <u>each time</u> -- took it?	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
K8. For <u>how long</u> have -- been taking this type of product?	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK K6 - K8.

	PRODUCT #3	PRODUCT #4
K3. ENTER COMPLETE NAME OF VITAMIN/MINERAL FROM LABEL OR PROBE RESPONDENT.	NAME:	NAME:
K4. CHECK ITEM.	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)
K5. ENTER MANUFACTURER'S OR DISTRIBUTOR'S NAME AND ADDRESS (CITY AND STATE).	name <hr/> city state	name <hr/> city state
K6. How often did -- take (PRODUCT) in the past month?	number times per 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK	number times per 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK
K7. How much (PRODUCT) did -- take each time -- took it?	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
K8. For how long have -- been taking this type of product?	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

VITAMINS AND MINERALS: RECORD LABEL INFORMATION AND ASK K6 - K8.

PRODUCT #5	PRODUCT #6	PRODUCT #7
NAME:	NAME:	NAME:
1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)	1 <input type="checkbox"/> CONTAINER SEEN (K5) 2 <input type="checkbox"/> CONTAINER NOT SEEN. PRODUCT NAME FURNISHED BY RESPONDENT (K6) 3 <input type="checkbox"/> PRODUCT NAME NOT ON CONTAINER (K6)
name <hr/> city state	name <hr/> city state	name <hr/> city state
K6. times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK	times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK	times per number 1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month 4 <input type="checkbox"/> other 5 <u>specify</u> 999 <input type="checkbox"/> DK
K7. number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK	number 01 <input type="checkbox"/> capsules, tablets/pills 02 <input type="checkbox"/> teaspoons 03 <input type="checkbox"/> tablespoons 04 <input type="checkbox"/> fluid ounces/ ounces 05 <input type="checkbox"/> drops/droppers 06 <input type="checkbox"/> packets/packs/ paks/packages 07 <input type="checkbox"/> ml. 08 <input type="checkbox"/> wafers 09 <input type="checkbox"/> other 10 <u>specify</u> 666 <input type="checkbox"/> variable amounts 999 <input type="checkbox"/> DK
K8. number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK	number 1 <input type="checkbox"/> less than one month 2 <input type="checkbox"/> months 3 <input type="checkbox"/> years 999 <input type="checkbox"/> DK

PRESCRIPTION MEDICINES: RECORD LABEL INFORMATION AND ASK K11-K12 FOR EACH MEDICATION.

MEDICATION #1	MEDICATION #2	MEDICATION #3																											
K9. NAME:	K9. NAME:	K9. NAME:																											
K10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	K10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	K10. CHECK ITEM. 1 CONTAINER SEEN. 2 CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.																											
K11. What is the health problem - had for which - took or used the <u>(MEDICINE)</u> ? PROBE FOR SYMPTOM OR CONDITION.	K11. What is the health problem - had for which - took or used the <u>(MEDICINE)</u> ? PROBE FOR SYMPTOM OR CONDITION.	K11. What is the health problem - had for which - took or used the <u>(MEDICINE)</u> ? PROBE FOR SYMPTOM OR CONDITION.																											
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PRESCRIPTION MEDICINES: RECORD LABEL INFORMATION AND ASK K11-K12 FOR EACH MEDICATION.

MEDICATION #4	MEDICATION #5	MEDICATION #6																		
K9. NAME:	K9. NAME:	K9. NAME:																		
K10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	K10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.	K10. CHECK ITEM. 1 <input type="checkbox"/> CONTAINER SEEN. 2 <input type="checkbox"/> CONTAINER NOT SEEN - MEDICATION INFORMATION FURNISHED BY RESPONDENT.																		
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NAME/SSAN (AGES 2 MONTHS - 16 YEARS)

We would like to know how people's health practices and conditions relate to how long they live. The following information will be used to check against the vital statistics records maintained by the National Center for Health Statistics of the U.S. Public Health Service. The results will only be used for statistical purposes and no individual identification will be shown in any analysis. To make sure that our records are complete:

L1. What is --'s full name, including middle name?

PRINT AND VERIFY SPELLING.

first

middle

last

L2. What is --'s father's last name?

PRINT AND VERIFY SPELLING. DO NOT WRITE "SAME."

father's last name

L3. What is --'s date of birth?

_____ / _____ / _____
month day year

L4. We would like to have --'s Social Security Number. This will have no effect on --'s benefits. This information is voluntary and is collected under the authority of the U.S. Public Health Service Act (42 U.S.C. 242K Section 306).

What is --'s Social Security Number?

1 REFUSED

2 DOES NOT HAVE SOCIAL SECURITY NUMBER

_____ - _____ - _____
Social Security Number

RESPONDENT (AGES 2 MONTHS - 16 YEARS)

M1. CHECK ITEM. MARK ONE BOX.

INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP AND SPECIFY FAMILY NO. AND LINE NO. OF RESPONDENT.

1 MOTHER

2 FATHER

3 SISTER OR
BROTHER

4 GRANDPARENT

5 OTHER _____
SPECIFY

} FAMILY NO

} LINE NO.

M2. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?

1 Y 2 N

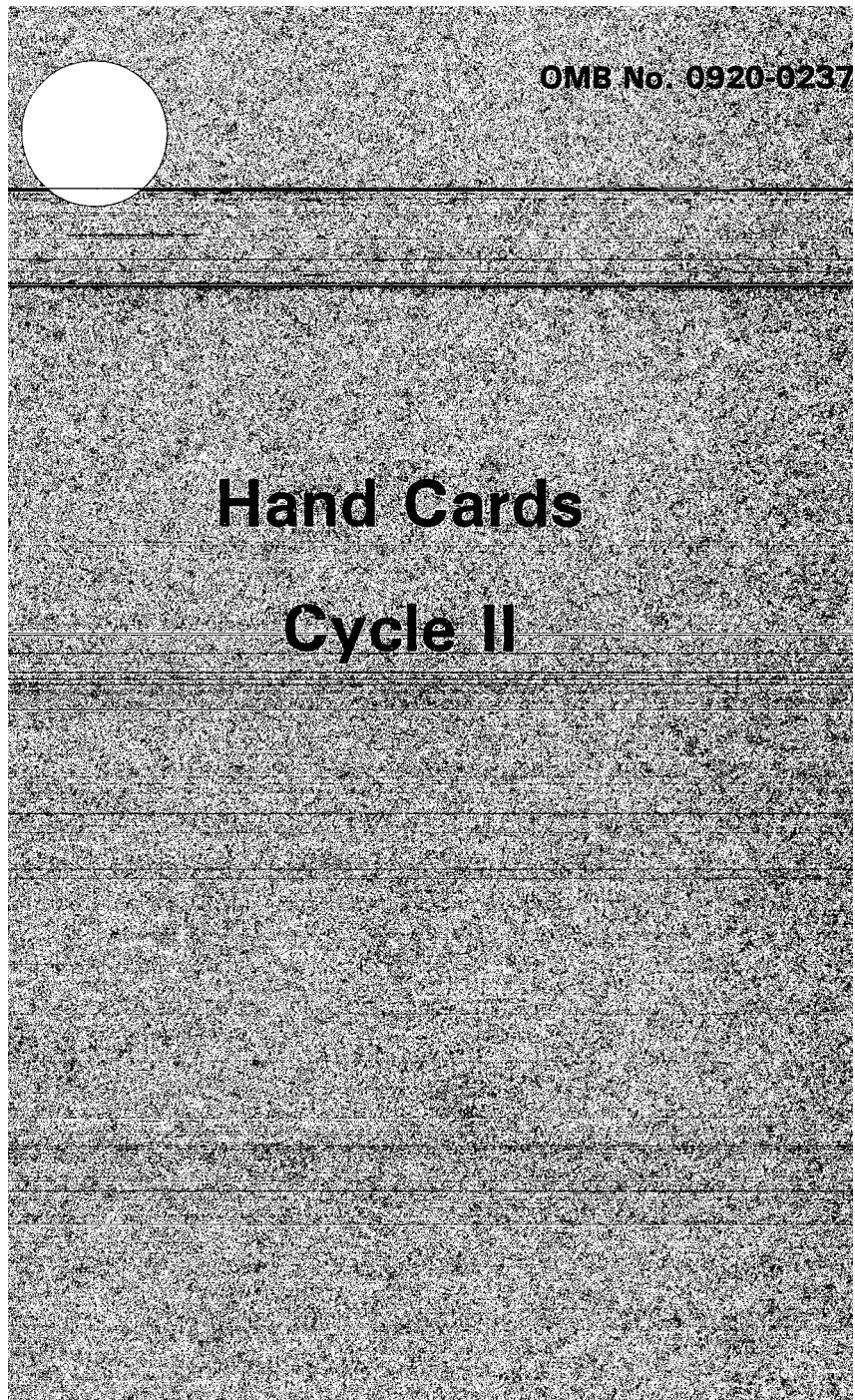
M3. QUALITY OF INTERVIEW.

1 RELIABLE

2 UNRELIABLE

M4. COMMENTS 1 _____

RECORD TIME ON COVER



Hand Cards

Cycle II

CARD A

AGE VERIFICATION CHART FOR 1993

INSTRUCTIONS

In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1993, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.

Year of birth	Birthday in 1993?			Year of birth	Birthday in 1993?		
	No	AGE	Yes		No	AGE	Yes
1902	90	91		1948	44	45	
1903	89	90		1949	43	44	
1904	88	89		1950	42	43	
1905	87	88		1951	41	42	
1906	86	87		1952	40	41	
1907	85	86		1953	39	40	
1908	84	85		1954	38	39	
1909	83	84		1955	37	38	
1910	82	83		1956	36	37	
1911	81	82		1957	35	36	
1912	80	81		1958	34	35	
1913	79	80		1959	33	34	
1914	78	79		1960	32	33	
1915	77	78		1961	31	32	
1916	76	77		1962	30	31	
1917	75	76		1963	29	30	
1918	74	75		1964	28	29	
1919	73	74		1965	27	28	
1920	72	73		1966	26	27	
1921	71	72		1967	25	26	
1922	70	71		1968	24	25	
1923	69	70		1969	23	24	
1924	68	69		1970	22	23	
1925	67	68		1971	21	22	
1926	66	67		1972	20	21	
1927	65	66		1973	19	20	
1928	64	65		1974	18	19	
1929	63	64		1975	17	18	
1930	62	63		1976	16	17	
1931	61	62		1977	15	16	
1932	60	61		1978	14	15	
1933	59	60		1979	13	14	
1934	58	59		1980	12	13	
1935	57	58		1981	11	12	
1936	56	57		1982	10	11	
1937	55	56		1983	9	10	
1938	54	55		1984	8	9	
1939	53	54		1985	7	8	
1940	52	53		1986	6	7	
1941	51	52		1987	5	6	
1942	50	51		1988	4	5	
1943	49	50		1989	3	4	
1944	48	49		1990	2	3	
1945	47	48		1991	1	2	
1946	46	47		1992	under 1	1	
1947	45	46		1993	NA	under 1	

NATIONAL ORIGIN OR ANCESTRY

- 1. Mexican/Mexican-American**
- 2. Other Latin American or Other Spanish -
please specify**

NATIONAL ORIGIN OR ANCESTRY

- 1. Mexican/Mexican-American**
- 2. Other Latin American or Other Spanish -
please specify**

F-2

RACE

1. Aleut, Eskimo, or American Indian

2. Asian or Pacific Islander

3. Black

4. White

MEDICARE CARD



NAME OF BENEFICIARY

MEDICARE CLAIM NUMBER

SEX

ENTITLED TO

EFFECTIVE DATE

SIGN
HERE

- SAMPLE

Card F-4

REASON FOR NO HEALTH INSURANCE

2. Refused insurance for health reasons.
3. Not employed -- can't afford insurance premiums.
4. Not employed -- lost job, did not continue insurance.
5. Employed but employer does not offer insurance.
6. Employed and employer offers insurance, but _____ is not eligible for insurance (for example, because of working only part-time).
7. Employed, employer offers insurance, and _____ is eligible, but can't afford employee part of premium.
9. Don't believe in, don't think can get, or haven't needed health insurance.
10. Some other reason -- please specify.

INCOME

- A Less than \$1,000 (including loss)**
- B \$1,000 - \$1,999**
- C \$2,000 - \$2,999**
- D \$3,000 - \$3,999**
- E \$4,000 - \$4,999**
- F \$5,000 - \$5,999**
- G \$6,000 - \$6,999**
- H \$7,000 - \$7,999**
- I \$8,000 - \$8,999**
- J \$9,000 - \$9,999**
- K \$10,000 - \$10,999**
- L \$11,000 - \$11,999**
- M \$12,000 - \$12,999**
- N \$13,000 - \$13,999**

- O \$14,000 - \$14,999**
- P \$15,000 - \$15,999**
- Q \$16,000 - \$16,999**
- R \$17,000 - \$17,999**
- S \$18,000 - \$18,999**
- T \$19,000 - \$19,999**

INCOME

U	...	\$20,000 - \$24,999
V	...	\$25,000 - \$29,999
W	...	\$30,000 - \$34,999
X	...	\$35,000 - \$39,999
Y	...	\$40,000 - \$44,999
Z	...	\$45,000 - \$49,999
ZZ	...	\$50,000 - \$59,999
AA	...	\$60,000 - \$69,999
BB	...	\$70,000 - \$79,999
CC	...	\$80,000 and over

MONTHLY INCOME

A ... Less than \$100
B ... \$100 - \$199
C ... \$200 - \$299
D ... \$300 - \$399
E ... \$400 - \$499
F ... \$500 - \$599
G ... \$600 - \$699
H ... \$700 - \$799
I ... \$800 - \$899
J ... \$900 - \$999
K ... \$1,000 - \$1,099
L ... \$1,100 - \$1,199
M ... \$1,200 - \$1,299
N ... \$1,300 - \$1,399
O ... \$1,400 - \$1,499
P ... \$1,500 - \$1,799
Q ... \$1,800 - \$2,199
R ... \$2,200 - \$2,999
S ... \$3,000 - \$3,999
T ... \$4,000 - \$4,999
U ... \$5,000 - \$5,999
V ... \$6,000 - \$6,999
W ... \$7,000 and over

HAQ-1

CANCER TYPES

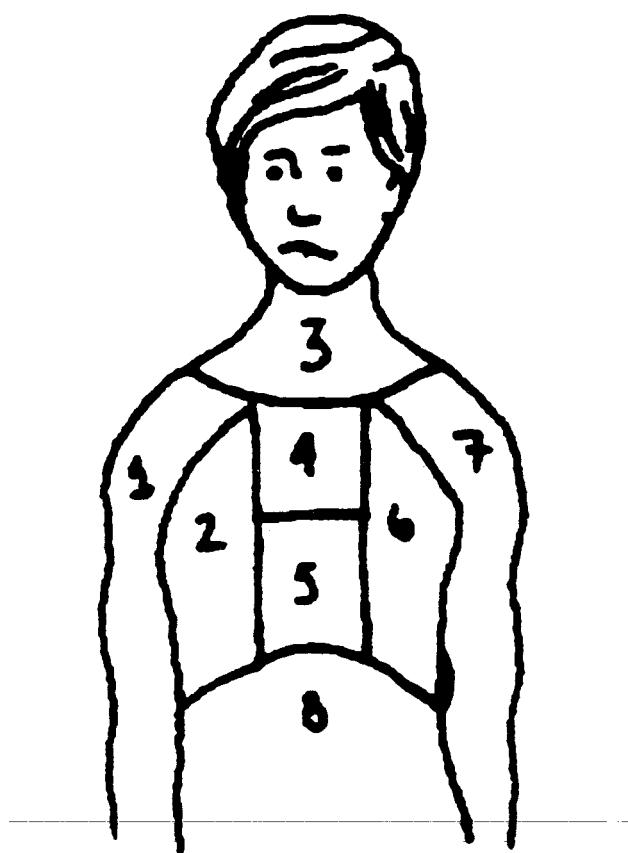
- 1. Bladder**
- 2. Breast**
- 3. Cervix (female only)**
- 4. Colon - rectum (large intestine)**
- 5. Prostate (males only)**
- 6. Uterus (females only)**
- 7. Bone**
- 8. Brain, nervous system**
- 9. Esophagus**
- 10. Gallbladder**
- 11. Hodgkin's Disease**
- 12. Kidney**
- 13. Leukemia**
- 14. Liver**
- 15. Lung**
- 16. Lymphoma, non-Hodgkin's**
- 17. Mouth, pharynx**
- 18. Ovary (females only)**
- 19. Pancreas**
- 20. Stomach**
- 21. Testicles (males only)**
- 22. Other type or other organ, please specify**

HAQ-1A

CHEST

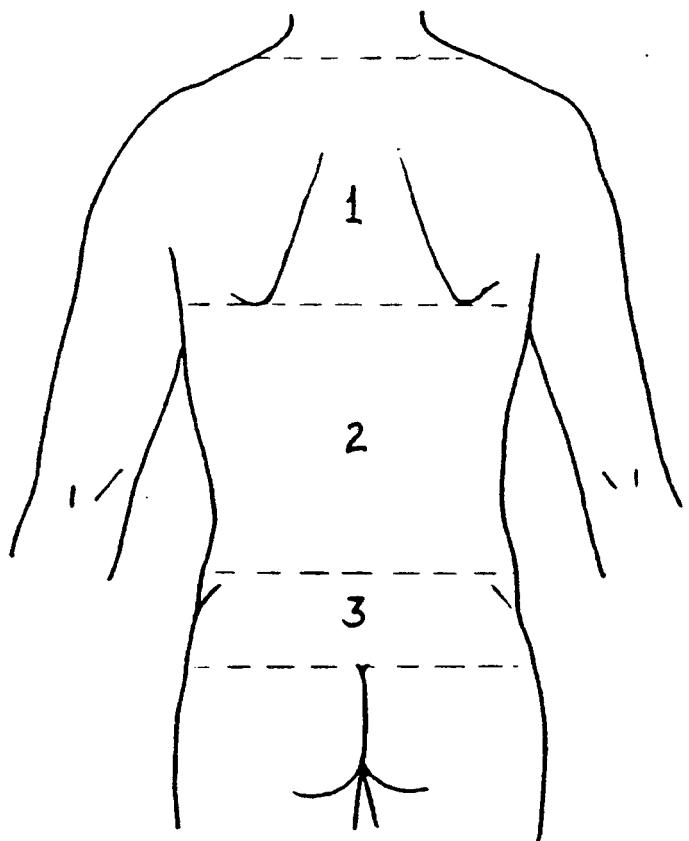
RIGHT

LEFT



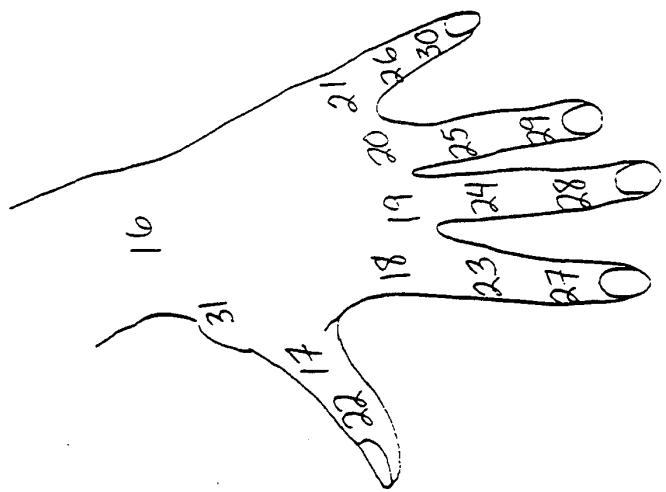
HAQ-2

BACK

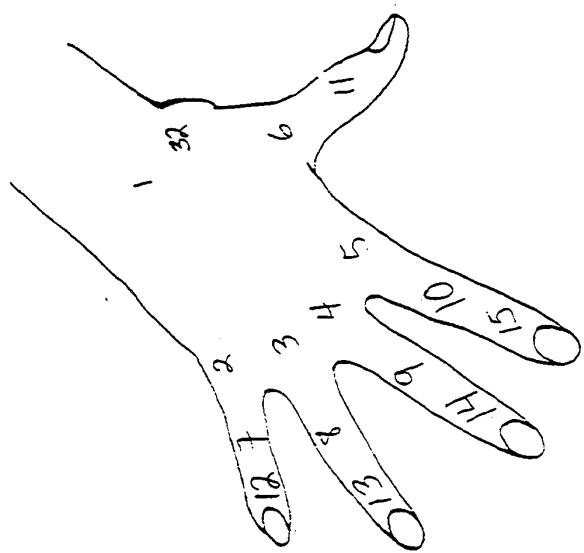


HAQ-2A

HANDS



LEFT



RIGHT

HAQ-3

DIFFICULTY WITH ACTIVITIES

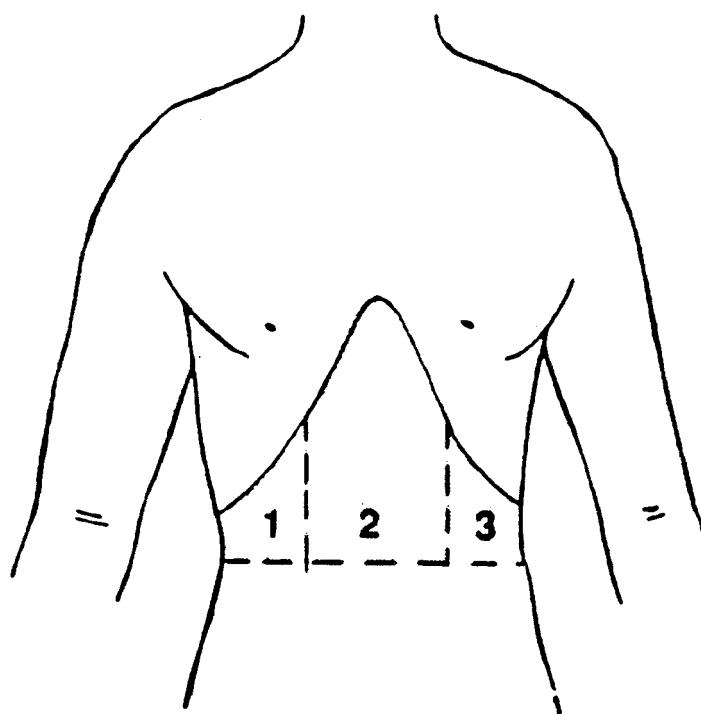
- 1. No difficulty**
- 2. Some difficulty**
- 3. Much difficulty**
- 4. Unable to do**

HAQ-4

UPPER ABDOMEN

Right

Left



HAQ-5

FOOD FREQUENCY

1. MILK AND MILK PRODUCTS

HOW OFTEN DID YOU EAT OR DRINK :

Chocolate milk and hot cocoa?

Milk? What type?

Yogurt and frozen yogurt?

Ice cream, ice milk, and milkshakes?

**Cheese, all types including American,
Swiss, cheddar, and cottage cheese?**

Pizza, calzone, and lasagna?

**Cheese dishes such as macaroni and
cheese, cheese nachos, cheese enchiladas,
and quesadillas?**

**HOW OFTEN IN
THE PAST MONTH?**

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

HAQ-5 (cont.)

2. MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

HOW OFTEN DID YOU EAT:

Stew or soup containing
vegetables such as minestrone,
tomato, and split pea?

Spaghetti and pasta with tomato
sauce?

Bacon, sausage and luncheon
meats such as hot dogs, salami
and bologna?

Liver and other organ meats such
as heart, kidney, tongue, and
tripe?

Beef, including hamburger,
steaks, roast beef, and meatloaf?

Pork and ham, including roast
pork, pork chops, and spare ribs?

Shrimp, clams, oysters, crab, and
lobster?

Fish including fillets, fish sticks,
fish sandwiches, and tuna fish?

Chicken, all types, including
baked, fried, chicken nuggets, and
chicken salad? Include turkey.

Eggs including scrambled, fried,
omelettes, hard-boiled eggs, and
egg salad?

HOW OFTEN IN THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

HAQ-5 (cont.)

3. FRUIT AND FRUIT JUICES

HOW OFTEN DID YOU EAT OR DRINK:

Orange juice, grapefruit juice and tangerine juice?

Other fruit juices such as grape juice, apple juice, cranberry juice, and fruit nectars?

Citrus fruits including oranges, grapefruits, and tangerines?

Melons including cantaloupe, honeydew, and watermelon?

Peaches, nectarines, apricots, guava, mango, and papaya?

Any other fruits such as apples, bananas, pears, berries, cherries, grapes, plums, and strawberries?

HOW OFTEN IN THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

HAQ-5 (cont.)

4. VEGETABLES

HOW OFTEN DID YOU EAT:

Carrots and vegetable mixtures containing carrots?

Broccoli?

Brussels sprouts and cauliflower?

White potatoes, including baked, mashed, boiled, french-fries, and potato salad?

Sweet potatoes, yams, and orange squash including acorn, butternut, hubbard, and pumpkin?

Tomatoes including fresh and stewed tomatoes, tomato juice, and salsa?

Spinach, greens, collards, and kale?

Tossed salad?

Cabbage, cole slaw, and sauerkraut?

Hot red chili peppers?

Peppers including green, red, and yellow peppers?

Any other vegetables, such as green beans, corn, peas, mushrooms, and zucchini?

HOW OFTEN IN THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

HAQ-5 (cont.)

5. BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

HOW OFTEN DID YOU EAT:

Beans, lentils, and chickpeas?
Include kidney, pinto, refried, and baked beans.

Peanuts, peanut butter, other types of nuts, and seeds?

All-Bran, 100% Bran, and Fiber One?

Total, Product 19, Most, and Just Right?

All other cold cereals like corn flakes, Cheerios, and Rice Krispies, and presweetened cereals?

Cooked, hot cereals like oatmeal, cream of wheat, cream of rice, and grits?

White bread, rolls, bagels, English muffins, biscuits, and crackers?

Dark breads and rolls including whole wheat, rye, and pumpernickel?

Corn bread, corn muffins, and corn tortillas?

Flour tortillas?

Rice?

Salted snacks such as potato chips, taco chips, corn chips, and salted pretzels and popcorn?

HOW OFTEN IN THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

HAQ-5 (cont.)

6. DESSERTS, SWEETS, AND BEVERAGES

HOW OFTEN DID YOU EAT OR DRINK:

Cakes, cookies, brownies, pies, doughnuts, and pastries?

HOW OFTEN IN THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

Chocolate candy and fudge?

Hi-C, Tang, Hawaiian Punch, Koolaid, and other drinks with added vitamin C?

Diet colas, diet sodas, and diet drinks such as Crystal Light?

Regular colas and sodas, not diet?

Regular coffee with caffeine?

Regular tea with caffeine?

Beer and lite beer?

Wine, wine coolers, sangria, and champagne?

Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey and liqueurs, either alone or mixed?

HAQ-5 (cont.)

7. FATS

HOW OFTEN WERE THESE ITEMS ADDED TO FOODS:

Margarine?

Butter?

Oil and vinegar, mayonnaise
and salad dressings such as
Italian and Thousand Island,
including those added to salads
and sandwiches?

HOW OFTEN IN
THE PAST MONTH?

Number of times a day
Number of times a week
Number of times a month
or
Never in the past month

ANY OTHER FOODS OR
BEVERAGES AT LEAST
ONCE PER WEEK?

HAQ-6

PAST MILK INTAKE

How often did you drink milk when you were a ____?

<u>Time period</u>	<u>(Age)</u>
Child	(5-12 years)
Teenager	(13-17 years)
Young adult	(18-35 years)
Middle-aged adult	(36-65 years)
Older adult	(over 65 years)

HOW OFTEN?

1. more than once per day
2. once per day
3. less than once per day, but more than once per week
4. once per week
5. less than once per week
6. never

HAQ-7

DENTAL CARE NEEDS

- 1. Teeth filled or replaced (for example, fillings, crowns, and/or bridges)**
- 2. Teeth pulled**
- 3. Gum treatment**
- 4. Denture work**
- 5. Relief of pain**
- 6. Work to improve appearance (for example, braces or bonding)**
- 7. Other - Please specify**

HAQ-7A

NATIONAL ORIGIN OR ANCESTRY

- 1. Mexican/Mexican-American**
- 2. Other Latin American or Other Spanish -
please specify**

HAQ-7B

RACE

- 1. Aleut, Eskimo, or American Indian**
- 2. Asian or Pacific Islander**
- 3. Black**
- 4. White** _____

NATIONAL ORIGIN OR ANCESTRY

- 1. Mexican/Mexican-American**
- 2. Other Latin American or Other Spanish -
please specify**

RACE

- 1. Aleut, Eskimo, or American Indian**
- 2. Asian or Pacific Islander**
- 3. Black**
- 4. White**

HYQ-1

DENTAL CARE NEEDS

- 1. Teeth filled or replaced (for example, fillings, crowns, and/or bridges)**
- 2. Teeth pulled**
- 3. Gum treatment**
- 4. Denture work**
- 5. Relief of pain**
- 6. Work to improve appearance (for example, braces or bonding)**
- 7. Other - please specify**

CHECK LIST FOR PULSE AND BLOOD PRESSURE

Pulse and Blood Pressure

1. Position the subject:
 - has been resting for 5 min.
 - feet flat
 - not slumped
 - loose sleeve rolled up,
 - no smoking, coffee, or alcohol for 30 min.
2. Locate radial and brachial pulse.
3. Select and place the cuff:
 - Check that the index line is within range lines,
 - 1' above elbow crease,
 - over brachial artery, and
 - wrap the cuff, two thumbs under cuff, pull gently.
4. Obtain resting pulse and record for 30 seconds.
5. Obtain MIL by inflating cuff to 80 mm, then continue in increments of 10 mm for measurement, then deflate rapidly, disconnect the manometer tubing and record on the Blood Pressure Measurement Form.
6. Wait 1 minute.
7. Place stethoscope in ears, ear pieces turned forward, and diaphragm piece over brachial pulse point.
8. Inflate rapidly to MIL.
9. Deflate 2 mm per second, eyes level with midpoint of the manometer column. Read the point on the manometer when the first sound is heard (systolic), and when the sound disappears (diastolic).
10. Continue deflation to 20 mm below diastolic reading.
11. Deflate rapidly to zero.
12. Remove stethoscope from ears.
13. Disconnect manometer tubing.
14. Record systolic and diastolic blood pressure readings on the Blood Pressure Measurement Form.
15. Wait 1 minute.
16. Repeat Steps 7-14 for two more readings. Wait 1 minute between measurements.

This checklist includes all steps you will be tested on during the third day of training.

ADULT BLOOD PRESSURE VALUE BOX

Systolic	Diastolic					
	<u>≤ 84</u>	<u>85 - 89</u>	<u>90 - 99</u>	<u>100 - 109</u>	<u>110 - 119</u>	<u>≥ 120</u>
<u>≤ 129</u>	1	2	3	4	5	6
130 - 139	2	2	3	4	5	6
140 - 159	3	3	3	4	5	6
160 - 179	4	4	4	4	5	6
180 - 209	5	5	5	5	5	6
<u>≥ 210</u>	6	6	6	6	6	6

- (1) Your blood pressure today is within the acceptable range*. We suggest you see your doctor within the next two years to have your blood pressure rechecked. Present this form to your doctor.
- (2) Your blood pressure today is acceptable, but at the high end of the acceptable range*. We suggest you see your doctor within the next year to have your blood pressure rechecked. Present this form to your doctor.
- (3) Your blood pressure today is above the acceptable range*. We suggest you see your doctor within the next two months to have your blood pressure rechecked. Present this form to your doctor.
- (4) Your blood pressure is moderately high*. If you are not being treated, we suggest you see your doctor within the next month to have your blood pressure rechecked. Present this form to your doctor.
- (5) Your blood pressure today is high*. YOU SHOULD SEE YOUR DOCTOR WITHIN THE NEXT WEEK TO HAVE YOUR BLOOD PRESSURE RECHECKED. Present this form to your doctor.
- (6) Your blood pressure today is quite high*. YOU SHOULD SEE YOUR DOCTOR OR CLINIC TODAY, OR GO TO A HOSPITAL EMERGENCY ROOM TO HAVE YOUR BLOOD PRESSURE RECHECKED. Present this form to your doctor.

NHANES III
MEC EXAM COMPONENTS BY AGE GROUP

EXAM COMPONENT	AGES					
	2 months-5	6-19	20-39	40-59	60-74	75+
Physician's Exam	X	X	X	X	X	X
Blood Test	X ⁴	X	X	X	X	X
Body Measurements	X	X	X	X	X	X
Dietary Interview	X	X	X	X	X	X
Fundus Photograph	-	-	-	X	X	X
ECG	-	-	-	X	X	X
Bioelectrical Impedance	-	X ¹	X	X	X	X
Spirometry	-	X ²	X	X	X	X
Dental	X ⁴	X	X	X	X	X
Bone Density	-	-	X	X	X	X
Hand, Knee X-ray	-	-	-	-	X	X
Gallbladder Ultrasound	-	-	X	X	X	-
Allergy	-	X	X(½)	X(½)	-	-
Audiometry/Tympanometry	-	X	-	-	-	-
Physical Function-Measures	-	-	-	-	X	X
Health Interview	X	X	X	X	X	X
Neurological Tests	-	-	X(½)	X(½)	-	-
Cognitive Test	-	X ³	-	-	X	X
TOTAL COMPONENTS	6	11	11	13	15	14

¹Ages 12+.

²Ages 8+.

³Ages 6-16

⁴Ages 1+.

(½) Denotes that procedure is for half-sample only.

HOME EXAM COMPONENTS BY AGE GROUP

EXAM COMPONENT	AGES		
	2-11 months	20-59	60 +
Body Measurements	X	X	X
Dietary Interview	X	-	-
Blood Tests	-	X	X
Spirometry	-	X	X
Health Interview	-	X	X
Cognitive Function	-	-	X
Physical Function Measures	-	-	X
TOTAL COMPONENTS	2	4	6

Department of Health and Human Services
 Public Health Service
 Centers for Disease Control
 National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

HOME EXAMINATION

(AGES 2 MOS.-11 MOS. AND 20+ YRS.)

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

Stand No.	Segment No.	Serial No.
-----------	-------------	------------

FAMILY
NO:

NAME (First, Middle, Last)

SP NO:

AGE

- 1 Mos.
 2 Yrs.

SEX

- 1 Male
 2 Female

SAMPLE
NO:

TIME BEGAN

- 1 am
 2 pm
 3 noon

DATE OF EXAMINATION

/ /
 MO DAY YR

DECK
NO:

658

658



TIME ENDED

- 1 am
 2 pm
 3 noon

TECHNICIAN NO:

LANGUAGE OF INTERVIEW

- 1 English
 2 Spanish
 3 Other

4
 SPECIFY

HOME EXAMINATION
AGES 2 MONTHS - 11 MONTHS AND 20 + YEARS

<u>TOPIC</u>	<u>PAGE</u>
A. BODY MEASUREMENTS	1
B. INFANT FOOD FREQUENCY	2
C. PHYSICAL FUNCTION EXAMINATION	3
D. COGNITIVE FUNCTION - PART A	6
E. SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE	6
F. COGNITIVE FUNCTION TEST - PART B	7
G. TOBACCO	7
H. REPRODUCTIVE HEALTH	8
J. SPIROMETRY	11
K. VENIPUNCTURE	12
L. CONDITIONS OF EXAM	12
M. RESULTS OF EXAM	13
N. EXIT QUESTIONS	14

BODY MEASUREMENTS

First, I would like to take your weight and height, a skinfold measurement, and the circumference of your arm.

A1. Weight (kilograms) (All SPs)

_____.

00000 respondent unable to step onto scale

A2. Standing height (cm) (ages 20 years and over)

_____.

0000 respondent cannot stand

A3. Recumbent length (cm) (ages 11 months and under)

_____.

A4. Head circumference (cm) (ages 11 months and under)

_____.

A5. Triceps skinfold (mm) (All SPs)

Right Side

Comment Code: ____

Comments: _____

Right Side

Comment Code: ____

Comments: _____

*Item Comment Codes:

- | | |
|--|--|
| 1. SP refused to have measurement taken | 8. Too many folds or fat -- unable to reliably identify site |
| 2. SP was crying/fighting/upset/uncooperative | 9. Cast at site -- describe |
| 3. Not done because of a rash or other skin irritation/dermatosis | 10. Equipment malfunction (e.g., camera jammed) |
| 4. "Tight skin" (i.e., could not separate subcutaneous fat from underlying muscle) | 11. Tech did not finish -- had to leave room |
| 5. Exam interrupted (e.g., to draw blood) -- reschedule | 12. SP unable to stand/sit straight (due to Dowager's hump, scoliosis, etc.) |
| 6. SP visibly edematous | 13. Exam aborted -- (e.g., SP too tired and hungry; SP had to leave exam center, etc.) |
| 7. Skinfold too large for calipers | |

INFANT FOOD FREQUENCY	
B1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 20 + years (C1) 2 <input type="checkbox"/> under 1 year
Now I would like to ask whether or not _____ has eaten certain foods or drunk certain beverages during the past month.	
B2. In the <u>past month</u> , did -- eat or drink any of these foods or beverages? Include baby foods as well as strained and regular table foods.	
a. cereal	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. fruit	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
c. yellow and orange vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
d. green vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
e. meat	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
f. egg yolk or eggs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
g. combination meat/vegetable dinners	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
h. yogurt, cottage cheese, and other cheeses	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
i. bread, rolls, crackers and biscuits	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
j. desserts	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
k. breastmilk	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
l. formula	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
m. cow's milk/regular milk	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
n. fruit juices such as apple juice and orange juice	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
o. drinks such as Kool-aid, fruit punch and Hi-C	1 <input type="checkbox"/> Y (L1) 2 <input type="checkbox"/> N (L1)

PHYSICAL FUNCTION EXAMINATION (Ages 60 +)	
C1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 20-59 years (E1) 2 <input type="checkbox"/> 60 + years
Next, I would like to ask you to perform some exercises which are designed to measure particular aspects of musculoskeletal strength and flexibility. Health Status Screener	
C2. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from standing up from a chair or walking?	1 <input type="checkbox"/> no apparent restriction 2 <input type="checkbox"/> presently in wheelchair 3 <input type="checkbox"/> recent surgery 4 <input type="checkbox"/> injury 5 <input type="checkbox"/> bedridden 6 <input type="checkbox"/> other health condition 7 _____ specify _____
Activity	Right Left
C3. Shoulder - External Rotation	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused
C4. Shoulder - Internal Rotation	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused
C5. Timed Maneuver	
a. Ability to pick up key	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (C6) 4 <input type="checkbox"/> Refused (C6)
b. Ability to hold key	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (C6) 3 <input type="checkbox"/> Not done (C6) 4 <input type="checkbox"/> Refused (C6)
c. Time in seconds to unlock lock	_____ . _____ seconds 000 <input type="checkbox"/> Not done 777 <input type="checkbox"/> Refused
C6. CHECK ITEM - BEDBOUND	1 <input type="checkbox"/> Yes (C12) 2 <input type="checkbox"/> No

C7. Single Chair Stand							
a. If in wheelchair or confined to chair - ASK: Can you get up from your chair (wheelchair) by yourself?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (C11)						
b. Use of arms to scoot forward	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> unable to move						
c. Ability to stand	1 <input type="checkbox"/> Yes - without arms, no assistance 2 <input type="checkbox"/> Yes - with arms for pushing off (C9) 3 <input type="checkbox"/> Unable (C11) 4 <input type="checkbox"/> Refused (C9)						
C8. Repeated Chair Stands:							
a. Time to complete 5 stands	_____.____ seconds ____ stands (if less than 5) 777 <input type="checkbox"/> refused (C9)						
b. Chair height (floor to seat)	____ inches						
C9. Hipflex and Knee Flexion	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Right</th> <th style="text-align: center;">Left</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable</td> <td>1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable</td> </tr> <tr> <td>2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused</td> <td>2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused</td> </tr> </tbody> </table>	Right	Left	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable	2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused
Right	Left						
1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable						
2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused						
C10. Tandem Stand							
a. Are you able to stand by yourself and balance without holding on to anything?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (C11)						
b. Number of seconds tandem stand held	_____.____ seconds 777 <input type="checkbox"/> Refused						
C11. Measured Walk							
a. Has SP been observed to walk without help of another person?	1 <input type="checkbox"/> Yes (c) 2 <input type="checkbox"/> No (b)						
b. Are you able to walk alone without holding on to another person? You may use a cane or walker.	1 <input type="checkbox"/> yes (c) 2 <input type="checkbox"/> no (C12)						
c. Number of seconds to complete 8 foot walk	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Trial A</th> <th style="text-align: center;">Trial B</th> </tr> </thead> <tbody> <tr> <td>_____.____ seconds</td> <td>_____.____ seconds</td> </tr> <tr> <td>777 <input type="checkbox"/> Refused (C12)</td> <td>777 <input type="checkbox"/> Refused (C12)</td> </tr> </tbody> </table>	Trial A	Trial B	_____.____ seconds	_____.____ seconds	777 <input type="checkbox"/> Refused (C12)	777 <input type="checkbox"/> Refused (C12)
Trial A	Trial B						
_____.____ seconds	_____.____ seconds						
777 <input type="checkbox"/> Refused (C12)	777 <input type="checkbox"/> Refused (C12)						

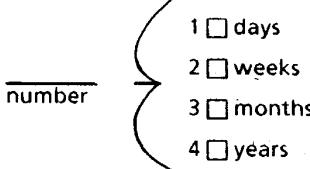
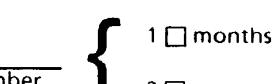
C11. Measured Walk (continued)	Trial A	Trial B
d. Total number of steps	_____ steps	_____ steps
e. Pain reported on walking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
f. Type of floor surface	1 <input type="checkbox"/> linoleum/tile/wood 2 <input type="checkbox"/> low-pile carpet 3 <input type="checkbox"/> thick-pile carpet	
g. Type of device used	1 <input type="checkbox"/> none 2 <input type="checkbox"/> cane 3 <input type="checkbox"/> walker 4 <input type="checkbox"/> other 5 _____ specify	
C12. Limb abnormality by observation		
a. Paralysis	Right	Left
(1) arm	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) leg	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Cast	Right	Left
(1) arm	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) leg	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Amputee	Right	Left
(1) arm	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) leg	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

COGNITIVE FUNCTION TEST - PART A (60 + yrs.)	
D1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> less than 60 yrs. (E1) 2 <input type="checkbox"/> 60 + yrs.
D2. I'm going to read you a short story and when I'm through I'm going to wait a few seconds and then ask you to tell me as much as you can remember. The story is: SLOWLY Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.	IDEAS PRESENT IN ANSWER THREE CHILDREN 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent HOUSE ON FIRE 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent FIREMAN CLIMBED IN 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent CHILDREN RESCUED 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent MINOR INJURIES 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent EVERYONE WELL 1 <input type="checkbox"/> present 2 <input type="checkbox"/> absent
SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE (Ages 20 +) Now I would like to ask you a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.	
E1. Are you <u>now</u> or in the past <u>3 months</u> have you been on treatment for anemia? (Include diet, iron pills, iron shots, transfusions as treatment.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
E2. How many infections such as colds, flu, diarrhea, vomiting, pneumonia, and ear infections have you had in the <u>past 4 weeks</u> ?	00 <input type="checkbox"/> none infections no.
E3. How many times have you donated blood in the <u>past 12 months</u> ?	00 <input type="checkbox"/> none (E5) times no.
E4. How long ago was your last blood donation?	00 <input type="checkbox"/> less than one month ago months ago no.
E5. Are you <u>currently</u> trying to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

E6. Have you taken or used any antihistamine medicines in the past 2 days? (Antihistamines are medicines taken for symptoms like sneezing and a runny or itchy nose.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N																		
E7. Prescription medicines are medicines that cannot be obtained without a doctor's or dentist's prescription. Have you taken any prescription medicines during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N																		
E8. Have you taken any vitamins or minerals during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N																		
COGNITIVE FUNCTION - PART B (60 + YRS.)																			
F1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> less than 60 yrs. (G1) 2 <input type="checkbox"/> 60 + yrs. (F2)																		
F2. Please recall that story I read you a few moments ago and tell me as much as you can remember of the story now.	<p style="text-align: center;">IDEAS PRESENT IN ANSWER</p> <table> <tbody> <tr><td>THREE CHILDREN</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> <tr><td>HOUSE ON FIRE</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> <tr><td>FIREMAN CLIMBED IN</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> <tr><td>CHILDREN RESCUED</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> <tr><td>MINOR INJURIES</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> <tr><td>EVERYONE WELL</td><td>1 <input type="checkbox"/> present</td><td>2 <input type="checkbox"/> absent</td></tr> </tbody> </table>	THREE CHILDREN	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent	HOUSE ON FIRE	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent	FIREMAN CLIMBED IN	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent	CHILDREN RESCUED	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent	MINOR INJURIES	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent	EVERYONE WELL	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent
THREE CHILDREN	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent																	
HOUSE ON FIRE	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent																	
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CHILDREN RESCUED	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent																	
MINOR INJURIES	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent																	
EVERYONE WELL	1 <input type="checkbox"/> present	2 <input type="checkbox"/> absent																	
TOBACCO																			
Now I would like to ask you a few questions about tobacco use.																			
G1. How many cigarettes have you smoked in the past 5 days?	000 <input type="checkbox"/> none <u> </u> cigarettes number																		
G2. How many pipes and how many cigars have you smoked in the past 5 days?	000 <input type="checkbox"/> none <u> </u> pipes and <u> </u> cigars number number																		
G3. How many containers of chewing tobacco or snuff have you used in the past 5 days?	000 <input type="checkbox"/> none 666 <input type="checkbox"/> less than 1 container/package <u> </u> containers/pkgs. no.																		
G4. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)	000 <input type="checkbox"/> none <u> </u> pieces no.																		

REPRODUCTIVE HEALTH (Ages 20 + years)

H1. CHECK ITEM. REFER TO SEX OF SP.	1 <input type="checkbox"/> male (J1) 2 <input type="checkbox"/> female
H2. The next questions ask about your periods or menstrual cycle and about pregnancy.	
H2. How old were you when your periods or menstrual cycles started?	00 <input type="checkbox"/> haven't started yet (J1) _____ (H4) age 99 <input type="checkbox"/> DK (H3)
H3. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older?	1 <input type="checkbox"/> younger than 10 2 <input type="checkbox"/> 10-12 3 <input type="checkbox"/> 13-15 4 <input type="checkbox"/> 16 + 9 <input type="checkbox"/> DK
H4. Have you had a period in the past 12 months?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H7) 9 <input type="checkbox"/> DK (H7)
H5. About how long ago was your last period?	1 <input type="checkbox"/> having it now (H11) 2 <input type="checkbox"/> less than 2 months ago (H11) 3 <input type="checkbox"/> 2-3 months 4 <input type="checkbox"/> 4-6 months 5 <input type="checkbox"/> 7-9 months 6 <input type="checkbox"/> 10-12 months <div style="text-align: right; margin-top: -20px;"> } (H6) </div>
H6. ASK SP TO LOOK AT CHART AND ASK: What is the reason you have not had a period in the past (ANSWER IN H5)?	SHOW CARD 1 1 <input type="checkbox"/> pregnant now (H11) 2 <input type="checkbox"/> breastfeeding (H11) 3 <input type="checkbox"/> menopausal (H9) 4 <input type="checkbox"/> on chemotherapy or radiation (H9) 5 <input type="checkbox"/> other (H9) 9 <input type="checkbox"/> DK (H9)
H7. About how old were you when you had your last period?	_____ (H9) age 99 <input type="checkbox"/> DK (H8)
H8. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?	1 <input type="checkbox"/> younger than 20 2 <input type="checkbox"/> 20-29 3 <input type="checkbox"/> 30-39 4 <input type="checkbox"/> 40-44 5 <input type="checkbox"/> 45-49 6 <input type="checkbox"/> 50-54 7 <input type="checkbox"/> 55 + 9 <input type="checkbox"/> DK

H9. Have you had a hysterectomy? DEFINE IF NECESSARY: Has your uterus been removed?	<input type="checkbox"/> Y <input type="checkbox"/> N (H11) <input type="checkbox"/> DK (H11)
H10. How old were you when you had your (hysterectomy/uterus removed)?	age _____
H11. Have you had one or both of your ovaries removed (either when you had your uterus removed or at another time)?	<input type="checkbox"/> Y <input type="checkbox"/> N (H14) <input type="checkbox"/> DK (H14)
H12. Were both ovaries removed or only one?	<input type="checkbox"/> one <input type="checkbox"/> both <input type="checkbox"/> DK
H13. How old were you when you had your (ovary/ovaries) removed? IF EACH OVARY REMOVED AT DIFFERENT AGE, RECORD AGE SECOND OVARY REMOVED.	age _____ <input type="checkbox"/> DK
Now I'm going to ask you about your past and current use of female hormones, including birth control pills and estrogen.	
H14. Have you <u>ever</u> taken birth control pills for any reason?	<input type="checkbox"/> Y <input type="checkbox"/> N (H18)
H15. How old were you when you began taking birth control pills?	age _____ <input type="checkbox"/> DK
H16. How long ago did you stop taking birth control pills or are you still taking them?	000 <input type="checkbox"/> still taking now number _____  1 <input type="checkbox"/> days 2 <input type="checkbox"/> weeks 3 <input type="checkbox"/> months 4 <input type="checkbox"/> years <input type="checkbox"/> DK
H17. Not counting any times when you stopped taking them, for how long <u>altogether</u> (have you taken/did you take) birth control pills?	000 <input type="checkbox"/> less than one month number _____  1 <input type="checkbox"/> months 2 <input type="checkbox"/> years <input type="checkbox"/> DK

H18. CHECK ITEM. REFER TO H5 AND H6. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> period now or within last 2 months in H5 (J1) 2 <input type="checkbox"/> pregnant now or breastfeeding in H6 (J1) 3 <input type="checkbox"/> other (H19)
H19. Have you <u>ever</u> taken or used estrogen or female hormones in any form? Include pills, vaginal cream, suppositories, injections, or skin patches.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (J1) 9 <input type="checkbox"/> DK (J1)
H20. How old were you when you first took or used the estrogen or female hormones?	<u>age</u> 99 <input type="checkbox"/> DK
H21. How long ago did you stop taking or using the estrogen or female hormones, or are you still taking or using them?	000 <input type="checkbox"/> still taking/using now 666 <input type="checkbox"/> less than 1 month ago <u>number</u> { 1 <input type="checkbox"/> months 2 <input type="checkbox"/> years 999 <input type="checkbox"/> DK
H22. Not counting any time when you stopped, for how many years <u>altogether</u> did you take or use female hormones?	00 <input type="checkbox"/> less than one year <u>number</u> 99 <input type="checkbox"/> DK

SPIROMETRY (ages 20 + years)		
PHYSICAL CAPACITY		
J1. In the past three weeks have you had any surgery on your chest or abdomen?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
J2. Have you been hospitalized for a heart problem (i.e., heart attack, angina or chest pain, congestive heart failure) within the past six weeks?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
EXCLUDE FROM SPIROMETRY ANY PERSON WHO HAS HAD RECENT CHEST OR ABDOMINAL SURGERY OR A RECENT HEART ATTACK ("YES" IN J1 OR J2).		
J3. Have you smoked a cigarette, eaten a heavy meal, or used any medications to help your breathing in the past hour?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
J4. Have you had a cough, cold, or other acute illness in the past few days?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
J5. In the past three weeks have you had any respiratory infections, such as flu, pneumonia, bronchitis, or a severe cold?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
J6. a. RESULTS OF EXAMINATION:	1 <input type="checkbox"/> Satisfactory Test (3 valid tests) 1 <input type="checkbox"/> Standing } (K1 or comment below) 2 <input type="checkbox"/> Sitting } 2 <input type="checkbox"/> Test Incomplete or Unsatisfactory (b) 3 <input type="checkbox"/> Test not done (b)	
b. REASONS TEST INCOMPLETE, UNSATISFACTORY OR NOT DONE:	01 <input type="checkbox"/> Equipment failure 02 <input type="checkbox"/> Coughs detected 03 <input type="checkbox"/> Early termination of expiration, insufficient effort 04 <input type="checkbox"/> Acute illness (VRI, flu, pneumonia) 05 <input type="checkbox"/> Physically unable 06 <input type="checkbox"/> Ate heavy meal 07 <input type="checkbox"/> Examinee unable to understand test instructions due to language barrier 08 <input type="checkbox"/> Examinee unable to understand test instructions due to other reasons 09 <input type="checkbox"/> Insufficient time available or room not available 10 <input type="checkbox"/> Examinee refused or uncooperative 11 <input type="checkbox"/> Examinee medically excluded by technician for safety 12 <input type="checkbox"/> Comments: 13 _____ <hr/> <hr/> <hr/> <hr/>	

VENIPUNCTURE (Ages 20 + years)		
K1. Do you have hemophilia? This is, a hereditary blood-clotting disorder.	1 <input type="checkbox"/> Yes (L1) 2 <input type="checkbox"/> No	
K2. Within the past four weeks have you received any cancer chemotherapy treatment?	1 <input type="checkbox"/> Yes (L1) 2 <input type="checkbox"/> No (K3)	
K3. CURRENT TIME	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Noon ____ : ____	
K4. Including your last meal and any snacks, at what time did you last have anything at all to eat?	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Noon 4 <input type="checkbox"/> Midnight ____ : ____	1 <input type="checkbox"/> Yesterday 2 <input type="checkbox"/> Today 3 <input type="checkbox"/> Before yesterday
K5. Have you had anything to drink, other than water after (time in item K4 above)?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (K7)
K6. At what time did you last have anything at all to drink, besides water?	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Noon 4 <input type="checkbox"/> Midnight ____ : ____	1 <input type="checkbox"/> Yesterday 2 <input type="checkbox"/> Today 3 <input type="checkbox"/> Before yesterday
K7. RESULTS OF VENIPUNCTURE	<input type="checkbox"/> Complete Time _____	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Noon
	<input type="checkbox"/> Incomplete	code _____
K8. Test Specimen for HIV Antibody	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
CODE	CATEGORY	INSTRUCTIONS
01	SP refusal	SP or guardian of SP refuses venipuncture.
02	SP ill/faints	SP becomes ill or faint in reaction to the procedures.
03	SP in prone position	SP reclining during venipuncture.
04	Multistick required	Two attempts; venipuncture procedure unsuccessful (no blood).
05	SP uncontrollable	Unable to control SP; venipuncture procedure unsuccessful (no blood).
06	Veins not palpable	Unable to palpate veins; venipuncture procedure unsuccessful (no blood).
07	Condition of veins	Venipuncture unsuccessful (some or no blood) due to condition of SP's veins, e.g., too small, fragile, too deep, rolling, etc.
08	Medical exclusion	Home examiner excluded SP from venipuncture for medical reasons.
09	Glove deterrent	Venipuncture unsuccessful (some or no blood) because appropriate gloves are not available.
10	Problems with needle	Venipuncture incomplete (some or no blood) due to problems with the needle, e.g., improper selection - wrong size or type; improper handling - pushed needle through vein or needle slipped out of vein; malfunction - defective sheath, etc.
11	Problems with vacutainer	Venipuncture incomplete (some or no blood) due to problems with the vacutainer, e.g., no vacuum, or cracked.
12	Other reasons	Limit use of this code only to reasons that cannot be coded with one of the above categories.

CONDITIONS OF EXAM (COMPLETE FOR ALL SPs)	
L1. Was anyone else present during the exam?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
L2. COMMENTS: _____ _____ _____	
M1. RESULTS OF THE EXAMINATION:	
1 <input type="checkbox"/> Complete (N1) 2 <input type="checkbox"/> Incomplete (M2) 3 <input type="checkbox"/> Not done (M2)	
M2. REASONS FOR INCOMPLETE EXAMINATION:	
1 <input type="checkbox"/> Examinee refused or uncooperative 2 <input type="checkbox"/> Examinee medically excluded 3 <input type="checkbox"/> Examinee unable to physically cooperate 4 <input type="checkbox"/> Examinee unable to understand instructions due to language barrier 5 <input type="checkbox"/> Examinee unable to understand exam instructions due to other reasons 6 <input type="checkbox"/> Insufficient time available or room in household not available 7 <input type="checkbox"/> COMMENTS: 8 _____ _____ _____	

HOME EXAM EXIT QUESTIONS

(Do Not Ask These Questions Of Replicate Home Examinees.)

We have some final questions to ask you about your participation in this survey.

N1. Do you have any comments about the interviewer who came to your house or the questions that were asked?

No

Yes--specify _____

N2. Did you find any part of the examination unpleasant?

No

Yes--specify _____



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Friend,

When our interviewer knocks on your door, you and your family may have the chance to take part in a *very important health survey*. The interviewer will be representing the *U.S. Public Health Service*. We are studying the health and nutrition of people living in different communities across the United States.

Our interviewer will show you an official identification card and ask some short, easy questions about you and your other family members. From this short set of questions, a few households will be chosen to take part in the survey. Being chosen for our survey means you are part of a scientifically selected group. You represent thousands of other people and *your voluntary participation is very important*.

This survey is authorized by the Public Health Service Act. All of your answers will be kept in strict confidence. The information will be used only for research and statistical purposes. *By law, the data you provide us cannot be used for any other purpose without your consent*.

This survey will cover 40,000 people in 88 communities across the United States. *The information you provide will contribute greatly to our knowledge about the health and nutrition of the people of the United States*. Thank you in advance for your cooperation.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

● What is the National Health and Nutrition Examination Survey?

The National Health and Nutrition Examination Survey is conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. For 30 years, short interviews have been conducted around the country in households like yours. From these short interviews, some households are chosen to take part in the survey. The survey involves more complete interviews and physical examinations for some people in the households.

From the National Health and Nutrition Examination Survey we learn about the health of the people in the United States. We find out about dental health, vision and hearing levels, and the quality of nutrition; take body measurements such as height and weight; and look for the presence of certain diseases and conditions in the population.

National Health and Nutrition Examination Survey

now in your area

From the CENTERS FOR DISEASE CONTROL AND PREVENTION
National Center for Health Statistics



● How do I know my answers will be kept confidential?

We respect your privacy. The confidentiality of all the information you give us is protected by public law. Your answers will be used only by researchers who work on the survey. All have signed a legal document requiring them to keep confidential all information provided by respondents. Personal information such as names, addresses, and local communities that might be used to identify a participant is removed before the information from the survey is given to anyone else for future research use.

The answers you give will be combined with those from thousands of other households and the results will be reported in percentages and totals in such a way that no one's answers can be identified.

● How will I recognize the survey interviewer?

The interviewer who calls on you will have an official identification card from the U.S. Public Health Service with his or her photograph on it.

● How was I chosen for the interview?

Since we cannot talk to everyone in the country, we choose certain households to represent many other households. To do this scientifically, we begin by selecting certain counties or cities. Then in these areas, we choose smaller areas such as blocks or tracts of land. Finally we select certain households within the smaller areas.

Your household has been chosen to take part in a short interview that will be used to determine which households will take part in the Health and Nutrition Examination Survey.

We do not know who lives in the households before we get to the door. But the people who live in these households make up a "sample" of the people in the counties and cities chosen.

This pamphlet answers some of the questions that people often ask us about this survey. We hope that after reading it you will want to participate in this most important program.



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



National Health and Nutrition Examination Survey III

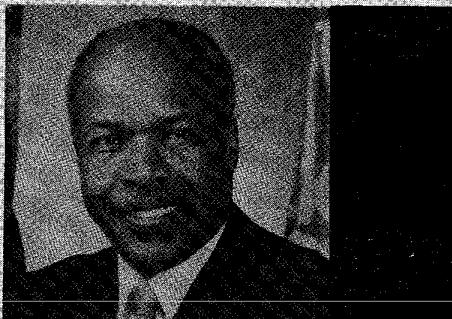


Let's Improve Our Health

- More than 70,000 persons have participated in the National Health and Nutrition Examination Survey (NHANES).

It is the willingness of the people that makes this survey work. Since the early 1960's, NHANES has identified many health problems that affect all of us. Through continued research, health promotion and disease prevention, such health problems as heart disease have declined.

The third National Health and Nutrition Examination Survey (NHANES III) will be used to track the progress of combating disease in this country. Tracking our progress helps to prevent future disease. As a result, NHANES information that has been very valuable to our health in the recent past promises to be even more so in the future.



"The important information collected during the third National Health and Nutrition Examination Survey will be used to assess the health needs of all Americans as we prepare to enter the 21st century. If you are selected for NHANES III, I urge you to participate."

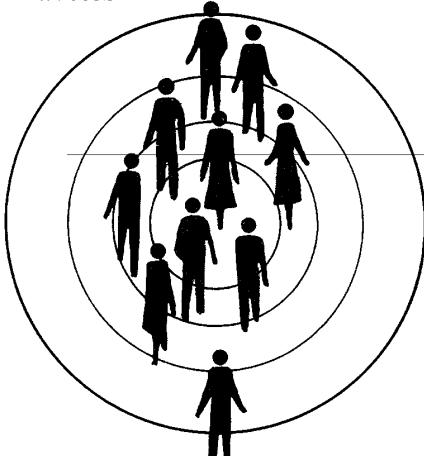
*Dr. Louis W. Sullivan
Secretary of Health and
Human Services*

How Healthy Are We?

- Americans suffer from many diseases which are preventable. We need to know the health needs of all people in order to help. We realize the need especially to learn about the health of aging Americans who are the most rapidly growing segment of the population. But, we also need to learn more about other parts of our population, including, Blacks, Hispanics, and all persons—healthy and unhealthy.

The Surveys Have Made a Difference

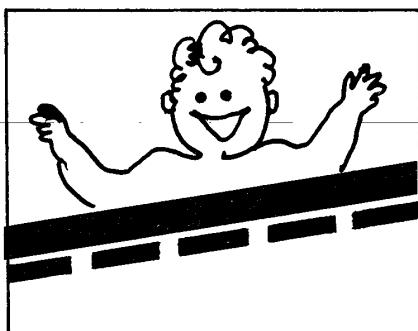
Diabetes



More than 10 million adults have diabetes... and half of them do not know it.

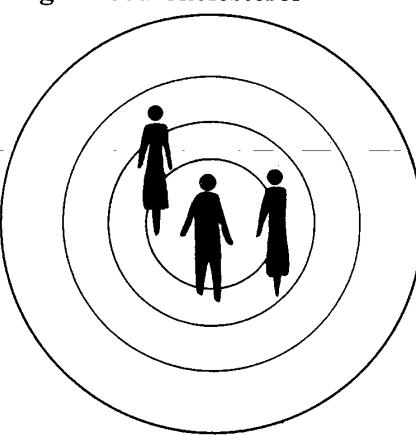
- If it weren't for past surveys, we would not know the numbers of people with hidden health conditions such as diabetes, early developmental problems, and high blood cholesterol levels.

Growth Chart



Physicians use these charts to identify health and developmental problems among children. The charts also are used to show how the growth of a child compares with the growth of all children in the United States.

High Blood Cholesterol



One out of every three adults may need treatment for high blood cholesterol.



We Need Your Help

■ "The National Health and Nutrition Examination Survey is the cornerstone of the Public Health Service's effort to evaluate our actions to promote good health and prevent disease. I want to stress the importance of participating in NHANES III."

*Dr. James O. Mason
Assistant Secretary for Health*

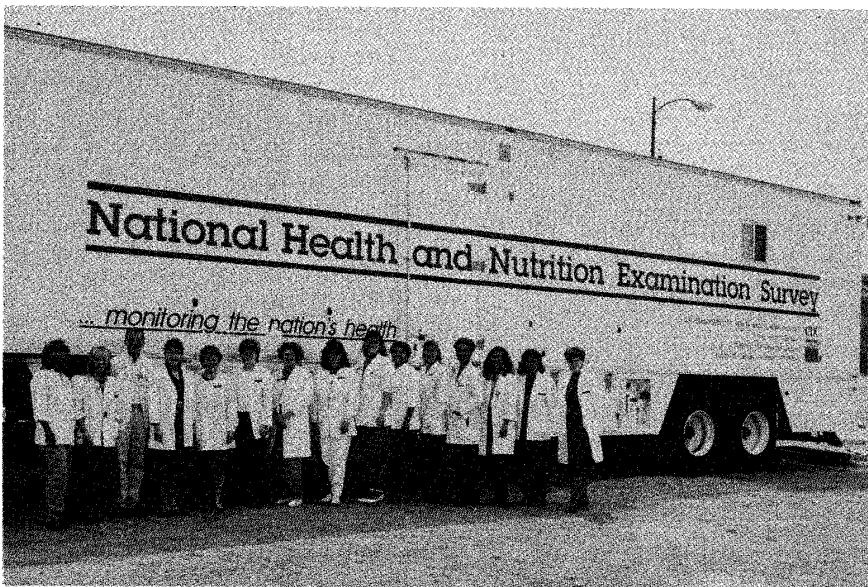
You were especially selected to be a part of NHANES III. You will represent hundreds of persons like yourself.

To show our appreciation for your participation, we provide:

- free transportation
- convenient appointments
- examination results to you
- a cash payment.

NHANES III Is Different From Other Surveys

- NHANES III is different because it is the only national survey in which physical examinations are performed to measure a person's health. We are studying how current health habits and practices relate to future health. After several years, we will check back with you to note any changes in your health. A small sample of your blood will be kept in long-term storage for future testing. The examinations are conducted by a medical doctor and a highly trained medical staff in modern specially designed mobile units.



The mobile examination center has a reception area and other private and uniquely designed areas such as the Body Measurements Room and the Dietary Interview Room.

4

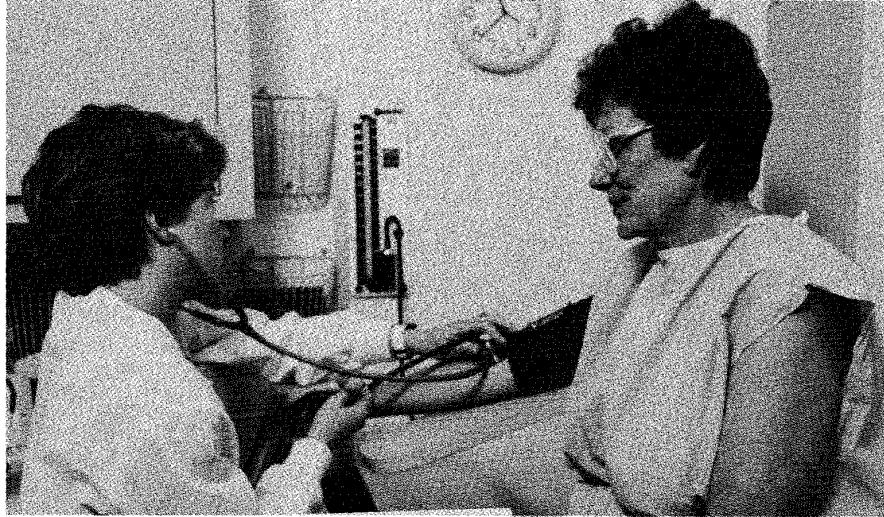
Health Examinations

■ The data are collected through physical measurements, laboratory testing, and health interviews. There are no internal examinations given in this survey. Depending on your age you may be in the Examination Center for up to 3-1/2 hours. You will have the opportunity to learn about your health along with contributing to knowledge of the health needs of other Americans.

Your Examinations May Include:

Health Measurements

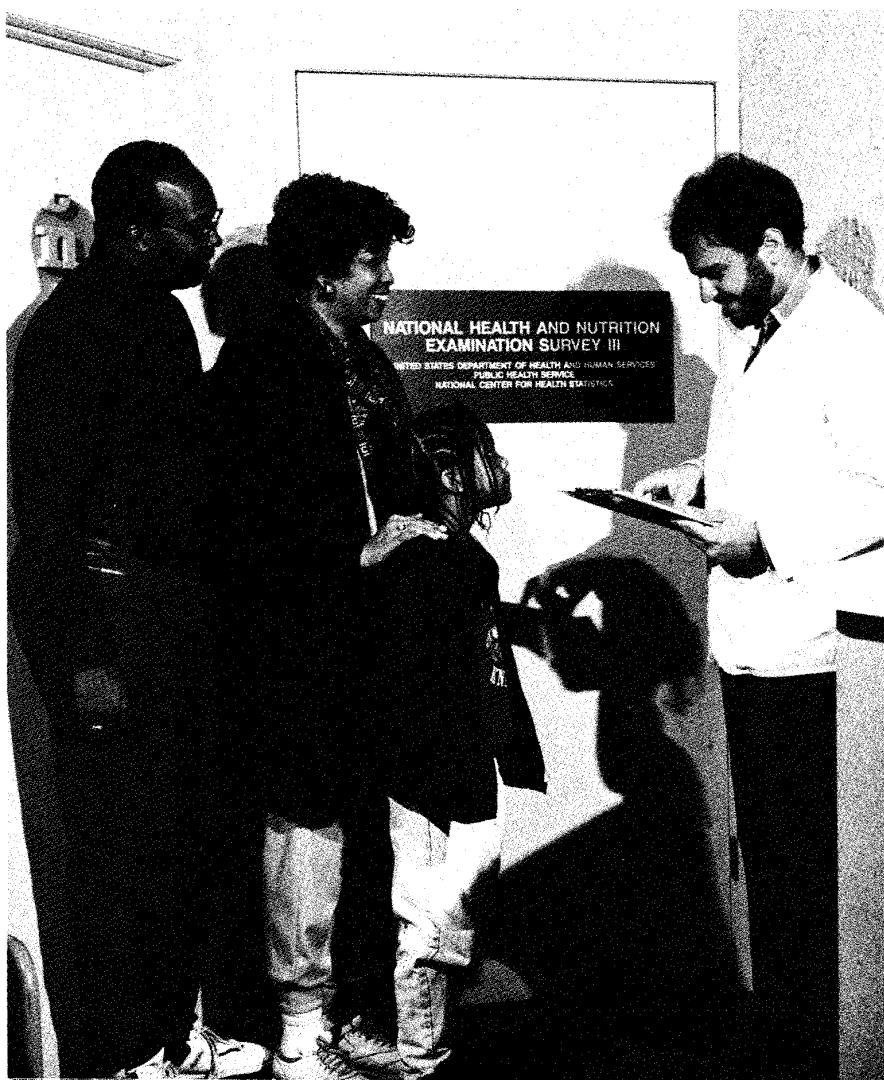
- Blood pressure
 - Height, weight, and body fat
 - Allergy test
 - Lung capacity test
 - Electrocardiogram
 - Arthritis test (x rays of knees and hands)
 - Bone density measurement (x rays of the hip)
 - Ultrasound test for gallstones
 - Dental check up
-



Laboratory Tests:

Blood Urine

- | | |
|---|------------|
| • Cholesterol | • Drug use |
| • Anemia | • Kidney |
| • Kidney | |
| • Liver | |
| • Diabetes | |
| • Lead | |
| • Acquired immunodeficiency Syndrome (AIDS) | |
| • Thyroid | |
-



Private Health Interviews

- Nutrition
- Reproductive health
- Sexual experience
- Physical activity
- Mental health
- Health habits

Questions You May Have About The NHANES III Survey

Q

What are the benefits for me?

A

- The opportunity to make an important contribution to the health of the nation.
 - Valuable health tests
 - Cash payment for participating in the survey.
-

Q

Will I receive the results of my AIDS test?

A

No. The AIDS testing is being done in the NHANES III survey so we can determine how many people in the United States are infected with the AIDS virus. In order to make extra sure that the results are kept private, no information that would allow us to identify you will be attached to the blood specimens tested for AIDS virus. Therefore, your test results will be anonymous. If you would like to have an AIDS test and receive the results in a confidential manner, our staff can give you the name of a clinic in your area where you can go.

Q

How will I receive the results of my examination?

A

The results of your examination will be sent to you in about 12-16 weeks. Of course, if we should find something important to your health before that time, you will be notified.

Q

Are the tests that I may be asked to take safe?

A

We care about your safety. The tests and measurements we conduct have been selected because they are safe. We would like to point out that as in any similar examination, there may be some slight discomfort or soreness resulting from the collection of a blood specimen, the administration of the allergy skin test, or from the dental examination. If you are an adult and are chosen to receive x rays of your hands and knees, this will add a small amount of radiation to your total lifetime exposure.



6



Q What will happen to the results of my drug use test?

A The test for NHANES III is being done so that we can determine how many people in the United States are currently using marijuana, cocaine, opiates, amphetamines, or phencyclidine for medical or other reasons. To protect your privacy, no information to identify you will be attached to the urine specimens tested for drug use. Therefore, your results will be anonymous.

Q Why is it important for older Americans to participate in this health survey?

A There is little information on the health of older Americans. We need to know more about such important things as how many people have high blood pressure or arthritis. In fact, one of the special features about NHANES III is that persons age 75 or older will be participating for the first time. We are hoping to be able to learn more about the health needs of older Americans.

Q How will participation in this survey help older Americans?

A Lawmakers, other public officials, and physicians need this information in order to design better health care programs for older persons. Organizations representing older Americans need this information to improve the quality of life for the elderly and to help them live better independently.

Q Who can I call if I have questions?

A Our staff will provide you with a phone number in your community that you can call for further information. You also may make a collect call to Dr. Marsha Davenport at the U.S. Public Health Service headquarters, phone (301) 436-8267.

Q Do I have to participate in the examination?

A Participation in all parts of the study is completely voluntary. There is no penalty for refusing to participate. Of course, we hope everyone will participate, because without your participation our information on the health of Americans may not be accurate. The results of your examination will be used to add to the results of all others participating in this important study and will contribute to a better understanding of the health of all persons living in the United States.

"How Will My Participation Help?"



National Health and Nutrition Examination Survey

Health information collected in the NHANES III is kept in strictest confidence. Without your approval our staff is not allowed to discuss your participation in this study with anyone under penalty of Federal law: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A). However, in the case of children we will refer clear evidence of physical abuse to the responsible state agency for possible follow-up.*

Sample Person 12 Years and Older:

I have read the attached brochure explaining the nature and purpose of the NHANES III and voluntarily consent to participate and for information regarding me to be released only as described above.

Signature of sample person if 12 years or older

Date

Parent or Guardian of Sample Person Under 18 Years of Age:

I have read the attached brochure explaining the nature and purpose of the NHANES III and give my voluntary permission for my child to participate and for information regarding my child to be released only as described above.

Signature of parent or guardian

Date

Signature of staff member

Date

Witness (if required)

Date

Print name
of sample
person

--	--	--

First

Middle

Last

Sample Number

*Additional information is available if required.

NOTE: If you have further questions, please call Dr. Marsha Davenport, collect - (301) 436-8267 8:00 AM to 4:00 PM EST.

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; Room 721-B, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics
April 1992

SAMPLE NO. _____

OMB No. 0920-0237
Approval Expires:

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III
HOME EXAMINATION RELEASE FORM

ESTUDIO NACIONAL DE SALUD Y NUTRICIÓN III
FORMULARIO DE PERMISO PARA EL EXAMEN DEL HOGAR

Date/Fecha _____

This is to certify that against the advice of the NHANES III home health technician I choose not to contact an emergency medical service to seek immediate medical attention for:

Por este medio certifico que contrario al consejo del técnico de salud del hogar de NHANES III, he elegido no ponerme en contacto con un servicio de emergencia médica para obtener atención médica inmediatamente para:

(Check one – Marque una)

Myself/Mí mismo

(Name of Sample Person/Nombre de Persona Nuestra)

By so doing, I assume all responsibility for my act.

Tomando esta decisión, asumo toda responsabilidad por mi acción.

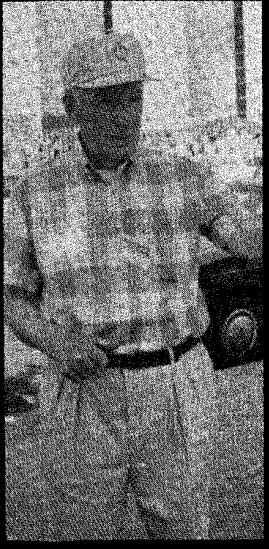
Signed/Firmado _____

Relationship/Parentesco _____

Witness/Testigo _____

National Health and Nutrition Examination Survey III

**PLEASE
PARTICIPATE**



**Here's why we need
your help**

- To learn about the health of older Americans
- To learn how to prevent disabilities and conditions such as heart disease and arthritis that affect older persons
- To learn how older people can remain healthy and live independently

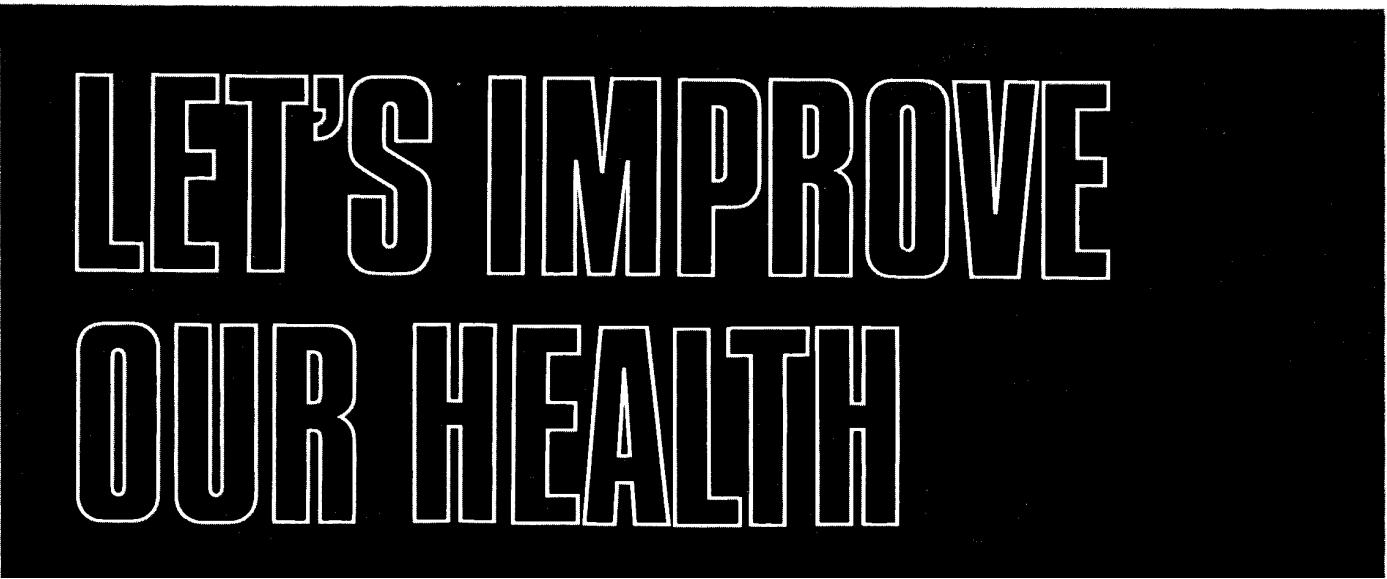
**THIS SURVEY IS CONDUCTED BY THE NATIONAL
CENTER FOR HEALTH STATISTICS • SUPPORTED
BY THE NATIONAL INSTITUTE ON AGING**

Special benefits you'll gain when you participate

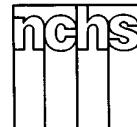
- Your results will be sent directly to you
 - Making an important contribution to improved health for older persons
 - Cash payment and free transportation
 - Free health tests (no internal examinations)
-

AARP supports this survey

- The American Association of Retired Persons urges older Americans to participate in NHANES III



**LET'S IMPROVE
OUR HEALTH**



National Health and Nutrition Examination Survey III



A few reasons why it's important for older women to participate

To learn more about arthritis in order to help older women live independently

To learn more about osteoporosis ("brittle bones") in order to prevent hip fractures

To learn more about heart disease in women

THIS SURVEY IS CONDUCTED BY THE NATIONAL CENTER FOR HEALTH STATISTICS • SUPPORTED BY THE NATIONAL INSTITUTE ON AGING

Special benefits you'll gain when you participate

Your results will be sent directly to you

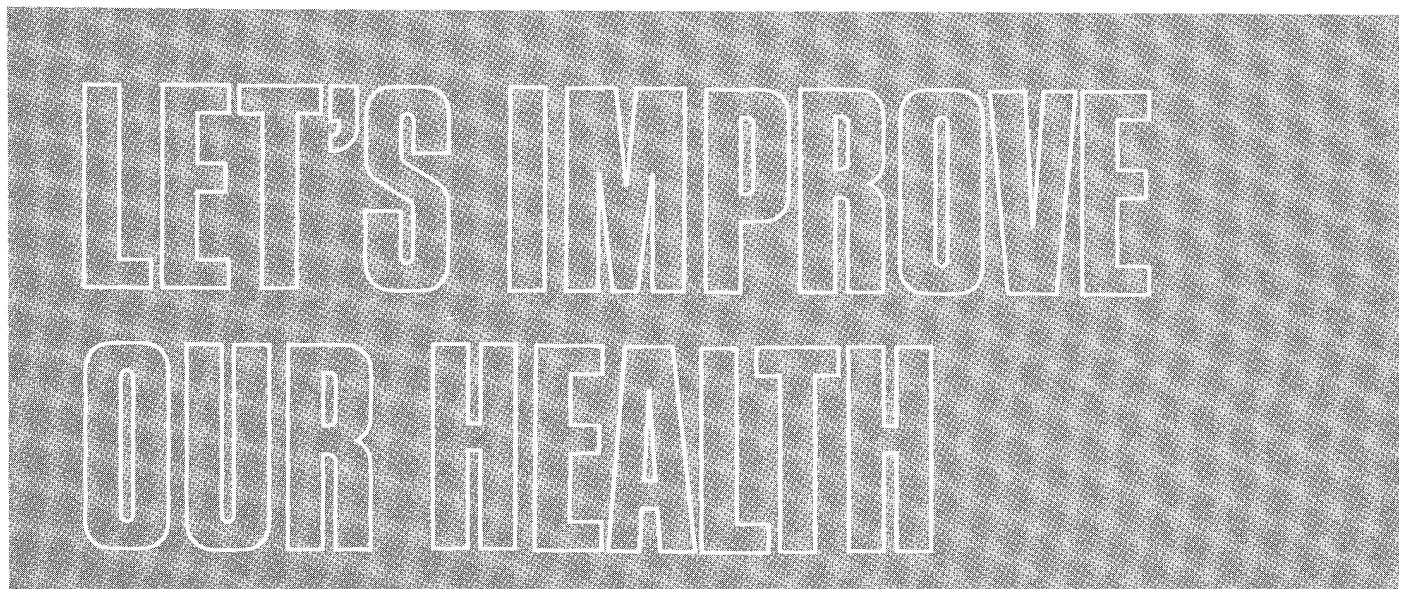
Making an important contribution to improved health for older persons

Cash payment and free transportation

Free health tests (no internal examinations)

AARP supports this survey

The American Association of Retired Persons urges older Americans to participate in NHANES III



What You Should Know About AIDS

Facts about the disease
How to protect yourself and your family
What to tell others



A M E R I C A
R E S P O N D S
T O AIDS

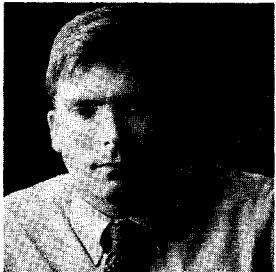
An Important Message from the U.S. Public Health Service
Centers for Disease Control





"One of the misconceptions about AIDS is that it only affects gay men. That's not true. AIDS affects everyone—men, women and children."

— Suki Ports
Minority AIDS Project
New York, NY



"Each of us must realize that we have the responsibility for keeping AIDS out of our lives. We must learn about AIDS. We must share what we know with our families."

— Eric Engstrom
AIDS Project Director
Minneapolis, MN



"My son died of AIDS. He was 21 years old. We must be totally open, honest and sincere in discussing AIDS with our children. It could save their lives."

— Elena Treto
Atlanta, GA

Will You Get AIDS From Kissing?

Kissing a person on the cheek doesn't put you at risk. No cases have been reported where the virus was transmitted by kissing on the mouth. However, small amounts of the virus are sometimes found in saliva. To be safe, experts advise against deep, prolonged "French" kissing with someone who may be infected with the AIDS virus.

Teenagers Should Avoid Drugs And Sex

Teenagers should be encouraged to say "no" to sex and illegal drugs. Avoiding both drugs and sex is the best, safest way to eliminate risk. Make it a family priority to know about AIDS and share the information in this leaflet with family members and friends.

AMERICA RESPONDS TO AIDS

What Is AIDS?

AIDS stands for *acquired immunodeficiency syndrome*. Very simply, it is a disease caused by a virus that can damage the brain and destroy the body's ability to fight off illness. AIDS by itself doesn't kill. But it allows other infections (such as pneumonia, cancer and other illnesses) to invade the body, and these diseases can kill.

At the present time, there is no known cure for AIDS, and no vaccine that prevents the disease.

Fortunately, the AIDS virus is hard to catch and can be prevented. AIDS is a very serious disease, but you should know these facts:

1

AIDS is not spread by casual contact in schools, at parties, in swimming pools, stores or the workplace

2

You can't catch AIDS by hugging, shaking hands or simply being near a person who is infected with the virus. No person has ever been infected by an insect bite

3

You can't catch AIDS from a toilet seat



"People are afraid of AIDS, but they don't have to be. We must tell people about the risk of AIDS. We must stop the spread of the disease. The best weapon in the world is information. That's why every American should read this booklet."

— Jamie Henderson
AIDS Volunteer
Los Angeles, CA

AMERICA RESPONDS TO AIDS

How Do People Get AIDS?

Not everyone is at risk for AIDS. And people who are at risk can protect themselves if they take reasonable precautions. Being safe from AIDS is up to you. It's your responsibility to protect yourself—and those you love. It starts with knowing how people get AIDS.

Three main ways the AIDS virus is spread:
Having sex with an infected person
Sharing drug needles and syringes with users of heroin, cocaine and other illegal drugs
Babies can be born with the virus if the mother has been infected

What about blood transfusions?

It is true that some people got AIDS from infected blood transfusions. But that's extremely rare. Today, all donated blood is tested for the AIDS virus.

What about giving blood?

There is no risk from donating blood. New equipment is used for each donor, each time blood is given.



"One sexual encounter with an infected person can be all it takes to spread the AIDS virus from one person to another. We must know how to protect ourselves and our families."

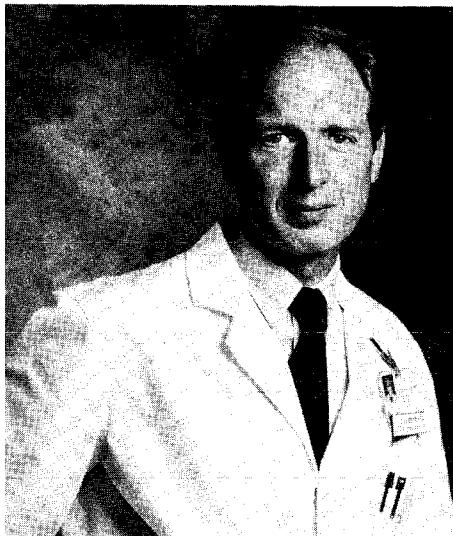
— Jolene Connor
Nurse Counselor
Harlem, NY

AMERICA RESPONDS TO AIDS

How To Protect Yourself And Your Family

The safest way to avoid being infected by the AIDS virus is to avoid promiscuous sex and illegal drugs. Couples who are not infected, do not use drugs, and have mutually faithful, single-partner sexual relationships are protected from AIDS.

You can get AIDS from one sexual experience. And your risk of becoming infected increases dramatically if you have more than one sexual partner. If you or your partner have more than one sexual partner, you should reduce your risk by using condoms.



"AIDS is a fatal disease, but everyone needs to understand that it can be prevented. If we know how to protect ourselves and our children, we can stop this disease in its tracks."

**— Dr. Samuel Perry
A researcher working on
identifying the symptoms
of AIDS**

Can You Tell If People Have AIDS?

Most people who are infected look and feel fine. They don't suspect they are carrying the virus. They don't realize they are spreading it to others. You can be infected by having sex with anyone who has the virus, even though they don't show the symptoms of the disease.

If you and your sexual partner are concerned, you should use a condom and talk to your doctor about the AIDS antibody test.

- 1. Know the facts about AIDS**
- 2. Know how to protect yourself and your family**
- 3. Tell others**

If you are a parent: Learn the facts about AIDS. Talk to your children. Encourage them to share your family's moral and religious values. Make certain they know how to avoid AIDS. Protect yourself and your partner by maintaining a mutually faithful, single-partner relationship.

If you are a grand-parent: Learn the facts about AIDS. Talk openly to your children and grandchildren about your concern for their safety and well-being. Tell them how to avoid getting infected with the AIDS virus.

If you are a young person: Discuss and understand and live by your family's values. Say "no" to drugs. And say "no" to sex until you are ready to enter into a mutually faithful, single-partner relationship with an uninfected person.

If you are sexually active: Enter into a mutually faithful, single-partner relationship with an uninfected person, or at least be sure to reduce your risk by using condoms.

If you think you may be infected with the AIDS virus: Talk to your doctor or local health clinic about having the AIDS antibody test. Don't put other people at risk by having sex with them or by sharing drug needles or syringes.

**For more information, call the AIDS Information line,
24 hours a day, 7 days a week: 1-800-342-AIDS**

An Important Message For All Americans

No doubt you have read or heard much recently about AIDS. You may believe AIDS doesn't affect you personally, but it does. AIDS affects us all, directly or indirectly - male or female, married or single, young or old, rich or poor.

All of us need to know the facts about AIDS, and we need to join with our fellow Americans in making a commitment to do all we can to protect ourselves, protect those we love, and stop the spread of the disease.

For some, this means influencing family members or friends to eliminate behavior that puts them at a high risk for getting the disease. For others, it means spending time to explain the disease. For all of us, it means not having unnecessary fears about AIDS.

Families, especially, have an important role to play. The family setting is the best place for our young people to learn about AIDS and how to avoid it.

I strongly agree with President Reagan who has stated: "We mustn't allow those with the AIDS virus to suffer discrimination....We must firmly oppose discrimination against those who have AIDS. We must prevent the persecution, through ignorance or malice, of our fellow citizens."

Today, with the leadership of the U.S. Public Health Service under Assistant Secretary Robert E. Windom, M.D., Americans from all walks of life - professionals and volunteers alike - have dedicated themselves to stopping the spread of AIDS and finding a cure.

I urge you to study this leaflet, follow its advice, and share this information with others. It could save your life or the life of someone you love. You may also want to read the report on AIDS by Surgeon General C. Everett Koop, M.D., available free from P.O. Box 23961, Washington, D.C. 20026-3961.

The American response to AIDS has been inspiring. Together, we must continue to do all we can to protect ourselves and those we love.



Otis R. Bowen, M.D.
Secretary, U.S. Department of
Health and Human Services

AMERICA RESPONDS TO AIDS

How Can You Tell If You Have The AIDS Virus?

The only way to tell if you have the AIDS virus is by having a blood test. The test looks for changes in your blood caused by the presence of the virus. If you test positive, it means that you have been infected.

You can have the virus without having the disease itself, or without even appearing or feeling ill. And you can transmit the virus to others.

Once infected, you will remain infected for life. It could take ten years or longer for the actual disease to develop, or it may never develop.

If you are worried that you may have been infected, find out about the test. Often it is available free or at a low cost.

Can You Touch Someone Who Has AIDS?

Yes, you can touch someone who has AIDS. There is no evidence that the virus is spread through casual contact (including shaking hands, social kissing, coughing, sneezing, sharing swimming pools, bed linen, eating utensils, cups, office equipment, chairs). There is no reason to avoid an infected person in ordinary social contact.

What about doctors, nurses, dentists and other health care workers?

Routine safety measures, such as wearing gloves, protect both patients and health care professionals. Special precautions are taken when handling blood from infected patients, or when giving injections.

AMERICA RESPONDS TO AIDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control



**MORNING, AFTERNOON, OR EVENING EXAMS
(PERSONS 2 MONTHS-11 YEARS AND DIABETICS
ON INSULIN)**

SINCE FASTING IS NOT REQUIRED FOR YOUR EXAM, PLEASE EAT AS YOU WOULD ON ANY NORMAL DAY.

APPOINTMENT FOR EXAMINATION

CITA PARA EXAMÉN MÉDICO

Appointment for _____
Cita para _____

(NAME/NOMBRE) _____

(SAMPLE NO./Nº DE MUESTRA) _____

Day of week _____
Día de la semana

*EXAMENES DE MAÑANA, TARDE, O NOCHE/A TARDECER
(PERSONAS 2 MESES-11 AÑOS Y DIABÉTICOS
TOMANDO INSULINA)*

Date/Fecha _____ Time/Hora _____
Taxi will call at _____
El taxi llamará a _____
(TIME/HORA) _____

YA QUE AYUNAR NO ES REQUERIDO PARA SU EXAMEN, POR FAVOR COMA COMO LO HARÍA EN CUALQUIER DÍA NORMAL.

See instructions on back.
Vea instrucciones al otro lado.

PHS-6137 (12/88)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control



MORNING EXAMS
(PERSONS 20+ YEARS)

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
- TAKE YOUR NORMAL MEDICATIONS.

DON'T:

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

ON YOUR APPOINTMENT DAY

DO:

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

Appointment for _____
Cita para _____
(NAME/NOMBRE) _____

(SAMPLE NO./Nº DE MUESTRA)

EXAMENES DE LA MAÑANA
(PERSONAS 20+ AÑOS)

EN EL DIA ANTERIOR A SU CITA

HAGA:

- COMA COMO LO HARIA EN CUALQUIER DIA NORMAL HASTA LAS 8:30 PM.
- TOME SUS MEDICACIONES USUALES.

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LAS 8:30 PM. ESTO SE LLAMA AYUNO DE UNA NOCHE. ESTO SIGNIFICA NINGUN CAFE, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS Y NINGUNAS BEBIDAS DE CUALQUIER CLASE.

EN EL DIA DE SU CITA

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, ESTO SIGNIFICA, NINGUN CAFE, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

See instructions on back for adults. Infants do not fast.
Vea instrucciones al otro lado para adultos. Los bebés no ayunan.

PHS-6137 (12/88)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control



**EVENING EXAMS
(PERSONS 12+ YEARS)**

National Health and Nutrition Examination Survey

- ON THE DAY BEFORE YOUR APPOINTMENT**
- DO:
- EAT AS YOU WOULD ON ANY NORMAL DAY.
 - TAKE YOUR NORMAL MEDICATIONS.

ON YOUR APPOINTMENT DAY

DO:

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- EAT SOMETHING FOR LUNCH BEFORE 11:30 A.M. (IN THE MORNING).

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER AFTER 11:30 A.M. (IN THE MORNING). NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

Appointment for _____
Cita para _____
(NAME/NOMBRE)

(SAMPLE NO./Nº DE MUESTRA)

EXAMENES DE LA NOCHE/ATARDECER

(PERSONAS 12+ AÑOS)

EN EL DIA ANTERIOR A SU CITA

HAGA:

- COMA COMO LO HARIA EN CUALQUIER DIA NORMAL.
- TOME SUS MEDICACIONES USUALES.

EN EL DIA DE SU CITA

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.
- COMA ALGO ANTES DE LAS 11:30 A.M. (EN LA MAÑANA).

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LAS 11:30 A.M. (EN LA MAÑANA). ESTO SIGNIFICA, NINGUN CAFFE, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

See instructions on back for adults. Infants do not fast.
Vea instrucciones al otro lado para adultos. Los bebés no ayunan.



AFTERNOON EXAMS
(PERSONS 12+ YEARS)

National Health and Nutrition Examination Survey

ON THE DAY BEFORE YOUR APPOINTMENT

- DO:
• EAT AS YOU WOULD ON ANY NORMAL DAY.
• TAKE YOUR NORMAL MEDICATIONS.

ON YOUR APPOINTMENT DAY

DO:

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- EAT SOMETHING FOR BREAKFAST BEFORE 7:30 AM.

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER AFTER 7:30 AM. NO COFFEE, TEA FOOD, GUM, SNACKS, OR BEVERAGES.

Appointment for _____
Cita para _____
(NAME/NOMBRE) _____

(SAMPLE NO./Nº DE MUESTRA)

EXAMENES DE LA TARDE
(PERSONAS 12+ AÑOS)

EN EL DIA ANTERIOR A SU CITA

HAGA:

- COMA COMO LO HARIA EN CUALQUIER DIA NORMAL.
- TOME SUS MEDICACIONES USUALES.

EN EL DIA DE SU CITA

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.
- COMA ALGO PARA EL DESAYUNO ANTES DE LAS 7:30 AM.

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LAS 7:30 AM. ESTO SIGNIFICA, NINGUN CAFFE, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

See instructions on back.
Vea instrucciones al otro lado.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control



MORNING EXAMS
(PERSONS 12-19 YEARS)

National Health and Nutrition Examination Survey

DO:

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO MIDNIGHT.
- TAKE YOUR NORMAL MEDICATIONS.

DON'T:

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER MIDNIGHT. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

ON THE DAY BEFORE YOUR APPOINTMENT

ON YOUR APPOINTMENT DAY

DO:

- DRINK A GLASS OR TWO OF WATER.
- TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

(SAMPLE NO./Nº DE MUESTRA)

Day of week _____
Día de la semana _____

Date/Fecha _____ Time/Hora _____

Taxi will call at _____

El taxi llamará a _____
(TIME/HORA)

EXAMENES DE LA MAÑANA (PERSONAS 12-19 AÑOS)

EN EL DÍA ANTERIOR A SU CITA

HAGA:

- COMA COMO LO HARÍA EN CUALQUIER DÍA NORMAL HASTA LA MEDIA NOCHE.
- TOME SUS MEDICACIONES USUALES.

NO:

- COMA NI BEEBA NADA, EXCEPTO AGUA, DESPUES DE LA MEDIA NOCHE. ESTO SE LLAMA AYUNO DE UNA NOCHE. ESTO SIGNIFICA NINGUN CAFÉ, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS Y NINGUNAS BEBIDAS DE CUALQUIER CLASE.

EN EL DÍA DE SU CITA

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

NO:

- COMA NI BEEBA NADA, EXCEPTO AGUA, ESTO SIGNIFICA, NINGUN CAFÉ, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

See instructions on back for adults. Infants do not fast.

Vea instrucciones al otro lado para adultos. Los bebés no ayunan.
PHS-6137 (12/88)

National Health and Nutrition Examination Survey



- DO:
• EAT AS YOU WOULD ON ANY NORMAL DAY.
• TAKE YOUR NORMAL MEDICATIONS.
- ON THE DAY BEFORE YOUR APPOINTMENT

ON YOUR APPOINTMENT DAY

- DO:
• DRINK A GLASS OR TWO OF WATER.
• TAKE YOUR NORMAL MEDICATIONS WITH WATER ONLY.
- DON'T:
• EAT OR DRINK ANYTHING EXCEPT WATER AFTER _____. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

Appointment for _____
Cita para _____
(NAME/NOMBRE)

(SAMPLE NO./Nº DE MUESTRA)

EXAMENES EN LA CASA *(PERSONAS 20+ AÑOS)*

EN EL DIA ANTERIOR A SU CITA

- HAGA:
• COMA COMO LO HARIA EN CUALQUIER DIA NORMAL.
• TOME SUS MEDICACIONES USUALES.

EN EL DIA DE SU CITA

HAGA:

- TOME UN VASO O DOS DE AGUA.
- TOME SUS MEDICACIONES USUALES CON AGUA SOLAMENTE.

NO:

- COMA NI BEBA NADA, EXCEPTO AGUA, DESPUES DE LAS _____. ESTO SIGNIFICA, NINGUN CAFE, NINGUN TE, NINGUNA COMIDA, NINGUN CHICLE, NINGUNAS MERIENDAS, Y NINGUNAS BEBIDAS.

See instructions on back for adults. Infants do not fast.
Vea instrucciones al otro lado para adultos. Los bebés no ayunan.

MORNING EXAMS FOR PERSONS TAKING PILLS FOR DIABETES**(PERSONS 12+ YEARS)****ON THE DAY BEFORE YOUR APPOINTMENT****DO:**

- EAT AS YOU WOULD ON ANY NORMAL DAY UP TO 8:30 PM.
- TAKE YOUR NORMAL MEDICATIONS.

DON'T:

- EAT OR DRINK ANYTHING, EXCEPT WATER, AFTER 8:30 PM. THIS MEANS NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES OF ANY KIND.

ON YOUR APPOINTMENT DAY**DO:**

- DRINK A GLASS OR TWO OF WATER.
- TAKE ALL MEDICATIONS EXCEPT YOUR PILLS FOR DIABETES IN THE MORNING WITH WATER ONLY.
- BRING YOUR PILLS FOR DIABETES WITH YOU TO THE MEC.

DON'T:

- EAT OR DRINK ANYTHING EXCEPT WATER. NO COFFEE, TEA, FOOD, GUM, SNACKS, OR BEVERAGES.

National Health and Nutrition Examination Survey

This certificate is issued to

*with the understanding that upon completion of a
health examination performed by the National Center
for Health Statistics on _____,
the bearer will be paid thirty dollars (\$30.00).*

THIRTY DOLLARS

National Health and Nutrition Examination Survey

BONUS

This certificate entitles

to receive a \$20.00 bonus if he/she follows
the fasting instructions and completes the health
examination performed by the National Center for Health
Statistics on the morning afternoon evening of
. The bearer of this
certificate must be at least 20 years old.

INSTITUTE FOR DOMESTIC AFFAIRS

United States Public Health Service

Certificate of Appreciation Presented to

We would like to commend you for taking part in the third National Health and Nutrition Examination Survey. Your contribution to this important study will help improve the health of all people living in the United States.

Thank you for participating.



Robert E. Windom, M.D.
Assistant Secretary for Health



C. Everett Koop, M.D.
Surgeon General of the United States

NHANES III HOME HEALTH EXAMINATION

Information on the health of all persons is required for NHANES III. We have chosen important parts of the examination that can be done in homes. This information will help us complete our picture of the health of people living in the United States. We ask that you read our Sample Person Brochure and ask our interviewer any questions you may have about the survey.

A trained medical technician from our examination center will come to your home to conduct the examination. The home health examination will take about one hour of your time and can be performed while you are dressed. You will have the opportunity to learn about your health along with helping to contribute knowledge about the health needs of other Americans.

Your Home Examination May Include:

- Height and weight measurement
- Lung capacity test
- Muscle function
- Collection of a blood specimen
- Short health interview

All information about you will be kept confidential. You will receive \$15.00 for your time and participation. Please volunteer to help us.

**HOME EXAMINATION
CONTROL RECORD**

a. Sample Number:	-----																																																				
b. Exam:	1 <input type="checkbox"/> Scheduled Home 2 <input type="checkbox"/> Replicate Home 3 <input type="checkbox"/> Cold Call Home																																																				
c. Age:	_____ 1 <input type="checkbox"/> YR 2 <input type="checkbox"/> MO																																																				
d. Sex:	Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>																																																				
e. Examination Date:	_____ _____ _____ MO DA YR																																																				
f. Time Began:	_____ : _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon																																																				
g. Time Ended:	_____ : _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon																																																				
h. Procedure	Age Group	Completion Code Complete 1 Incomplete 2 Not Done 3																																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Body Measurements</td> <td style="width: 10%;">All</td> <td style="width: 10%;">1 <input type="checkbox"/></td> <td style="width: 10%;">2 <input type="checkbox"/></td> <td style="width: 10%;">3 <input type="checkbox"/></td> </tr> <tr> <td>Infant Food Frequency</td> <td><1 yr</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Physical Function Exam</td> <td>60+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Cognitive Function Test A</td> <td>60+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Selected Conditions</td> <td>20+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Cognitive Function Test B</td> <td>60+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Tobacco</td> <td>20+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Reproductive Health</td> <td>20+F</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Spirometry</td> <td>20+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>Venipuncture</td> <td>20+</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </table>				Body Measurements	All	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Infant Food Frequency	<1 yr	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Physical Function Exam	60+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Cognitive Function Test A	60+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Selected Conditions	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Cognitive Function Test B	60+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Tobacco	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Reproductive Health	20+F	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Spirometry	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Venipuncture	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Body Measurements	All	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																																	
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Reproductive Health	20+F	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																																	
Spirometry	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																																	
Venipuncture	20+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																																	
i. Comments	<hr/> <hr/> <hr/>																																																				
j. Examiner Number	-----																																																				

INSTRUCTIONS FOR COMPLETING THE HOME EXAMINATION CONTROL RECORD

- a. Sample Number: Record the SP's 7-digit sample ID number in the space provided.
- b. Exam: Check the appropriate box to indicate whether the exam is a scheduled home exam, a replicate home exam or a cold call home exam.
- c. Age: Record the SP's age. Check the appropriate box to indicate years or months.
- d. Sex: Check the appropriate box to indicate the sex, male or female, of the SP.
- e. Examination Date: Record two digits each for the month, day and year of the home exam.
- f. Time Began: Record the time the exam was begun, that is the time you entered the household.
-
- g. Time Ended: Record the time the exam was ended, that is the time you exited the household.
- h. Procedure Completion Code: For each home examination procedure check the appropriate box to indicate the status of the procedure. Check box "1" if the procedure was completed. Check box "2" if the procedure was only partially completed. Check box "3" if the procedure was not done.
- i. Comments: Record any problems, or unusual situations in the space provided.
- j. Examiner Number: Record your 4-digit tech ID.

Appendix IV

Mobile examination center data collection forms

OMB NO 0920-0237

CONTROL RECORD

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Sample No	a. Age <input type="checkbox"/> Mos <input type="checkbox"/> Yrs	b. <input type="checkbox"/> Male <input type="checkbox"/> Female	c. Coordinator	d. Examination Date _____/_____/_____ Month Day Year
e. Date of Birth _____/_____/_____ Month Day Year	f. Temperature _____-_____-_____-_____-_____-_____-	g. GTT priority _____-_____-_____-_____-_____-_____-	PREGNANT: <input type="checkbox"/> YES - NO BONE SCAN <input type="checkbox"/> DK - NO BONE SCAN <input type="checkbox"/> NO	
Name (First, Middle, Last)				
Procedure	Age Group	In	Time	Staff
Physician's Exam	All	_____-_____-	_____-_____-	_____
Body Measurements	All	_____-_____-	_____-_____-	_____
MEC Interview	All	_____-_____-	_____-_____-	_____
24-hour Recall	All	_____-_____-	_____-_____-	_____
Venipuncture	1 and older	_____-_____-	_____-_____-	_____
Dentist's Exam	1 and older	_____-_____-	_____-_____-	_____
Urine Specimen	6 and older	_____-_____-	_____-_____-	_____
Allergy Test	20-59 Even 6-19 All	_____-_____-	_____-_____-	_____
Audiometry/Tympanometry	6-19	_____-_____-	_____-_____-	_____
WISC and WRAT	6-16	_____-_____-	_____-_____-	_____
Spirometry	8 and older	_____-_____-	_____-_____-	_____
Exit Interview	12 and older	_____-_____-	_____-_____-	_____
Food Frequency	12-16	_____-_____-	_____-_____-	_____
Bone Densitometry	20 and older	_____-_____-	_____-_____-	_____
Gallbladder Ultrasound	20-74	_____-_____-	_____-_____-	_____
CNS	20-59 Odd	_____-_____-	_____-_____-	_____
ECG	40 and older	_____-_____-	_____-_____-	_____
Fundus Photography	40 and older	_____-_____-	_____-_____-	_____
Glucose Challenge	40-74	_____-_____-	_____-_____-	_____
Venipuncture 2	40-74	_____-_____-	_____-_____-	_____
Joint Radiographs	60 and older	_____-_____-	_____-_____-	_____
Performance Test	60 and older	_____-_____-	_____-_____-	_____

PHYSICIAN'S EXAM

(ALL AGES)

DATE OF EXAM ____/____/____

NAME _____

TIME OF EXAM ____:____

AGE _____ SEX _____

SESSION NO. _____

SAMPLE NO. _____

STAFF NO. _____

1. LOCOMOTION

a. Gait (Ages 3 and Older)

 Limp/Shuffle Other Abnormalities 1. No Findings

8. Data Not Collected

1. No

2. Yes

8. Data Not Collected

2. EYES

(Ages 2 months–18 years)

 Globe Missing or Blind

1. None, No Findings

2. Right

3. Left

4. Both

8. Data Not Collected

(Ages 2 months – 4 years)

a. Tracks light

1. Yes

2. No

8. Data Not Collected

(Ages 5–18 years)

b. Strabismus

1. No Findings

2. Observation

3. Cover/Uncover Test

8. Data Not Collected

4. UPPER EXTREMITIES (Ages 60 and Older)

HAND JOINT MANIFESTATIONS

a. Wrist

- Tender on Palpation
- Swelling
- Pain on Passive Motion

1. No Findings

8. Data Not Collected

1. None, No Findings

2. Right

3. Left

4. Both

8. Data Not Collected

4. UPPER EXTREMITIES (Cont'd)

b. MCP

<input type="checkbox"/> 1. No Findings
8. Data Not Collected

1. None, No Findings

2. Findings

8. Some Data Not Collected

Right Left

Tenderness 1 2 3 4 5 5 4 3 2 1

Swelling _____

Pain on Passive Motion _____

c. PIP

Right Left

Tenderness 2 3 4 5 5 4 3 2

Swelling _____

Pain on Passive Motion _____

d. DIP

Right Left

Tenderness 1 2 3 4 5 5 4 3 2 1

Swelling _____

Pain on Passive Motion _____

4. UPPER EXTREMITIES (Cont'd)

- 1. No Findings**
- 8. Data Not Collected**

e. DEFORMITIES (Ages 60 and Older)

- Heberden's Nodes (DIP)
- Bouchard's Nodes (PIP)
- Swan Neck
- Boutonniere Joints
- Ulnar Deviation or Subluxation at MCP or Wrist
- Subcutaneous Nodules on Shaft of Forearm

1. None, No Findings

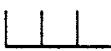
2. Right

3. Left

4. Both

8. Data Not Collected

**5. CENTRAL PULSE RATE (2 Months -
4 Years)**



Central Pulse Rate
(30 Seconds)

888 = Cannot Obtain

6. BLOOD PRESSURE (Ages 5 and Older)

a. Cuff Width

1. Infant
2. Child
3. Adult
4. Large
5. Thigh

b. Arm

1. Right
2. Left

c. Have you had any alcohol, coffee or cigarettes in the past 30 minutes?
(Ha fumado cigarillos o tomado algun alcolol o cafe en los ultimos 30 minutos?)

1. No.
2. Yes
8. No Data Collected

d. Pulse Rate (15 Seconds)

888 = Cannot Obtain

6. BLOOD PRESSURE (Cont'd)e. Irregular Pulse

1. No.

2. Yes

8. No Data Collected

f.

--	--	--

 MIL

g. First Blood Pressure

Ages 5-19 K1, K4, and K5

K1 K4 K5

--	--	--

 Refused

888 in K1 = Cannot Obtain

Ages 20 and Over, K1 and K5

K1 K5

--	--

 Refused

6. BLOOD PRESSURE (Cont'd)

h. Second Blood Pressure

Ages 5-19 K1, K4, and K5

K1	K4	K5
----	----	----

888 in K1 = Cannot Obtain

Ages 20 and Over K1 and K5

K1	K5
----	----

Refused

i. Third Blood Pressure

Ages 5-19 K1, K4, and K5

K1	K4	K5
----	----	----

888 in K1 = Cannot Obtain

Ages 20 and Over K1 and K5

K1	K5
----	----

Refused

j. Average of Second & Third Readings

Ages 5-19 K1, K4, and K5

K1	K4	K5
----	----	----

888 in K1 = Cannot Obtain

Ages 20 and Over K1 and K5

K1	K5
----	----

k. Statement to Examinee:

Number 1-4

7. CHEST (All Ages) 1. No Findings

8. Data Not Collected

(Auscultate Posterior Portion of Each Lung):

a. Breath Sounds-Intensity

 R L Decreased Breath Sounds R L Adventitious Sounds
(Rales, Wheezes, Rhonchi)

1. None, No Findings

2. Yes, Findings

8. Data Not Collected

8. HEART (All Ages) a. Systolic Murmur

0 = None

 b. Diastolic Murmur

1-6 = Grade

8 = Data Not Collected

9. DERMATITIS (Ages 5-59 Years)

a. Hand Dermatitis

 Palms 1. No Findings Palmar Fingers

8. Data Not Collected

 Dorsal Dorsal Fingers

1. None, No Findings

2. Redness/Inflammation

3. Vesicles

4. Both Inflammation and
and Vesicles

8. Data Not Collected

b. Lichenified Dermatitis

 Wrists, Elbows, Knees

1. None, No Findings

2. Yes, Findings

8. Data Not Collected

10. JOINT EXAMINATION (Ages 60 and Older)

1. No Findings

8. Data Not Collected

a. Great Toe

Tender on Palpation		Swelling		Pain on Passive Motion	
R	L	R	L	R	L
DIP	<input type="checkbox"/>				
MTP	<input type="checkbox"/>				

1. None, No Findings

2. Findings

8. Data Not Collected

b. Knee Joint Manifestations

Crepitus

Tender on Palpation

Swelling

Pain on Passive Motion

1. None, No Findings

2. Right

3. Left

4. Both

8. Data Not Collected

Maximum Limitation on Passive Motion

Right

Range 0 to 4

Left

8. Data Not Collected

c. Foot Deformities

Hammer Toes

Bunions

1. No Findings

8. Data Not Collected

1. None, No Findings

2. Right

3. Left

4. Both

8. Data Not Collected

11. TANNER STAGING AND BREAST SIZE

Ages 2 Months – 4 Years:

88 = Cannot Obtain

a. Breast Size (Largest Diameter)

Right Left

□□ mm. □□ mm.

Ages 8 – 18 Years: Chaperon Name

b. Tanner Stage _____

Stage 1–5

Pubic Hair (Male and Female)

0 = Refused

Genitalia (Male)

Breast (Female) – Grade least developed breast

12. BIOELECTRIC IMPEDANCE MEASURES (Ages 12 and Older)

(BIA should not be done on pregnant women or anyone with a pacemaker.)

a. BIA Resistance (ohms) _____

Cannot Obtain

b. BIA Reactance (ohms) _____

Cannot Obtain

13. PHYSICIAN'S IMPRESSION

a. Health Status (All Ages):

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
8. Data Not Collected

b. Evidence of disabling cognitive impairment preventing subject from complying with examination. (All Ages)

1. No
2. Yes
8. Data Not Collected

c. Possible Active Infection (All Ages)

1. No
2. Yes
8. Data Not Collected

d. Speech (Ages 3 and Up)

Able to communicate appropriately for age

1. Yes
2. No
8. Data Not Collected

13. PHYSICIAN'S IMPRESSION (Cont'd)

e. Estimate of Functional Abilities (Ages 5 and Older):

Activity	Estimated Level of Difficulty	If Difficulty, Prognosis Over 1 Year
1. Walking 1/4 Mile	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected
2. Running 100 Yards	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected
3. Stooping, Crouching or Kneeling	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected
4. Small motor movements in hand like opening a jar, opening a door, or picking up a pencil	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected
5. Doing heavy housework, gardening, exercise or play	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected

13. PHYSICIAN'S IMPRESSION (Cont'd)

f. Estimate of Functional Abilities (Ages 2 Months to 4 Years Only):

Activity	Estimated Level of Difficulty	If Difficulty, Prognosis Over 1 Year
1. Play	<input type="checkbox"/> 1. No Difficulty 2. Some Difficulty 3. Moderate Difficulty 4. Could Not Be Done 8. Data Not Collected	<input type="checkbox"/> 1. Full Recovery 2. Partial Recovery 3. No Change 4. More Deterioration 8. Data Not Collected

14. RESULTS OF EXAMINATION

- Exam Complete
- BIA Not Done
- Refused/Uncooperative
- Out of Time
- Physically Unable to Cooperate
- SP Unable to Understand Instructions
- Equipment Problem
- Other Reason
- Done at Prior Session

COMMENTS: _____

REFERRAL

DATE OF EXAM ____/____/____

NAME _____

TIME OF EXAM ____:____

AGE _____ SEX _____

SESSION NO. _____

SAMPLE NO. _____

Referral Level: _____ (Number 1-3)

Letter Sent: _____ Phoned: _____

- | | |
|---|-----------------------|
| <input type="checkbox"/> X-RAY | 1. Reviewed: OK |
| <input type="checkbox"/> BLOOD PRESSURE | 2. Reviewed: Referral |
| <input type="checkbox"/> HEMATOLOGY | 3. Not in Protocol |
| <input type="checkbox"/> EKG | 8. Didn't See |
| <input type="checkbox"/> MEDICAL EMERGENCY/ACCIDENT | |
| <input type="checkbox"/> OTHER _____ | |

Statement of what SP was told: _____
_____SP's Response: _____

<input type="checkbox"/> Was consent form signed with designated provider listed?	1. Yes
	2. No

<input type="checkbox"/> Did SP refuse to designate provider or sign release?	1. Yes
	2. No
	3. Com
	4. N/A

Witness: _____

<input type="checkbox"/> Was the incident form filled out?	1. Yes
	2. No
	3. N/A

Comments:

<input type="checkbox"/> Is referral complete?	1. Yes
	2. No

BODY MEASUREMENTS

ALL AGES

STAFF NO. _____

SAMPLE NO. _____

How tall are you without shoes? 12-16 yrs.	_____ ft _____ in	(_____ cm)
How much do you weigh without shoes? 12-16 yrs.	_____ lb	(_____ kg)

MEASUREMENT NAME	AGE	MEASUREMENT	CODE*	COMMENT
1. Weight	2 mo +	_____ kg	_____	
2. Standing Height	2 yr +	_____ cm	_____	
3. Sitting Height	2 yr +	_____ cm	_____	
4. Recumbent Length	2 mo-3yr	_____ cm	_____	
5. Head Circumference	2 mo-7 yr	_____ cm	_____	
6. Upper Leg Length	2 yr +	_____ cm	_____	
7. Knee Height	60 yr +	_____ cm	_____	
8. Biacromial Breadth	3 yr +	_____ cm	_____	
9. Biliac Breadth	2 yr +	_____ cm	_____	
10. Upper Arm Length	2 mo +	_____ cm	_____	
11. Arm Circumference	2 mo +	_____ cm	_____	
12. Waist Circumference	2 yr +	_____ cm	_____	
13. Buttocks Circumference	2 yr +	_____ cm	_____	
14. Thigh Circumference	2 yr +	_____ cm	_____	
15. Thigh Skinfold	2 yr +	_____ mm	_____	
16. Triceps Skinfold	2 mo +	_____ mm	_____	
17. Subscapular Skinfold	2 mo +	_____ mm	_____	
18. Suprailiac Skinfold	2 yr +	_____ mm	_____	
19. Elbow Breadth	2 yr +	_____ cm	_____	
20. Wrist Breadth	2 yr +	_____ cm	_____	

STAFF NO. _____

REPEAT MEASURES BY SECOND EXAMINER:

MEASUREMENT NAME	AGE	MEASUREMENT	CODE*	COMMENT
1. Triceps Skinfold	2 mo +	_____ mm		
2. Subscapular Skinfold	2 mo +	_____ mm		
3. Suprailiac Skinfold	2 yr +	_____ mm		
4. Mid-Thigh Skinfold	2 yr +	_____ mm		

RESULTS OF EXAMINATION:

- 1 Test done
 2 Test incomplete
 3 Test not done

Height Photo Taken

- 1 Yes
 2 No

REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Software malfunction
 2 Hardware malfunction or lack of supplies
 3 Insufficient time available or room not available
 4 Examinee refused
 5 Examinee unable to understand test instructions due to language barrier
 6 Examinee unable to understand test instructions due to other reasons
 7 Examinee uncooperative
 8 Examinee pregnant
 9 Examinee wheelchair bound
 10 Amputee
 11 Artificial body parts
 12 Examinee uses walker, cane or braces
 13 Comments: _____

*ITEM COMMENT CODES:

1. SP refused to have measurement taken
2. SP was crying/fighting/upset/uncooperative
3. Not done because of a rash or other skin irritation/dermatosis
4. "Tight skin" (i.e., could not separate subcutaneous fat from underlying muscle)
5. Exam interrupted (e.g., to draw blood) -- reschedule
6. SP visibly edematous
7. Skinfold too large for calipers
8. Too many folds or fat -- unable to reliably identify site
9. Cast at site -- describe
10. Equipment malfunction (e.g., camera jammed)
11. Tech did not finish -- had to leave room
12. SP unable to stand/sit straight (due to Dowager's hump, scoliosis, etc.)
13. Exam aborted -- (e.g., SP too tired and hungry; SP had to leave exam center, etc.)

Department of Health and Human Services
 Public Health Service
 Centers for Disease Control
 National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

MEC ADULT QUESTIONNAIRE

(AGES 17 + YEARS)

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

Stand No.	Segment No.	Serial No.
-----------	-------------	------------

FAMILY
NO:

NAME (First, Middle, Last)

SP NO:

AGE

SEX

- 1 Male
 2 Female

SAMPLE
NO:

DECK
NO:

* 7 2 0 *

TIME BEGAN

- 1 am
 2 pm
 ____ : ____ noon

TIME ENDED

- 1 am
 2 pm
 ____ : ____ noon

DATE OF EXAMINATION

____ / ____ / ____
 MO. DAY YR.

LANGUAGE OF INTERVIEW

- 1 English
 2 Spanish
 3 Other

4 _____
 SPECIFY _____

MEC ADULT QUESTIONNAIRE
AGES 17+ YEARS

<u>TOPIC</u>	<u>PAGE</u>
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C. SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE	3
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G. DIS	13
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READ INTRODUCTION TO ALL SPs:

This interview includes questions covering a number of health-related practices, behaviors, and experiences. All of your responses will be kept strictly confidential.

TOBACCO (17+ YRS.)

<p>First I would like to ask you a few questions about tobacco use.</p>	
A1. How many cigarettes have you smoked in the past 5 days?	<input type="checkbox"/> none <u> </u> cigarettes number
A2. How many pipes and how many cigars have you smoked in the past 5 days?	<input type="checkbox"/> none <u> </u> pipes and <u> </u> cigars number number
A3. How many containers of chewing tobacco or snuff have you used in the past 5 days? (IF BOTH USED, ENTER TOTAL NUMBER.)	<input type="checkbox"/> none <input type="checkbox"/> less than 1 container/pkg. <u> </u> containers/pkgs. number
A4. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)	<input type="checkbox"/> none <u> </u> pieces number

COGNITIVE FUNCTION - PART A (60+ YRS.)

B1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> LESS THAN 60 YRS. (C1) 2 <input type="checkbox"/> 60+ YRS.
B2. Now I'm going to read you a short story and when I'm through I'm going to wait a few seconds and then ask you to tell me as much as you can remember. The story is: SLOWLY Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well. PAUSE FOR A FEW SECONDS. Please tell me the story.	IDEAS PRESENT IN ANSWER THREE CHILDREN - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT HOUSE ON FIRE - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT FIREMAN CLIMBED IN - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT CHILDREN RESCUED - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT MINOR INJURIES - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT EVERYONE WELL - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT

SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE (17+ YRS.)

<p>Next are a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.</p>	
C1. Are you <u>currently</u> trying to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
C2. Are you <u>now</u> or in the <u>past 3 months</u> have you been on treatment for anemia, sometimes called "tired blood" or "low blood"? (Include diet, iron pills, iron shots, transfusions as treatment.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C3. How many colds, flu, diarrhea, vomiting, pneumonia and ear infections have you had in the <u>past 4 weeks</u> ?	<input type="checkbox"/> none infections number
C4. How many times have you donated blood in the <u>past 12 months</u> ?	<input type="checkbox"/> none (0) times number
C5. How long ago was your last blood donation?	<input type="checkbox"/> less than one month ago months ago number
C6. Have you taken or used any antihistamine medicines in the past 2 days? (Antihistamines are medicines taken for symptoms like sneezing and a runny or itchy nose.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
C7. Prescription medicines are medicines that cannot be obtained without a doctor's or dentist's prescription. Have you taken any prescription medicines during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
C8. Have you taken any vitamins or minerals during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

COGNITIVE FUNCTION - PART B (60+ YRS.)

<p>D1. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> LESS THAN 60 YRS. (E1)</p> <p>2 <input type="checkbox"/> 60+ YRS.</p>																		
<p>D2. Please recall the short story I read you a few moments ago and tell me as much as you can remember of the story now.</p>	<p style="text-align: center;">IDEAS PRESENT IN ANSWER</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">THREE CHILDREN -</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> <tr> <td>HOUSE ON FIRE -</td> <td style="text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> <tr> <td>FIREMAN CLIMBED IN -</td> <td style="text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> <tr> <td>CHILDREN RESCUED -</td> <td style="text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> <tr> <td>MINOR INJURIES -</td> <td style="text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> <tr> <td>EVERYONE WELL -</td> <td style="text-align: center;"><input type="checkbox"/> PRESENT</td> <td style="text-align: center;"><input type="checkbox"/> ABSENT</td> </tr> </table>	THREE CHILDREN -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT	HOUSE ON FIRE -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT	FIREMAN CLIMBED IN -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT	CHILDREN RESCUED -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT	MINOR INJURIES -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT	EVERYONE WELL -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT
THREE CHILDREN -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	
HOUSE ON FIRE -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	
FIREMAN CLIMBED IN -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	
CHILDREN RESCUED -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	
MINOR INJURIES -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	
EVERYONE WELL -	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT																	

ALCOHOL/DRUG USE (17+ YRS.)

<p>E1. These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor.</p>	
<p>In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage? Do not count small tastes.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E8)</p>
<p>E2. In the <u>past 12 months</u> did you have at least 12 drinks of <u>any</u> kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E7)</p>
<p>E3. In the <u>past 12 months</u>, on the average, how many days per week, month, or year did you drink <u>any</u> alcoholic beverages?</p>	<p><u> </u> days per number { <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p><input type="checkbox"/> DK</p>
<p>E4. On the average, on the days that you drank alcohol, how many drinks did you have a day? (By a drink, I mean a 12-oz beer, a 4-oz glass of wine, or an ounce of liquor.)</p>	<p><u> </u> drinks per day number <input type="checkbox"/> DK</p>
<p>E5. In the past 12 months, how many days per week, month, or year did you have 9 or more drinks on a single day? Include all types.</p>	<p><input type="checkbox"/> none <u> </u> days per number { <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p><input type="checkbox"/> DK</p>
<p>E6. In the past 12 months, how many days per week, month, or year did you have 5 or more drinks on a single day? Include all types. (Include the (NUMBER IN E5) days you had 9 or more drinks.)</p>	<p><input type="checkbox"/> none <u> </u> days per number { <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p><input type="checkbox"/> DK</p>
<p>E7. Was there ever a time or times in your life when you <u>drank 5 or more drinks</u> of any kind of alcoholic beverage <u>almost every day</u>?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>E8. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 60+ YRS. (F1) 2 <input type="checkbox"/> LESS THAN 60 YRS.</p>
<p>The next few questions are about your experience with drugs.</p>	
<p>E9. Have you <u>ever</u> used marijuana?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E12)</p>
<p>E10. About how many times in your lifetime have you used marijuana?</p>	<p>1 <input type="checkbox"/> 1 or 2 times 2 <input type="checkbox"/> 3 to 10 times 3 <input type="checkbox"/> 11 to 99 times 4 <input type="checkbox"/> 100 or more times</p>
<p>E11. During the past month, on how many days did you use marijuana?</p>	<p><input type="checkbox"/> none in past month <u> </u> days number</p>

E12. Have you ever used crack or cocaine in any form?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F1)
E13. About how many times in your lifetime have you used crack or cocaine (in any form)?	1 <input type="checkbox"/> 1 or 2 times 2 <input type="checkbox"/> 3 to 10 times 3 <input type="checkbox"/> 11 to 99 times 4 <input type="checkbox"/> 100 or more times
E14. During the past month, on how many days did you use crack or cocaine (in any form)?	<input type="checkbox"/> none in past month _____ days number

REPRODUCTIVE HEALTH (17+ YRS.)

F1. CHECK ITEM. REFER TO AGE AND SEX OF SP.	1 <input type="checkbox"/> MALE 60+ YRS. (H1) 2 <input type="checkbox"/> MALE LESS THAN 60 YRS. (F50) 3 <input type="checkbox"/> FEMALE
F2. The next questions ask about your periods or menstrual cycle and about pregnancy history. How old were you when your periods or menstrual cycles started?	<input type="checkbox"/> haven't started yet (F49) _____ (F4) age <input type="checkbox"/> DK (F3)
F3. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older?.	1 <input type="checkbox"/> younger than 10 2 <input type="checkbox"/> 10-12 3 <input type="checkbox"/> 13-15 4 <input type="checkbox"/> 16+ 9 <input type="checkbox"/> DK
F4. Have you <u>ever</u> been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, live births, and current pregnancy.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F21)
F5. How many times have you been pregnant? Again, be sure to count all your pregnancies whether they ended in miscarriage, stillbirth, tubal pregnancy, abortion, or live birth. (Include current pregnancy.)	_____ pregnancies number
F6. What is the total number of live births (live-born children) you have had?	<input type="checkbox"/> none (F11) <input type="checkbox"/> one live birth (F8) _____ live births number
F7. How old were you at the time of your <u>first</u> live birth?	_____ age
F8. How old were you at the time of your <u>last</u> live birth?	_____ age
F9. Did you breastfeed (your child/any of your children)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F11)
F10. (Did you breastfeed your child/how many of your children did you breastfeed) for <u>at least one month</u> ?	<input type="checkbox"/> no children <input type="checkbox"/> one child _____ children number

F11. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 52+ YRS. (F21) 2 <input type="checkbox"/> 50-51 YRS. (F14) 3 <input type="checkbox"/> LESS THAN 50 YRS. (F12)
F12. (MARK BOX IF KNOWN) Are you <u>now</u> pregnant?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F14) 9 <input type="checkbox"/> DK (F14)
F13. Which month of pregnancy are you in?	<u> </u> month number
F14. MARK IF KNOWN. OTHERWISE ASK: (Besides this pregnancy) have you been pregnant in the past 2 years?	1 <input type="checkbox"/> no, current pregnancy only (F16) 2 <input type="checkbox"/> yes, has been pregnant in past 2 years, do not include current pregnancy (F15) 3 <input type="checkbox"/> no, has not been pregnant in past 2 years (F19)
F15. How many months ago did your (last) pregnancy end?	1 <input type="checkbox"/> less than 4 months ago 2 <input type="checkbox"/> 4 mos.-less than 7 mos. ago 3 <input type="checkbox"/> 7 mos.-less than 10 mos. ago 4 <input type="checkbox"/> 10-12 months ago 5 <input type="checkbox"/> 13-24 months ago
F16. Did you receive benefits from WIC, that is, the Women, Infants, and Children program, in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F19) 9 <input type="checkbox"/> DK (F19)
F17. Are you <u>now</u> receiving benefits from the WIC program?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F18. How long (did you receive/have you been receiving) benefits from the WIC program?	<u> </u> number { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK
F19. CHECK ITEM. REFER TO F6.	1 <input type="checkbox"/> "NONE" IN F6 (F21) 2 <input type="checkbox"/> 1 OR MORE LIVE BIRTHS IN F6
F20. Are you <u>now</u> breastfeeding a child?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
F21. Have you had a period in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F23) 9 <input type="checkbox"/> DK (F23)
F22. About how long ago was your last period?	1 <input type="checkbox"/> having it now (F27) 2 <input type="checkbox"/> less than 2 months ago (F27) 3 <input type="checkbox"/> 2-3 months 4 <input type="checkbox"/> 4-6 months 5 <input type="checkbox"/> 7-9 months 6 <input type="checkbox"/> 10-12 months } (F25)

F23. About how old were you when you had your last period?	<u>age</u> (F25) <input type="checkbox"/> DK (F24)
F24. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?	<p style="text-align: center;">1 <input type="checkbox"/> younger than 20 2 <input type="checkbox"/> 20-29 3 <input type="checkbox"/> 30-39 4 <input type="checkbox"/> 40-44 5 <input type="checkbox"/> 45-49 6 <input type="checkbox"/> 50-54 7 <input type="checkbox"/> 55+ 9 <input type="checkbox"/> DK</p>
IF SP IS CURRENTLY PREGNANT, GO TO F27. OTHERWISE ASK:	
F25. Have you had a hysterectomy? DEFINE IF NECESSARY: Has your uterus/womb been removed?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F27) 9 <input type="checkbox"/> DK (F27)
F26. How old were you when you had your (hysterectomy/uterus/womb removed)?	<u>age</u>
F27. Have you had one or both of your ovaries removed (either when you had your uterus removed or at another time)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F30) 9 <input type="checkbox"/> DK (F30)
F28. Were both ovaries removed or only one?	<p style="text-align: center;">1 <input type="checkbox"/> both 2 <input type="checkbox"/> one 9 <input type="checkbox"/> DK</p>
F29. How old were you when you had your (ovary/ovaries) removed? IF BOTH OVARIES REMOVED, ASK IF REMOVED AT DIFFERENT AGES. RECORD AGE WHEN SECOND OVARY REMOVED.	<u>age</u> <input type="checkbox"/> DK
Now I'm going to ask you about your past and current use of female hormone pills, including birth control pills and estrogen pills.	
F30. Have you ever taken birth control pills for any reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F34a)
F31. How old were you when you began taking birth control pills?	<u>age</u>
F32. How long ago did you stop taking birth control pills or are you still taking them?	<p style="text-align: center;"><input type="checkbox"/> still taking now</p> <p style="text-align: center;">number</p> <p style="text-align: right; margin-right: 100px;"> { 1 <input type="checkbox"/> days 2 <input type="checkbox"/> weeks 3 <input type="checkbox"/> months 4 <input type="checkbox"/> years </p>

F33. Not counting any time when you stopped taking them, for how long <u>altogether</u> (have you taken/did you take) birth control pills?	<input type="checkbox"/> less than one month number { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK
F34. IF MORE THAN ONE YEAR AGO IN F32 GO TO (F34a) OTHERWISE SHOW ORAL CONTRACEPTIVES CHART AND ASK: Please look at this chart and show me the brand of pills you (use/used).	<u>number on chart</u> <input type="checkbox"/> other _____ <input type="checkbox"/> DK specify _____
CHECK ITEM: REVIEW BOTH CONDITIONS BEFORE ASKING F34a.	IF F32 = "still taking now" then go to F35. If F30 = "No" and SR's age = 50 or older then go to F35.
F34a. Have you ever had an implant under your skin called NORPLANT to prevent pregnancy?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F34b. Do you now have NORPLANT implanted under your skin?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F34c. How long ago was NORPLANT implanted?	<u>number</u> 1 <input type="checkbox"/> months ago { 2 <input type="checkbox"/> years ago
F35. CHECK ITEM. REFER TO F12, F20, F22, AND F25. MARK FIRST APPLICABLE BOX.	<input type="checkbox"/> CURRENTLY PREGNANT IN F12 (F49) <input type="checkbox"/> CURRENTLY BREASTFEEDING IN F20 (F49) <input type="checkbox"/> PERICO WITHIN LAST 2 MONTHS IN F22 (F49) <input type="checkbox"/> HYSTERECTOMY IN F25 (F37) <input type="checkbox"/> OTHER (F36)
F36. Have your periods presently stopped due to radiation or chemotherapy?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
F37. Have you ever taken estrogen or female hormone pills by mouth/other than oral contraceptive pills?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F41) 9 <input type="checkbox"/> DK (F41)
F38. How old were you when you first took the estrogen or female hormone pills?	<u>age</u> <input type="checkbox"/> DK
F39. How long ago did you stop taking the estrogen or female hormone pills or are you still taking them?	<input type="checkbox"/> still taking now <input type="checkbox"/> less than 1 month ago <u>number</u> { <input type="checkbox"/> months ago <input type="checkbox"/> years ago
F40. Not counting any time when you stopped taking them, for how many years <u>altogether</u> have you taken estrogen or female hormone pills?	<u>less than 1 year</u> <u>years</u> <u>number</u>
F41. Have you ever taken or used estrogen or female hormones in the form of vaginal cream, suppository, or injection?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N F41 9 <input type="checkbox"/> DK (F45)

F42. How old were you when you first used female hormones in the form of a vaginal cream, suppository, or injection?

age

F43. How long ago did you stop using the vaginal cream, suppository, or injection or are you still using them?	<input type="checkbox"/> still using <input type="checkbox"/> less than 1 month ago number { <input type="checkbox"/> months ago <input type="checkbox"/> years ago
F44. Not counting any time when you stopped using the vaginal cream, suppository, or injection, for how many years <u>altogether</u> have you used them?	<input type="checkbox"/> less than 1 year number years <input type="checkbox"/> DK
F45. Have you <u>ever</u> used female hormones in the form of patches that are placed on the skin?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F49) 9 <input type="checkbox"/> DK (F49)
F46. How old were you when you <u>first</u> used the hormone patches?	<u>age</u> <input type="checkbox"/> DK
F47. How long ago did you stop using the hormone patches or are you still using them?	<input type="checkbox"/> still using <input type="checkbox"/> less than 1 month ago number { <input type="checkbox"/> months ago <input type="checkbox"/> years ago <input type="checkbox"/> DK
F48. Not counting any time when you stopped using the female hormone patches, for how many years <u>altogether</u> have you used them?	<input type="checkbox"/> less than 1 year number years
F49. CHECK ITEM. REFER TO AGE OF SP.	<input type="checkbox"/> 60+ YRS. (H1) <input type="checkbox"/> LESS THAN 60 YRS. (F50)
In order to get a more complete picture of the health of the population, we are asking about sexual experience. Please remember that your answers are strictly confidential.	<input type="checkbox"/> has not had intercourse (G1)
F50. At what age did you first have sexual intercourse?	<u>age</u>
F51. With how many different partners have you ever had sexual intercourse?	<u>partners</u> number
F52. CHECK ITEM. REFER TO SEX OF SP AND TO F51. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> SP IS FEMALE (F56) 2 <input type="checkbox"/> 2+ PARTNERS IN F51 (F54) 3 <input type="checkbox"/> 1 PARTNER IN F51 (F53)
F53. Was this partner female or male?	1 <input type="checkbox"/> female } (F56) 2 <input type="checkbox"/> male

<p>F54. How many partners have been female? IF NO. OF FEMALES EQUALS NO. OF PARTNERS REPORTED IN F51, MARK "ALL"</p>	<p><input type="checkbox"/> all } (F56) <input type="checkbox"/> none <u> </u> females <u> </u> number</p>
<p>F55. How many partners have been male?</p>	<p><u> </u> males <u> </u> number</p>
<p>F56. With how many (different) partners have you had sexual intercourse in the <u>past year</u>?</p>	<p><input type="checkbox"/> none in past year <u> </u> partners <u> </u> number</p>
<p>F57. Has a doctor ever told you that you had genital herpes?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>

DIS (17-39 YRS.)

<p>G1. CHECK ITEM. REFER TO AGE OF SP.</p> <p>Next I would like to ask you several questions about your feelings, thoughts, and moods.</p>	<p>1 <input type="checkbox"/> 40+ YRS. (H1) 2 <input type="checkbox"/> LESS THAN 40 YRS.</p>
<p>G2. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G3. Have you had <u>two years</u> or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?</p>	<p>Y → PROBE 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK</p>
<p>G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

ASK G5 - G20. OMIT WORDS IN []. CODE IN COLUMN I.				I EVER IN LIFETIME	II WORST PERIOD
A P P E T I T E	G5. Has there ever been a period of two weeks or longer when you lost [Did you lose] your appetite? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL. MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G6. Have you ever lost [Did you lose] weight without trying to—as much as two pounds a week for several weeks [or as much as 10 pounds altogether]? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G7. Have you ever had a period when your eating increased so much [Did your eating increase so much] that you gained as much as two pounds a week for several weeks [or 10 pounds altogether]? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
S L E E P	G8. Have you ever had a period of two weeks or more when you had [Did you have] trouble falling asleep, staying asleep, or with waking up too early? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G9. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G10. Has there ever been a period lasting two weeks or more when you felt [Did you feel] tired out all the time? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
S L O W R E S T L E S S	G11. Has there ever been a period of two weeks or more when you talked or moved [Did you talk or move] more slowly than is normal for you? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G12. Has there ever been a period of two weeks or more when you had [Did you have] to be moving all the time—that is, you couldn't sit still and paced up and down? MD: _____ SELF: _____	Y —> PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

		I EVER IN LIFETIME	II WORST PERIOD
LOST INTEREST	G13. Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?	<p>Y —> PROBE</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 6		
WORTHLESS	G14. Has there ever been a period of two weeks or more when you felt [Did you feel] worthless, sinful, or guilty?	<p>Y —> PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
TROUBLE	G15. Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you?	<p>Y —> PROBE</p> <p>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		
THINKING	G16. Have you ever had a period of two weeks or more when your thoughts came [Did your thoughts come] much slower than usual or seemed mixed up?	<p>Y —> PROBE</p> <p>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		
THOUGHT OF DEATH	G17. Has there ever been a period of two weeks or more when you thought [Did you think] a lot about death—either your own, someone else's, or death in general?	<p>Y —> PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G18. Has there ever been a period of two weeks or more when you felt [Did you feel] like you wanted to die?	<p>Y —> PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G19. Have you ever felt [Did you feel] so low you thought of committing suicide?	<p>Y —> PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G20. Have you ever attempted [Did you attempt] suicide?	<p>Y —> PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

G21. CHECK ITEM: REFER TO G2 AND G5-G20.	1 <input type="checkbox"/> "5'S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "Y" IN G2 (G22) 2 <input type="checkbox"/> "5'S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "NO" IN G2 (G24) 3 <input type="checkbox"/> OTHER (G41)			
G22. You said you've had a period of feeling (depressed/sad/blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL "5's IN G5-G20). Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y (G26) 2 <input type="checkbox"/> N			
G23. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?	1 <input type="checkbox"/> never been a period (G41) 2 <input type="checkbox"/> has been a period (G26)			
G24. You said you have had periods when (LIST ALL 5's IN G5-G20). Was there ever a time when several of these problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G41)			
G25. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?	<input type="checkbox"/> okay (G41) <input type="checkbox"/> gloomy, low, etc.			
G26. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time?	<input type="checkbox"/> less than 2 weeks (G41) <input type="checkbox"/> whole life number { <table style="margin-left: 20px;"> <tr><td><input type="checkbox"/> weeks</td></tr> <tr><td><input type="checkbox"/> months</td></tr> <tr><td><input type="checkbox"/> years</td></tr> </table>	<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input type="checkbox"/> years
<input type="checkbox"/> weeks				
<input type="checkbox"/> months				
<input type="checkbox"/> years				
G27. Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 96 SPELLS OR MORE, CODE 96.	number spells			
G28. Did you tell a doctor about (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N			
G29. Did you tell any other professional about (it/any of them)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N			
G30. Did you take medicine more than once because of (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N			
G31. Did (that spell/those spells) interfere with your life or activities a lot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
G32. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as (LIST 2 OR 3 "5's CODED IN G5-G20)?	age			
G33. Did (that spell/any of those spells) occur just after someone close to you died? IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G35)			

G34. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems such as (LIST 2 OR 3 ITEMS CODED "S" IN G5-G20) at times when it wasn't due to a death?	1 <input type="checkbox"/> only due to death 2 <input type="checkbox"/> other times or not due to death
G35. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?	1 <input type="checkbox"/> Y (G38) 2 <input type="checkbox"/> N
G36. When did your last spell like that end? CODE MOST RECENT TIME POSSIBLE.	1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G37) <p style="text-align: right;">(G38)</p>
IF MORE THAN ONE YEAR AGO:	
G37. How old were you then?	<u>age</u>
G38. CHECK ITEM. REFER TO G26 AND G27.	1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39) 2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G26 (G39) 3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G26 (G40)
G39. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)	<u>age</u>
G40. During that spell of (depression/OWN EQUIVALENT) which of these other problems did you have? For instance, during that spell (when you were (AGE IN G39) years old) (BEGINNING WITH WORDS IN [], READ EACH QUESTION CODED "S" IN G5-G20). IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "Y" IN COL. II. IF DID NOT OCCUR MARK "N" IN COL. II.	

	I EVER IN LIFETIME	II WORST PERIOD
G41. Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	
ASK G42-G49. OMIT WORDS IN []. CODE IN COLUMN I.		
G42. Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>1 <input type="checkbox"/> N or DK</p>	
G43. Has there ever been a period of a week or more when you went [Did you go] on spending sprees—spending so much money that it caused you or your family some financial trouble?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>1 <input type="checkbox"/> N or DK</p>	
G44. Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>1 <input type="checkbox"/> N or DK</p>	
G45. Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>1 <input type="checkbox"/> N or DK</p>	
G46. Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them?	<p>Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>1 <input type="checkbox"/> N or DK</p>	

		I EVER IN LIFETIME	II WORST PERIOD
G47. Have you ever had a period of a week or more when you felt [Did you feel] that you had a special gift or special powers to do things others couldn't do or that you were a specially important person?	ASK FOR EXAMPLE BEFORE PROBING: <hr/>	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G48. Has there ever been a period of a week or more when you hardly slept [Did you hardly sleep] at all but still didn't feel tired or sleepy?		Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G49. Was there ever a period of a week or more when you were [Were you] easily distracted so that any little interruption could get you off the track?		Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G50. CHECK ITEM. REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.		1 <input type="checkbox"/> 2 OR MORE "5'S" IN G42-G49, "5" IN G41 (G51) 2 <input type="checkbox"/> 3 OR MORE "5'S" IN G42-G49, "1" OR "3" IN G41 (G53) 3 <input type="checkbox"/> LESS THAN 3 "5'S" IN G42-G49 (H1)	
G51. You said you've had a period of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and also said you've had some problems like (LIST "5's" IN G42-G49). Has there ever been a time when the feelings of being excited or manic <u>and</u> some of these other feelings or experiences occurred together—that is, within the same month?		1 <input type="checkbox"/> Y (G55) 2 <input type="checkbox"/> N	
G52. So there's never been a period when you felt very excited or manic at the same time you were having any of these other experiences?		1 <input type="checkbox"/> never been a period (H1) 2 <input type="checkbox"/> has been period (G55)	
G53. You said you had times when (LIST ALL 5's IN G42-G49). Was there ever a time when some of these feelings or experiences occurred together—that is, within the same month?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)	
G54. When you were feeling that way, were you unusually irritable or likely to fight or argue?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)	

G55. What's the longest spell you've ever had when you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) for at least a week <u>and</u> had several of these other experiences like (LIST 5's IN G42-G49)?	<u>number</u>	<input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
G56. In your lifetime, how many spells like that have you had that lasted <u>one week or more</u> ? IF 96 SPELLS OR MORE, ENTER 96.	<u>number</u>	<u>spells</u>
G57. Did you tell a doctor about (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N	
G58. Did you tell any other professional about (it/any of them)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N	
G59. Did you take medicine more than once because of (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N	
G60. Did (that spell/any of those spells) interfere with your life or activities a lot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	
G61. How old were you the first time you had a spell for one week or more where you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had some of these experiences like (LIST 2 OR 3 ITEMS CODED "5" IN G42-G49)?	<u>age</u>	
G62. Are you in one of these spells of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and having some of these experiences now?	1 <input type="checkbox"/> Y (G65) 2 <input type="checkbox"/> N	
G63. How long ago did your last period like that end? CODE MOST RECENT TIME POSSIBLE.	1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G64)	(G65)
IF MORE THAN 1 YEAR AGO:		
G64. How old were you then?	<u>age</u>	
G65. CHECK ITEM. REFER TO G56.	1 <input type="checkbox"/> ONE SPELL IN G56 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56	
G66. Now I'd like to know about the time when you were feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had the largest number of these other experiences at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)	<u>age</u>	

G67. During that spell of being (very happy/excited/manic/high/
OWN EQUIVALENT/irritable), which of these experiences did
you have? For instance, during that spell (when you were AGE
IN G66 years old) (BEGINNING WITH WORDS IN [], READ
EACH Q. CODED 5 IN G42-G49).

IF OCCURRED DURING THIS SPELL OF MANIA MARK "YES" IN
COL. II.

IF DID NOT OCCUR MARK "N" IN COL. II.

RESPONDENT (AGES 17+ YEARS)

<p>H1. CHECK ITEM. MARK ONE BOX.</p> <p>MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.</p>	<p>1 <input type="checkbox"/> SAMPLE PERSON (H4) 2 <input type="checkbox"/> MOTHER 3 <input type="checkbox"/> FATHER 4 <input type="checkbox"/> SPOUSE 5 <input type="checkbox"/> OTHER (SPECIFY) 6 _____</p>
<p>H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.</p>	<p>REASON _____</p>
<p>H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>H4. QUALITY OF INTERVIEW.</p>	<p>1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE</p>
<p>H5. COMMENTS.</p>	<p>1 _____ _____ _____ _____</p>

Department of Health and Human Services
 Public Health Service
 Centers for Disease Control
 National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

MEC YOUTH QUESTIONNAIRE

(AGES 8-16 YEARS)

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

Stand No.	Segment No.	Serial No.
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FAMILY
NO:

NAME (First, Middle, Last)

SP NO:

AGE

SEX

- 1 Male
 2 Female

SAMPLE
NO:DECK
NO:

622

TIME BEGAN

- 1 am
 2 pm
 3 noon

INTERVIEWER NO:

TIME ENDED

- 1 am
 2 pm
 3 noon

DATE OF EXAMINATION

MO. / DAY / YR.

LANGUAGE OF INTERVIEW

- 1 English
 2 Spanish
 3 Other

4 _____
 SPECIFY

MEC YOUTH QUESTIONNAIRE

AGE 8-16 YEARS

<u>TOPIC</u>	<u>PAGE</u>
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READ INTRODUCTION TO ALL SPs:

During this interview, I would like to ask you a number of questions about your health. All of your answers will be kept strictly confidential.

ACTIVITY (8-16 YRS.)

First I'd like to ask you some questions about your activities.

- A1. How many times per week do you play or exercise enough to make you sweat and breathe hard?

- less than once per week
- one
- two
- three
- four
- five
- six
- seven
- eight or more

- A2. In the past year, how many sport teams or organized exercise programs have you been involved in? Do not include physical education or gym classes.

- none
- one
- two
- three
- four
- five or more
- OK

- A3. About how many hours did you watch TV yesterday?

- NONE
- half hour or less
- about one hour
- about two hours
- about three hours
- about four hours
- five hours or more

TOBACCO (8-16 YRS.)

Now I'd like to ask you some questions about tobacco use.	
B1. Have you smoked at least 1 cigarette?	<input type="checkbox"/> Y <input type="checkbox"/> N (B15)
B2. At what age did you smoke your first cigarette?	<u>age</u> <input type="checkbox"/> DK
B3. Have you smoked at least 100 cigarettes during your entire life (approximately 5 packs)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B11)
B4. How old were you when you <u>first</u> started smoking cigarettes fairly regularly?	<u>age</u> or <input type="checkbox"/> never smoked regularly <input type="checkbox"/> DK
B5. Do you smoke cigarettes <u>now</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B12)
B6. About how many cigarettes do you smoke per day?	<input type="checkbox"/> less than 1 cig. per day <u>cigarettes</u> <u>number</u> <u>packs</u> <u>number</u> varies between _____ and _____ cigarettes
B7. For approximately how many years have you smoked this amount?	<u>years</u> <u>number</u>
B8. Was there ever a period of a year or more when you smoked more than (NUMBER IN B6) cigarettes per day?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B10)
B9. During the period when you were smoking the most, about how many cigarettes per day did you <u>usually</u> smoke?	<u>cigarettes</u> <u>number</u> <u>packs</u> <u>number</u> <input type="checkbox"/> varied
B10. Have you ever quit smoking for a period of <u>one year or longer</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
B11. How many cigarettes have you smoked in the past 5 days?	<input type="checkbox"/> none (B15) <u>cigarettes (B15)</u> <u>number</u>
B12. About how old were you when you <u>last</u> smoked cigarettes (fairly regularly)? PROBE: How old were you when you quit smoking cigarettes?	<u>age</u> <input type="checkbox"/> DK

B24. About how old were you when you <u>last</u> used chewing tobacco or snuff (fairly regularly)? (IF BOTH USED, RECORD OLDEST AGE)	<u>age</u> <input type="checkbox"/> DK
B25. Which did you use - chewing tobacco or snuff?	<input type="checkbox"/> chewing tobacco <input type="checkbox"/> snuff <input type="checkbox"/> both
B26. Did you quit using (chewing tobacco/snuff) because you had a health problem that was caused or made worse by using (it/them)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
B27. How many pipes and how many cigars have you smoked in the past 5 days?	<input type="checkbox"/> none <u> </u> pipes and <u> </u> cigars <u> </u> number <u> </u> number
B28. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 12 YRS. (C1) 2 <input type="checkbox"/> 12+ YRS. (B29)
B29. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)	<input type="checkbox"/> none <u> </u> pieces <u> </u> number

REPRODUCTIVE HEALTH (BOYS 12-16 YRS. AND GIRLS 10-16 YRS.)

C1. CHECK ITEM. REFER TO AGE AND SEX OF SP.	<input type="checkbox"/> FEMALE LESS THAN 10 YRS. (H1) <input type="checkbox"/> FEMALE 10+ YRS. (C2) <input type="checkbox"/> MALE LESS THAN 12 YRS. (H1) <input type="checkbox"/> MALE 12-14 YRS. (D1) <input type="checkbox"/> MALE 15-16 YRS. (C27)
Now I would like to ask you a few questions about your periods or menstrual cycle.	<input type="checkbox"/> haven't started yet (C26)
C2. How old were you when your periods or menstrual cycles started?	<u>age</u> <input type="checkbox"/> DK
C3. About how long ago was your last period?	1 <input type="checkbox"/> having it now 2 <input type="checkbox"/> less than 2 months ago 3 <input type="checkbox"/> 2-3 months ago 4 <input type="checkbox"/> 4-6 months ago 5 <input type="checkbox"/> 7-9 months ago 6 <input type="checkbox"/> 10-12 months ago 7 <input type="checkbox"/> more than 12 months ago
C4. CHECK ITEM. REFER TO AGE OF SP. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> LESS THAN 12 YRS. (H1) 2 <input type="checkbox"/> 12+ YRS. (C5)
Next are questions about use of birth control pills and about pregnancy history. Your answers will be kept confidential.	
C5. Have you <u>ever</u> taken birth control pills for any reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C10)
C6. How old were you when you began taking birth control pills?	<u>age</u>
C7. How long ago did you stop taking birth control pills or are you still taking them?	<input type="checkbox"/> still taking now <u>number</u> { <input type="checkbox"/> days ago <input type="checkbox"/> weeks ago <input type="checkbox"/> months ago <input type="checkbox"/> years ago
C8. Not counting any time when you stopped taking them, for how long <u>altogether</u> (have you taken/did you take) birth control pills?	<input type="checkbox"/> less than one month <u>number</u> { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK

<p>IF MORE THAN ONE YEAR AGO IN C7, GO TO C10. OTHERWISE SHOW ORAL CONTRACEPTIVES CHART AND ASK:</p> <p>C9. Please look at this chart and show me the brand of pills you (are/were) using.</p>	<p><u>no. from card</u></p> <p>OR</p> <p><input type="checkbox"/> other _____ specify</p> <p><input type="checkbox"/> DK</p>
<p>C10. Have you <u>ever</u> been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, live births, and current pregnancy.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C26)</p>
<p>C11. How many times have you been pregnant? Again, be sure to count all your pregnancies, whether they ended in miscarriage, stillbirth, tubal pregnancy, abortion, or live birth. (Include current pregnancy.)</p>	<p><u>pregnancies</u> <u>number</u></p>
<p>C12. What is the total number of live births (live-born children) you have had?</p>	<p><input type="checkbox"/> none (C17) <input type="checkbox"/> one live birth (C14)</p> <p><u>live births</u> <u>number</u></p>
<p>C13. How old were you at the time of your <u>first</u> live birth?</p>	<p><u>age</u></p>
<p>C14. How old were you at the time of your <u>last</u> live birth?</p>	<p><u>age</u></p>
<p>C15. Did you breastfeed (your child/any of your children)?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C17)</p>
<p>C16. (Did you breastfeed your child/how many of your children did you breastfeed) for <u>at least one month</u>?</p>	<p><input type="checkbox"/> no children <input type="checkbox"/> one child</p> <p><u>children</u> <u>number</u></p>
<p>C17. MARK BOX IF KNOWN. Are you <u>now</u> pregnant?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C19) 9 <input type="checkbox"/> DK (C19)</p>
<p>C18. Which month of pregnancy are you in?</p>	<p><u>month</u> <u>number</u></p>
<p>C19. MARK IF KNOWN. OTHERWISE, ASK: (Besides this pregnancy) have you been pregnant in the past 2 years?</p>	<p>1 <input type="checkbox"/> no, current pregnancy only (C21) 2 <input type="checkbox"/> yes, has been pregnant in past 2 years - do not include current pregnancy (C20) 3 <input type="checkbox"/> no, has not been pregnant in past 2 years (C24)</p>
<p>C20. How many months ago did your (last) pregnancy end?</p>	<p>1 <input type="checkbox"/> less than 4 mos. ago 2 <input type="checkbox"/> 4 mos.-less than 7 mos. ago 3 <input type="checkbox"/> 7 mos.-less than 10 mos. ago 4 <input type="checkbox"/> 10-12 mos. ago 5 <input type="checkbox"/> 13-24 mos. ago</p>

C21. Did you receive benefits from WIC, that is, the Women, Infants, and Children program, in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C24) 9 <input type="checkbox"/> DK (C24)
C22. Are you <u>now</u> receiving benefits from the WIC program?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C23. How long (did you receive/have you been receiving) benefits from the WIC program?	<u>number</u> { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK
C24. CHECK ITEM. REFER TO C12.	1 <input type="checkbox"/> "NONE" IN C12 (C26) 2 <input type="checkbox"/> 1 OR MORE LIVE BIRTHS IN C12
C25. Are you <u>now</u> breastfeeding a child?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
C26. CHECK ITEM. REFER TO AGE OF SP AND TO C10.	1 <input type="checkbox"/> LESS THAN 15 YRS. (D1) 2 <input type="checkbox"/> 15-16 YRS. AND "Y" IN C10 (C28) 3 <input type="checkbox"/> 15-16 YRS. AND "N" OR "OTHER" IN C10 (C27)
C27. In order to get a more complete picture of the health of the population, we are asking about sexual experience. As I mentioned, your answers are completely confidential. Have you <u>ever</u> had sexual intercourse?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D1)
C28. At what age did you <u>first</u> have sexual intercourse?	<u>age</u>

SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE (12-16 YRS.)

<p>Now I would like to ask you a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.</p>		
D1.	Are you <u>now</u> or in the <u>past 3 months</u> have you been on treatment for anemia, sometimes called "tired blood" or "low blood"? (Include diet, iron pills, iron shots, transfusions as treatment.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
D2.	How many colds, flu, diarrhea, vomiting, pneumonia, and ear infections have you had in the <u>past 4 weeks</u> ?	<input type="checkbox"/> none <u> </u> infections <u> </u> number
D3.	Have you taken or used any antihistamine medicines in the past two days? (Antihistamines are medicines taken for symptoms like sneezing, and a runny or itchy nose.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
D4.	Prescription medicines are medicines that cannot be obtained without a doctor's or dentist's prescription. Have you taken any prescription medicines during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
D5.	Have you taken any vitamins or minerals during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

DIET (12-16 YRS.)

<p>Next I'm going to ask you some questions about your eating habits.</p>	
E1. How often do you eat breakfast – every day, on some days, rarely, never, or on weekends only?	1 <input type="checkbox"/> every day 2 <input type="checkbox"/> some days 3 <input type="checkbox"/> rarely 4 <input type="checkbox"/> never 5 <input type="checkbox"/> weekends only
E2. Do you consider yourself to be overweight, underweight, or about the right weight?	1 <input type="checkbox"/> overweight 2 <input type="checkbox"/> underweight 3 <input type="checkbox"/> about the right weight
E3. Would you like to weigh more, less, or stay about the same?	1 <input type="checkbox"/> more 2 <input type="checkbox"/> less 3 <input type="checkbox"/> stay about the same
E4. During the <u>past 12 months</u> have you tried to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E6)
E5. Are you <u>currently</u> trying to lose weight?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
E6. During the <u>past 12 months</u> have you changed what you eat or drink for any medical reason or health condition?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F1) 9 <input type="checkbox"/> DK (F1)
E7. What was the medical reason or health condition? Any others? MARK ALL THAT APPLY.	1 <input type="checkbox"/> OVERWEIGHT/OBESITY 2 <input type="checkbox"/> HIGH BLOOD PRESSURE/HYPERTENSION 3 <input type="checkbox"/> HIGH BLOOD CHOLESTEROL 4 <input type="checkbox"/> HEART DISEASE 5 <input type="checkbox"/> DIABETES 6 <input type="checkbox"/> ALLERGIES 7 <input type="checkbox"/> ULCER 8 <input type="checkbox"/> CANCER 9 <input type="checkbox"/> PREGNANCY 10 <input type="checkbox"/> HEALTH IN GENERAL 11 <input type="checkbox"/> OTHER _____ 99 <input type="checkbox"/> DK

ALCOHOL/DRUG USE (12-16 YRS.)

F1. These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor.	
In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage? Do not count small tastes.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F7)
F2. In the <u>past 12 months</u> did you have <u>at least 12 drinks of any kind</u> of alcoholic beverage?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F7)
F3. In the <u>past 12 months</u> , on the average, how many days per week, month, or year did you drink <u>any</u> alcoholic beverages?	<p style="text-align: center;"><u> </u> days per number</p> <p style="text-align: right;">{ <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p style="text-align: center;"><input type="checkbox"/> DK</p>
F4. On the average, on the days that you drank alcohol, how many drinks did you have a day? (By a drink, I mean a 12-oz beer, a 4-oz glass of wine, or an ounce of liquor.)	<p style="text-align: center;"><u> </u> drinks per day number</p> <p style="text-align: center;"><input type="checkbox"/> DK</p>
F5. In the past 12 months, how many days per week, month, or year did you have 9 or more drinks on a single day? Include all types.	<p style="text-align: center;"><input type="checkbox"/> none <u> </u> days per number</p> <p style="text-align: right;">{ <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p style="text-align: center;"><input type="checkbox"/> DK</p>
F6. In the past 12 months, how many days per week, month, or year did you have 5 or more drinks on a single day? Include all types. (Include the (NUMBER IN F5) days you had 9 or more drinks.)	<p style="text-align: center;"><input type="checkbox"/> none <u> </u> days per number</p> <p style="text-align: right;">{ <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year</p> <p style="text-align: center;"><input type="checkbox"/> DK</p>
Now I would like to ask you a few questions about your experience with drugs.	
F7. Have you <u>ever</u> used marijuana?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F10)
F8. About how many times in your lifetime have you used marijuana?	<p style="text-align: center;">1 <input type="checkbox"/> 1 or 2 times 2 <input type="checkbox"/> 3 to 10 times 3 <input type="checkbox"/> 11 to 99 times 4 <input type="checkbox"/> 100 or more times</p>
F9. During the past month, on how many days did you use marijuana?	<p style="text-align: center;"><input type="checkbox"/> none in past month <u> </u> days number</p>
F10. Have you <u>ever</u> used crack or cocaine in any form?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G1)

F11. About how many times in your lifetime have you used crack or cocaine (in any form)?	<p>1 <input type="checkbox"/> 1 or 2 times 2 <input type="checkbox"/> 3 to 10 times 3 <input type="checkbox"/> 11 to 99 times 4 <input type="checkbox"/> 100 or more times</p>
F12. During the past month, on how many days did you use crack or cocaine (in any form)?	<p><input type="checkbox"/> none in past month <u> </u> days <u> </u> number</p>

DIS (15-16 YRS.)

G1. CHECK ITEM. REFER TO AGE OF SP. Next I would like to ask you several questions about your feelings, thoughts, and moods.	1 <input type="checkbox"/> LESS THAN 15 YRS. (H1) 2 <input type="checkbox"/> 15-16 YRS.
G2. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G3. Have you had <u>two years</u> or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?	Y → PROBE 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK
G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

ASK G5 - G20. OMIT WORDS IN []. CODE IN COLUMN I.					I EVER IN LIFETIME	II WORST PERIOD
A P P E T I T E	G5. Has there ever been a period of two weeks or longer when you lost [Did you lose] your appetite? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL. MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	G6. Have you ever lost [Did you lose] weight without trying to—as much as two pounds a week for several weeks [or as much as 10 pounds altogether]? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	G7. Have you ever had a period when your eating increased so much [Did your eating increase so much] that you gained as much as two pounds a week for several weeks [or 10 pounds altogether]? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
S L E E P	G8. Have you ever had a period of two weeks or more when you had [Did you have] trouble falling asleep, staying asleep, or with waking up too early? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	G9. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	G10. Has there ever been a period lasting two weeks or more when you felt [Did you feel] tired out all the time? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
S L O W R E S T L E E S	G11. Has there ever been a period of two weeks or more when you talked or moved [Did you talk or move] more slowly than is normal for you? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
	G12. Has there ever been a period of two weeks or more when you had [Did you have] to be moving all the time—that is, you couldn't sit still and paced up and down? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		

		I EVER IN LIFETIME	II WORST PERIOD
L O S T I N T E R E S T	G13. Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?	<p>Y → PROBE</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 6		

W O R T H L E S S	G14. Has there ever been a period of two weeks or more when you felt [Did you feel] worthless, sinful, or guilty?	<p>Y → PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

T R O U B L E T H I N K I N G	G15. Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you?	<p>Y → PROBE</p> <p>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		
	G16. Have you ever had a period of two weeks or more when your thoughts came [Did your thoughts come] much slower than usual or seemed mixed up?	<p>Y → PROBE</p> <p>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		

T H O U G H T D E A T H	G17. Has there ever been a period of two weeks or more when you thought [Did you think] a lot about death—either your own, someone else's, or death in general?	<p>Y → PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G18. Has there ever been a period of two weeks or more when you felt [Did you feel] like you wanted to die?	<p>Y → PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G19. Have you ever felt [Did you feel] so low you thought of committing suicide?	<p>Y → PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G20. Have you ever attempted [Did you attempt] suicide?	<p>Y → PROBE</p> <p>5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

G21. CHECK ITEM: REFER TO G2 AND G5-G20.	1 <input type="checkbox"/> "5'S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "Y" IN G2 (G22) 2 <input type="checkbox"/> "5'S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "NO" IN G2 (G24) 3 <input type="checkbox"/> OTHER (G41)
G22. You said you've had a period of feeling (depressed/sad/blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL "5's IN G5-G20). Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y (G26) 2 <input type="checkbox"/> N
G23. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?	1 <input type="checkbox"/> never been a period (G41) 2 <input type="checkbox"/> has been a period (G26)
G24. You said you have had periods when (LIST ALL 5's IN G5-G20). Was there ever a time when several of these problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G41)
G25. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?	1 <input type="checkbox"/> okay (G41) 2 <input type="checkbox"/> gloomy, low, etc.
G26. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time?	<input type="checkbox"/> less than 2 weeks (G41) <input type="checkbox"/> whole life <div style="text-align: center;"> number <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> { <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years </div> </div>
G27. Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 96 SPELLS OR MORE, CODE 96.	<u> </u> spells number
G28. Did you tell a doctor about (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G29. Did you tell any other professional about (it/any of them)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G30. Did you take medicine more than once because of (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G31. Did (that spell/those spells) interfere with your life or activities a lot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G32. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as (LIST 2 OR 3 "5's CODED IN G5-G20)?	<u> </u> age
G33. Did (that spell/any of those spells) occur just after someone close to you died? IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G35)

G34. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems such as (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20) at times when it wasn't due to a death?	1 <input type="checkbox"/> only due to death 2 <input type="checkbox"/> other times or not due to death
G35. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?	1 <input type="checkbox"/> Y (G38) 2 <input type="checkbox"/> N
G36. When did your last spell like that end? CODE MOST RECENT TIME POSSIBLE.	1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G37) <p style="text-align: right;">(G38)</p>
IF MORE THAN ONE YEAR AGO:	
G37. How old were you then?	<u>age</u>
G38. CHECK ITEM. REFER TO G26 AND G27.	1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39) 2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G26 (G39) 3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G26 (G40)
G39. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)	<u>age</u>
G40. During that spell of (depression/OWN EQUIVALENT) which of these other problems did you have? For instance, during that spell (when you were (AGE IN G39) years old) (BEGINNING WITH WORDS IN [], READ EACH QUESTION CODED "5" IN G5-G20). IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "Y" IN COL. II. IF DID NOT OCCUR MARK "N" IN COL. II.	

	I EVER IN LIFETIME	II WORST PERIOD
G41. Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	
ASK G42-G49. OMIT WORDS IN []. CODE IN COLUMN I.		
G42. Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G43. Has there ever been a period of a week or more when you went [Did you go] on spending sprees—spending so much money that it caused you or your family some financial trouble?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G44. Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G45. Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G46. Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N

	I EVER IN LIFETIME	II WORST PERIOD
G47. Have you ever had a period of a week or more when you felt [Did you feel] that you had a special gift or special powers to do things others couldn't do or that you were a specially important person? ASK FOR EXAMPLE BEFORE PROBING: _____	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G48. Has there ever been a period of a week or more when you <u>hardly slept</u> [Did you hardly sleep] at all but still didn't feel tired or sleepy?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G49. Was there ever a period of a week or more when you were [Were you] <u>easily distracted</u> so that any little interruption could get you off the track?	Y —> PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
G50. CHECK ITEM. REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> 2 OR MORE "5'S" IN G42-G49, "5" IN G41 (G51) 2 <input type="checkbox"/> 3 OR MORE "5'S" IN G42-G49, "1" OR "3" IN G41 (G53) 3 <input type="checkbox"/> LESS THAN 3 "5'S" IN G42-G49 (H1)	
G51. You said you've had a period of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and also said you've had some problems like (LIST "5's" IN G42-G49). Has there ever been a time when the feelings of being excited or manic <u>and</u> some of these other feelings or experiences occurred together—that is, within the same month?	1 <input type="checkbox"/> Y (G55) 2 <input type="checkbox"/> N	
G52. So there's never been a period when you felt very excited or manic at the same time you were having any of these other experiences?	1 <input type="checkbox"/> never been a period (H1) 2 <input type="checkbox"/> has been period (G55)	
G53. You said you had times when (LIST ALL 5's IN G42-G49). Was there ever a time when some of these feelings or experiences occurred together—that is, within the same month?	1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N (H1)
G54. When you were feeling that way, were you unusually irritable or likely to fight or argue?	1 <input type="checkbox"/> Y	2 <input type="checkbox"/> N (H1)

G55. What's the longest spell you've ever had when you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) for at least a week and had several of these other experiences like (LIST 5's IN G42-G49)?	<u>number</u> <div style="margin-left: 20px;"> weeks months years </div>
G56. In your lifetime, how many spells like that have you had that lasted one week or more? IF 96 SPELLS OR MORE, ENTER 96.	<u>number</u> <u>spells</u>
G57. Did you tell a doctor about (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N
G58. Did you tell any other professional about (it/any of them)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N
G59. Did you take medicine more than once because of (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N
G60. Did (that spell/any of those spells) interfere with your life or activities a lot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G61. How old were you the first time you had a spell for one week or more where you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had some of these experiences like (LIST 2 OR 3 ITEMS CODED "5" IN G42-G49)?	<u>age</u>
G62. Are you in one of these spells of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and having some of these experiences now?	<input type="checkbox"/> Y (G65) <input type="checkbox"/> N
G63. How long ago did your last period like that end? CODE MOST RECENT TIME POSSIBLE.	1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G64) <div style="margin-left: 20px;"> (G65) </div>
IF MORE THAN 1 YEAR AGO:	
G64. How old were you then?	<u>age</u>
G65. CHECK ITEM. REFER TO G56.	1 <input type="checkbox"/> ONE SPELL IN G56 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56
G66. Now I'd like to know about the time when you were feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had the largest number of these other experiences at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)	<u>age</u>

G67. During that spell of being (very happy/excited/manic/high/OWN EQUIVALENT/irritable), which of these experiences did you have? For instance, during that spell (when you were AGE IN G66 years old). (BEGINNING WITH WORDS IN [], READ EACH Q. CODED 5 IN G42-G49).

IF OCCURRED DURING THIS SPELL OF MANIA MARK "YES" IN COL. II.

IF DID NOT OCCUR MARK "N" IN COL. II.

· RESPONDENT (AGES 8 - 16 YEARS)

H1. CHECK ITEM. MARK ONE BOX. MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.	1 <input type="checkbox"/> SAMPLE PERSON (H4) 2 <input type="checkbox"/> MOTHER 3 <input type="checkbox"/> FATHER 4 <input type="checkbox"/> SISTER OR BROTHER 5 <input type="checkbox"/> GRANDPARENT 6 <input type="checkbox"/> OTHER (SPECIFY) 7 _____
H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.	_____ REASON
H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
H4. QUALITY OF INTERVIEW.	1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE
H5. COMMENTS.	1 _____ _____ _____ _____

PROBE FLOW CHART 5/87
DIAGNOSTIC INTERVIEW SCHEDULE VERSION III-A

ASK QUESTION

NO → CODE 1

YES →

[1 3 5] → CODE 5
 ↓
 GO TO BOX C

Did you tell a doctor* about [SX]?

A [NO "2"] → GO TO BOX B

Did you tell any other professional** about [SX]?
 Did you take medication more than once for [SX]?
 Did [SX] interfere with your life or activities a lot?
 ALL NO → CODE 2
 FIRST YES

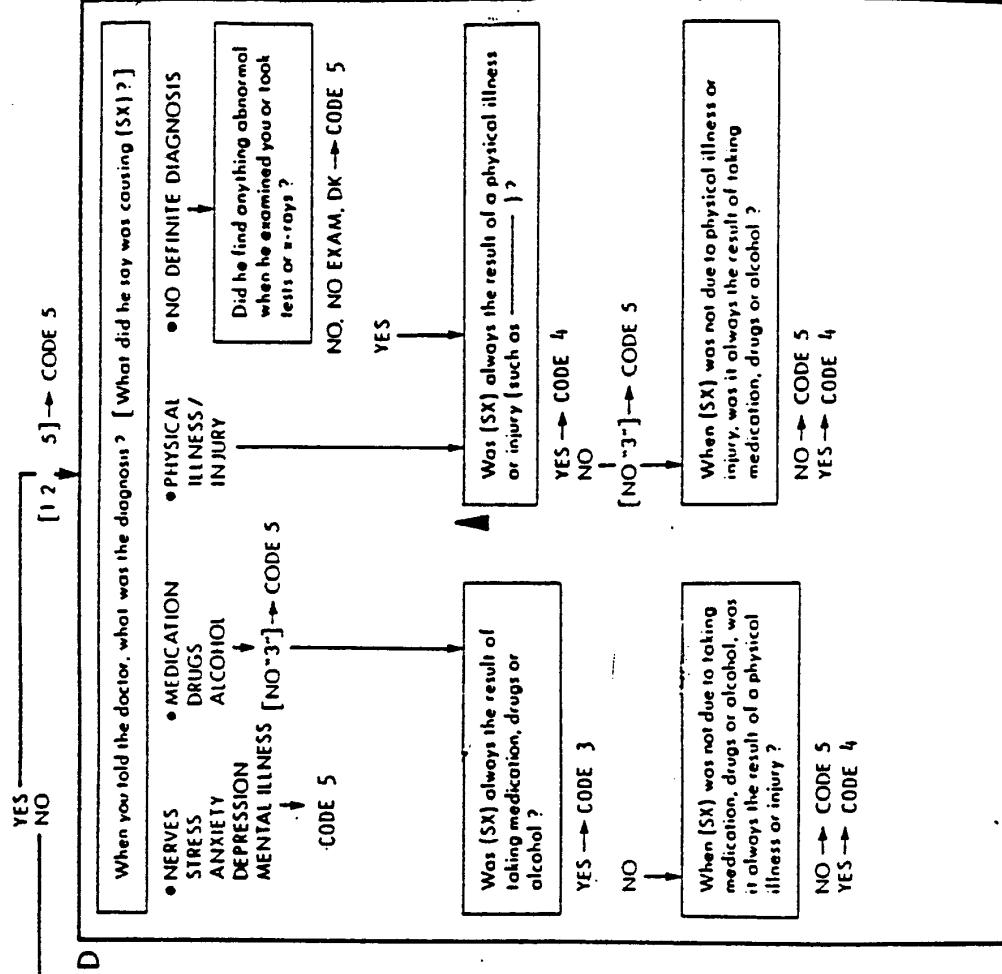
B [NO "4"] → GO TO BOX C

Was [SX] ever the result of a physical illness or
 injury?
 YES → GO TO IN BOX D
 NO

C [NO "3"] → CODE 5

Was [SX] ever the result of taking medication, drugs
 or alcohol?
 NO → CODE 5
 YES

Was [SX] always the result of taking medication,
 drugs, or alcohol?
 NO → CODE 5
 YES → CODE 3



** Other professional includes psychologists, social workers, counselors, nurses, clergy, dentists, chiropractors and podiatrists.

* Doctor includes psychiatrists, other medical doctors, osteopaths and students in training to be medical doctors or osteopaths

Department of Health and Human Services
 Public Health Service
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 National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

MEC PROXY QUESTIONNAIRE

(AGES 2 MONTHS - 11 YEARS)

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

Stand No.	Segment No.	Serial No.
-----------	-------------	------------

FAMILY
NO:

NAME (First, Middle, Last)

SP NO:

AGE

- 1 Mos.
 2 Yrs.

SEX

- 1 Male
 2 Female

SAMPLE
NO:DECK
NO:

621

TIME BEGAN

- 1 am
 2 pm
 3 noon

INTERVIEWER NO:

TIME ENDED

- 1 am
 2 pm
 3 noon

DATE OF EXAMINATION

MO. / DAY / YR.

LANGUAGE OF INTERVIEW

- 1 English
 2 Spanish
 3 Other

4

SPECIFY

MEC PROXY QUESTIONNAIRE

AGE 2 MOS-11 YRS

<u>TOPIC</u>	<u>PAGE</u>
A. MEDICINE, VITAMIN, AND MINERAL USAGE	1
B. SELECTED CONDITIONS	2
C. INFANT FOOD FREQUENCY.....	3
D. RESPONDENT.....	4

READ INTRODUCTION TO PARENT OR GUARDIAN:

We are interested in asking you some questions about the health of your child,
(FILL IN NAME OF SP). All of your responses will be kept strictly confidential.

MEDICINE, VITAMIN, AND MINERAL USAGE (AGES 1-11 YEARS)

A1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> LESS THAN 1 YEAR (B1) 2 <input type="checkbox"/> 1-5 YEARS (A3) 3 <input type="checkbox"/> 6+ YEARS (A2)
A2. I would like to begin by asking you a few questions about your child's recent use of medicines, vitamins, and minerals. Has -- taken or used any antihistamine medicines in the past 2 days? (Antihistamines are medicines taken for symptoms like sneezing, and a runny or itchy nose.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
A3. Prescription medicines are medicines that cannot be obtained without a doctor's or dentist's prescription. Has -- taken any prescription medicines during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
A4. Has -- taken any vitamins or minerals during the past 24 hours?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

SELECTED CONDITIONS (AGES 2 MOS - 11 YRS.)

Now I would like to ask a few questions about --'s health.		
B1.	Is -- <u>now</u> or in the past <u>3 months</u> has -- been on treatment for anemia, sometimes called "tired blood" or "low blood"? (Include diet, iron pills, iron shots, and transfusion as treatment.)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
B2.	How many infections such as colds, flu, diarrhea, vomiting, pneumonia, and ear infections has -- had in the <u>past four weeks</u> ?	00 <input type="checkbox"/> none ____ infections number
B3.	CHECK ITEM. REFER TO AGE AND SEX OF SP.	1 <input type="checkbox"/> FEMALE AGE 8 OR 9 YEARS (B4) 2 <input type="checkbox"/> LESS THAN 6 YEARS OLD (B5) 3 <input type="checkbox"/> OTHER (D1)
B4.	How old was -- when her periods or menstrual cycles started, or haven't they started yet?	00 <input type="checkbox"/> haven't started yet ____ age } (D1) 99 <input type="checkbox"/> DK
Next are a few questions about the WIC program.		
B5.	Did -- receive benefits from WIC, that is, the Women, Infants, and Children Program, in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C1) 9 <input type="checkbox"/> DK (C1)
B6.	Is -- <u>now</u> receiving benefits from the WIC program?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
B7.	How long (did -- receive/has -- been receiving) benefits from the WIC program?	____ number { 1 <input type="checkbox"/> months 2 <input type="checkbox"/> years 99 <input type="checkbox"/> DK

INFANT FOOD FREQUENCY (AGES 2-11 MONTHS)

C1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 1 YEAR OR OLDER (D1) 2 <input type="checkbox"/> UNDER 1 YEAR
C2. In this last section, I would like to ask whether or not -- has eaten certain foods or drunk certain beverages during the past month. C2. In the <u>past month</u> , did -- eat or drink any of these foods or beverages? Include baby food as well as strained and regular table foods.	
a. Cereal	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. Fruit	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
c. Yellow and orange vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
d. Green vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
e. Meat	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
f. Egg yolk or eggs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
g. Combination meat/vegetable dinners	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
h. Yogurt, cottage cheese and other cheeses	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
i. Bread, rolls, crackers, and biscuits	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
j. Desserts	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
k. Breastmilk	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
l. Formula	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
m. Cow's milk (regular milk)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
n. Fruit juices such as apple juice and orange juice	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
o. Drinks such as Koolaid, fruit punch and Hi-C	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

RESPONDENT (AGES 2 MONTHS - 11 YEARS)

D1. CHECK ITEM. MARK ONE BOX. INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP.	1 <input type="checkbox"/> MOTHER 2 <input type="checkbox"/> FATHER 3 <input type="checkbox"/> SISTER OR BROTHER 4 <input type="checkbox"/> GRANDPARENT 5 <input type="checkbox"/> OTHER (SPECIFY) 6 _____
D2. QUALITY OF INTERVIEW.	1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE
D3. COMMENTS.	1 _____ _____ _____ _____

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Third National Health and Nutrition Examination Survey

NHANES III

24-HOUR DIETARY RECALL FORM

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CASE
NO:

Stand No.	Segment No.	Serial No.
-----------	-------------	------------

FAMILY
NO:

SP NO:

NAME (First, Middle, Last)

SAMPLE
NO:

AGE

- 1 Mos.
 2 Yrs.

SEX

- 1 Male
 2 Female

DECK
NO:

602

AGES 20+ :

12-HOUR FASTING STATUS

- 1 yes 2 no

TIME BEGAN

- 1 am
 2 pm
 3 noon

INTERVIEWER NO:

DATE OF EXAMINATION

/ /
 MO DAY YR

LANGUAGE OF INTERVIEW

- 1 English
 2 Spanish
 3 Other

4 _____ SPECIFY

DATE OF RECALL

/ /
 MO DAY YR

DAY OF RECALL (MARK ONE)

- 1 Sunday
 2 Monday
 3 Tuesday
 4 Wednesday
 5 Thursday
 6 Friday
 7 Saturday

<p>1. How does the amount of food (you/____) consumed yesterday compare with (your/his/her) usual consumption for that day of the week? Was it much more than usual, usual, or much less than usual?</p>	<p>1 <input type="checkbox"/> much more than usual 2 <input type="checkbox"/> usual 3 <input type="checkbox"/> much less than usual 9 <input type="checkbox"/> DK</p>
<p>2. How much plain water (do you/does ____) usually drink in a 24-hour period? (Include only tap water and spring water.)</p>	<p>000 <input type="checkbox"/> none _____ } <input type="checkbox"/> glasses/cups _____ no. _____ } specify ounces per glass or cup 999 <input type="checkbox"/> DK <input type="checkbox"/> ounces</p>
<p>3. What type of salt (do you/does ____) usually add to (your/his/her) food <u>at the table</u>?</p>	<p>1 <input type="checkbox"/> none (5) 2 <input type="checkbox"/> ordinary salt 3 <input type="checkbox"/> lite salt 4 <input type="checkbox"/> salt substitute 9 <input type="checkbox"/> DK</p>
<p>4. How often (do you/does ____) add (ANSWER IN 3) to (your/his/her) food <u>at the table</u>? Is it rarely, occasionally, or very often?</p>	<p>1 <input type="checkbox"/> rarely 2 <input type="checkbox"/> occasionally 3 <input type="checkbox"/> very often 9 <input type="checkbox"/> DK</p>
<p>5. Thinking about the <u>past month</u>, how many days did you have no food or money to buy food (for _____)?</p>	<p>00 <input type="checkbox"/> none (7) _____ } (6) no. of days 99 <input type="checkbox"/> DK (7)</p>
<p>6. Is that because there wasn't enough money to buy food or is there another reason?</p>	<p>1 <input type="checkbox"/> not enough money (7) 2 <input type="checkbox"/> another reason (12) 9 <input type="checkbox"/> DK (7)</p>
<p>7. During the <u>past month</u> did (you/____) skip any meals because there wasn't enough food or money to buy food?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (12) 9 <input type="checkbox"/> DK (9)</p>
<p>8. How many days in the <u>past month</u> did (you/____) skip any meals because there wasn't enough food or money to buy food?</p>	<p>_____ } no. of days 99 <input type="checkbox"/> DK</p>
<p>9. Did (you/____) skip any meals <u>yesterday</u> because there wasn't enough food or money to buy food?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>10. During the <u>past month</u>, were there any days when (you/____) did not eat at all because there wasn't enough food or money to buy food?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (12) 9 <input type="checkbox"/> DK (12)</p>

<p>11. In the past month, how many days were there when (you/_____) didn't eat at all?</p>	<p><u>no. of days</u> 99 <input type="checkbox"/> DK</p>
<p>12. Are you the person who <u>usually</u> prepares the meals at home? ✓</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> shared preparation 4 <input type="checkbox"/> food not prepared at home 9 <input type="checkbox"/> DK</p>
<p>13. <u>RESPONDENT CODE:</u></p>	<p>1 <input type="checkbox"/> SAMPLE PERSON 2 <input type="checkbox"/> PROXY 3 <input type="checkbox"/> SAMPLE PERSON/PROXY</p>
<p>14. <u>LANGUAGE OF INTERVIEW:</u></p>	<p>1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> ENGLISH/SPANISH 4 <input type="checkbox"/> OTHER 5 _____ specify</p>
<p>15. <u>QUALITY OF RECALL:</u></p>	<p>1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE 3 <input type="checkbox"/> REFUSAL (17) 4 <input type="checkbox"/> NOT INTERVIEWED (17)</p>
<p>16. <u>INTERVIEWER'S WORK:</u></p>	<p>1 <input type="checkbox"/> COMPLETED 2 <input type="checkbox"/> NOT COMPLETED (17)</p>
<p>17. <u>COMMENTS:</u></p>	<p>1 _____ _____ _____ _____</p>
<p>18. <u>TIME ENDED:</u></p>	<p>1 <input type="checkbox"/> am — : — <input type="checkbox"/> pm 3 <input type="checkbox"/> noon</p>

VENIPUNCTURE QUESTIONNAIRE

AGES 1+ YEARS

a. STAFF NO. -----	b. Language of Interview 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish	c. SAMPLE NO. -----	
d. GTT Half-Sample (MORNING ONLY) 1 <input type="checkbox"/> Yes-Priority 1 2 <input type="checkbox"/> No-Priority 2		e. 1 <input type="checkbox"/> First Visit 2 <input type="checkbox"/> Rescheduled Visit	f. Date ___/___/ Time ___:___
1. Do you have hemophilia? This is a hereditary blood-clotting disorder.	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No		
2. Within the past four weeks have you received any cancer chemotherapy treatment?	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No		
3. Are you currently taking insulin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
4. Including your last meal and any snacks, at what time did you last have anything at all to eat?	----- { 1 <input type="checkbox"/> AM 1 <input type="checkbox"/> Yesterday 2 <input type="checkbox"/> PM { 2 <input type="checkbox"/> Today 3 <input type="checkbox"/> Noon 3 <input type="checkbox"/> Before 4 <input type="checkbox"/> Midnight Yesterday		
5. Have you had anything to drink, other than water after (TIME IN ITEM 4)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (7)		
6. At what time did you last have anything at all to drink, besides water?	----- { 1 <input type="checkbox"/> AM 1 <input type="checkbox"/> Yesterday 2 <input type="checkbox"/> PM { 2 <input type="checkbox"/> Today 3 <input type="checkbox"/> Noon 3 <input type="checkbox"/> Before 4 <input type="checkbox"/> Midnight Yesterday		
7. COMPUTE NUMBER OF HOURS SINCE LATEST TIME IN ITEM 4 OR 6	----- hours ago number		

CHECK ITEM A: IS SP TAKING INSULIN OR NOT	1 <input type="checkbox"/> Yes, taking insulin - Do venipuncture 1 only 2 <input type="checkbox"/> No - Do venipuncture 1 and 2
8a. SP 20-59?	1 <input type="checkbox"/> Yes (Recruit for VOL TOX) 2 <input type="checkbox"/> No (9)
8b. SP agrees to VOL TOX	1 <input type="checkbox"/> Yes (Draw VOL TOX Tubes) 2 <input type="checkbox"/> No (9)
9. HIV Test (18+)	1 <input type="checkbox"/> Not Refused 2 <input type="checkbox"/> Refused
10. Time _____	Age of SP in Years
BLOOD TUBES FILLED (In Priority Order)	1-3 4-5 6-11 12-19 20+
4 ml SST	0 0 0 1 1
2 ml lavender	0 0 0 1 1
3 ml lavender	1 1 1 1 1
3 ml gray	0 0 0 0 * 1 / 1
4 ml SST	1 0 0 0 * 0 / 1
10 ml red	1 1 1 0 0
15 ml red	1 2 3 5
2 ml light blue	0 ** 1
8 ml leukoprep	1 1
10 ml gray	*** 1 Time _____
10 ml non silicone coated red	*** 1 Time _____
* The 3 ml gray and 4 ml SST are the only tubes drawn for a rescheduled GTT. ** Drawn if SP is 40+ *** Drawn if SP is 20-59, and volunteers for this component for which he/she will be paid extra.	
CHECK ITEM B: AGE	1 <input type="checkbox"/> SP between ages 40 and 74 2 <input type="checkbox"/> SP not between 40 and 74 (13)

CHECK ITEM C

- 1 3 ml gray top tube filled
 2 3 ml gray top tube not filled (13)

11. Trutol given (Do not give Trutol to persons taking insulin)	1 <input type="checkbox"/> Yes ____ : ____ { 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> No (13) 2 <input type="checkbox"/> PM
12. 2-hour blood specimen	1 __ 3 ml gray ____ : ____ { 1 <input type="checkbox"/> AM 1 __ 4 ml SST 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Noon
RESULTS OF EXAMINATION	
13. Venipuncture 1	____ Result Code ____ Comment Code
14. Venipuncture 2 -2 hour specimen	____ Result Code ____ Comment Code

Result Codes

110 Blood drawn, all tubes (VP I).

Drew 2 hour 3 ml gray top and 4 ml SST tubes and completed incomplete first draw protocol (VP II).

111 Blood drawn, some tubes (VP I).

Drew one or both 2 hour tubes and did not complete the first draw protocol (VPII).

112 Safety exclusion (e.g., hemophilia, SP on cancer chemotherapy)

113 Refused - uncooperative.

114 Out of time.

115 Unable to puncture vein, phlebotomy attempted but unsuccessful.

116 SP unable to understand instructions (due to language or cognitive impairment).

117 Equipment/supply problems.

118 Other reason (limit this to: SP sent home by physician or inadequate staff to draw blood - explain).

210 Done at prior session. SP rescheduled and 1st blood draw was completed at the previous visit SP (VP I).

SP rescheduled and second blood draw was completed at the previous visit (VP II).

- VENIPUNCTURE COMMENT CODE

CODE	CATEGORY	INSTRUCTIONS
01	SP refusal	SP or parent/guardian of SP refuses venipuncture/trutol
02	SP ill/faints	SP becomes ill or faint in reaction to the procedures
03	SP in prone position	SP reclining during venipuncture
04	Multistick required	Two attempts: venipuncture procedure unsuccessful (<u>no blood</u>)
05	SP uncontrollable	Unable to control SP; venipuncture procedure unsuccessful (<u>no blood</u>)
06	Veins not palpable	Unable to palpate veins; venipuncture procedure unsuccessful (<u>no blood</u>)
07	Condition of veins	Venipuncture unsuccessful (<u>some or no</u> blood) due to condition of SP's veins, e.g., too small, fragile, too deep, rolling, etc.
08	Medical exclusion	Physician excluded SP from venipuncture/trutol
09	Glove deterrent	Venipuncture unsuccessful (<u>some or no</u> blood) because appropriate gloves are not available
10	Dry run	Subject examined during dry run session; not a regular SP
11	Problems with needle	Venipuncture incomplete (<u>some or no</u> blood) due to problems with the needle, e.g., improper selection - wrong size or type; improper handling - pushed needle through vein or needle slipped out of vein; malfunction - defective sheath, etc.
12	Problems with vacutainer	Venipuncture incomplete (<u>some or no</u> blood) due to problems with the vacutainer, e.g., no vacuum or cracked
99	Other reasons	Limit use of this code only to reasons that cannot be coded with one of the above categories

DENTIST'S EXAM

(Ages 1 and Older)

STAFF NO.

SAMPLE NO.

1. Has a doctor or dentist ever told you that you must take antibiotics (e.g., penicillin) before you get a dental check-up or care? 1 Yes (MEDICAL EXCLUSION) 2 No

Before we begin, I'd like to read you a list of health conditions that some people have. As I read off each condition, please tell me whether or not a doctor has ever told you that you have the condition. Has a doctor ever told you that you have:

2. A heart problem? 1 Yes 2 No (Q8)

Was the heart problem due to ...

3. Congenital heart murmurs? 1 Yes (MEDICAL EXCLUSION) 2 No

4. A heart valve problem? 1 Yes (MEDICAL EXCLUSION) 2 No

5. Congenital heart disease? 1 Yes (MEDICAL EXCLUSION) 2 No

6. Bacterial endocarditis? 1 Yes (MEDICAL EXCLUSION) 2 No

Has a doctor ever told you that you have:

7. Rheumatic fever? 1 Yes (MEDICAL EXCLUSION) 2 No

8. Kidney disease requiring renal dialysis? 1 Yes (MEDICAL EXCLUSION) 2 No

9. Hemophilia? 1 Yes (MEDICAL EXCLUSION) 2 No

Do you have:

10. A pacemaker or other artificial material in your heart, veins or arteries? 1 Yes (MEDICAL EXCLUSION) 2 No

11. A hip, bone, or joint replacement? 1 Yes (MEDICAL EXCLUSION) 2 No

12. CHECK ITEM A.		
<p>1 <input type="checkbox"/> Age 18 or older 2 <input type="checkbox"/> Age under 18 (Q25)</p>		
13-14. CHECK ITEM B (DENTIST OBSERVATION)	EDENTULOUS IN UPPER JAW 1 <input type="checkbox"/> No (END) 2 <input type="checkbox"/> Yes, denture present (Q17) 3 <input type="checkbox"/> Yes, no denture visible	EDENTULOUS IN LOWER JAW 1 <input type="checkbox"/> No (END) 2 <input type="checkbox"/> Yes, denture present (Q18) 3 <input type="checkbox"/> Yes, no denture visible
15-16. Do you have (a) denture(s) or (a) plate(s) for your (upper/lower) jaw?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Q23)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Q24)
17-18. Do you usually wear your (upper/lower) denture(s) (plate)...	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Only when awake 3 <input type="checkbox"/> Only occasionally 4 <input type="checkbox"/> Don't wear them	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Only when awake 3 <input type="checkbox"/> Only occasionally 4 <input type="checkbox"/> Don't wear them
19-20. During the past year, have you had problems with your denture(s) (plate)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
21-22. Do you think that you need (a) new denture(s) (plate) or that the one you have needs refitting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
23-24. How long has it been since you had any natural teeth to chew with in your (upper/lower) jaw?	1 <input type="checkbox"/> Less than one year 2 <input type="checkbox"/> 1-4 years 3 <input type="checkbox"/> 5-9 years 4 <input type="checkbox"/> 10-19 years 5 <input type="checkbox"/> 20 or more years	1 <input type="checkbox"/> Less than one year 2 <input type="checkbox"/> 1-4 years 3 <input type="checkbox"/> 5-9 years 4 <input type="checkbox"/> 10-19 years 5 <input type="checkbox"/> 20 or more years
25. CHECK ITEM C. CHECK ALL THAT APPLY.	<p>1 <input type="checkbox"/> Furcations incomplete due to pain/safety 1 <input type="checkbox"/> Loss of attachments incomplete due to pain/safety 1 <input type="checkbox"/> Some components incomplete other than for age or medical exulsion reasons, or pain/safety reasons for the furcations or loss of attachment components</p>	

26. REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Hardware malfunction or lack of supplies
 - 2 Insufficient time available or room not available
 - 3 Examinee refused or uncooperative
 - 4 Examinee unable to physically cooperate
 - 5 Comments: _____
-
-
-
-
-

ALLERGY TEST

AGES 6-19 ALL AND 20-59 EVEN.

STAFF NO. _____	SAMPLE NO. _____							
1. Are you now having problems breathing in your chest or lungs? 1 <input type="checkbox"/> Yes (Q2) 2 <input type="checkbox"/> No (Q4) 2. Do you usually have breathing problems in your chest or lungs? 1 <input type="checkbox"/> Yes (Q3) 2 <input type="checkbox"/> No - Exclude 3. Is your current breathing problem worse than usual in your chest or lungs? 1 <input type="checkbox"/> Yes - Exclude 2 <input type="checkbox"/> No (Q4) 4. Have you had a past severe reaction to allergen skin testing? 1 <input type="checkbox"/> Yes - Exclude 2 <input type="checkbox"/> No 5. Does sample person have severe eczema or infection on both arms? 1 <input type="checkbox"/> Yes - Exclude 2 <input type="checkbox"/> No								
IF ONLY ONE ARM USED, INDICATE WHICH ARM: <input type="checkbox"/> right <input type="checkbox"/> left (Indicate reason below for use of one arm.)								
	Flare		Confluent		Wheal		**Minutes	*Reason for no injection of this Allergen
	Length (mm)	Width (mm)	Yes	No	Length (mm)	Width (mm)		
1. Negative Control	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
2. White Oak	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
3. Cat	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
4. Mite	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
5. Alternaria	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
6. Rye Grass	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
7. Peanut	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
8. Russian Thistle	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
9. German Cockroach	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
10. Bermuda Grass	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
11. Ragweed	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
12. Positive Control	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
*Reason no injection for specific allergen:				4 <input type="checkbox"/> No allergen or supplies 7 <input type="checkbox"/> Refused due to reported allergy 9 <input type="checkbox"/> Refused - other reason				
**Minutes from administration to reading (only if differs from 15 minutes <u> </u> 5 minutes)								

RESULTS OF EXAMINATION:

- 1 Test done
- 2 Test Incomplete
- 3 Test not done

REASONS TEST INCOMPLETE OR NOT DONE:

- 1 No allergen or other supplies
- 2 Insufficient time available or room not available
- 3 Examinee refused or uncooperative
- 4 Examinee medically excluded by staff for safety
- 5 Comments: _____

AUDIOMETRY AND TYMPANOMETRY

AGES 6-19 YEARS

a. STAFF NO.	b. Audiometer No.	c. Tympanometer No.	d. SAMPLE NO.
_____	_____	_____	_____
A. CONDITIONS AFFECTING TEST RESULTS (ALL AGES)			
1. Have you had a cold or sinus problems within the past week?		1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no (Q3)	
2. Do you have a cold or sinus problems today?		1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
3. Have you been exposed to a very loud noise within the past 24 hours?		1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no (Q%)	
4. How many hours ago did the noise end?		66 <input type="checkbox"/> Less than 1 hour _____ # hours ago	
5. Have you listened to music with headphones or ear phones within the past 24 hours?		1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no (Q7)	
6. How many hours ago did you stop listening?		66 <input type="checkbox"/> Less than 1 hour _____ # hours ago	
7. Have you had buzzing, ringing or other noises in your ears today?		2 <input type="checkbox"/> No 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Left 5 <input type="checkbox"/> Both	
8. Have you had an earache within the past week?		2 <input type="checkbox"/> No 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Left 5 <input type="checkbox"/> Both	
9. Do you now have a tube in your right or left ear?*		2 <input type="checkbox"/> No 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Left 5 <input type="checkbox"/> Both	

10. Do you have drainage/discharge from either ear?*			2 <input type="checkbox"/> No 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Left 5 <input type="checkbox"/> Both		
START HERE IF SAMPLE NUMBER ODD			START HERE IF SAMPLE NUMBER EVEN		
B1. AIR CONDUCTION-LEFT EAR			B2. AIR CONDUCTION-RIGHT EAR		
Hearing level (dB) (a)	Frequency (Hz) (b)	Retest L with masking on R** (c)	Hearing level (dB) (a)	Frequency (Hz) (b)	Retest R with masking on L** (c)
	1000			1000	
	2000			2000	
	3000			3000	
	4000			4000	
	6000			6000	
	8000			8000	
	1000			1000	
	500			500	
C RESULTS OF AUDIOMETRY:			1 <input type="checkbox"/> Test done 2 <input type="checkbox"/> Test incomplete 3 <input type="checkbox"/> Test not done		
REASONS TEST INCOMPLETE OR NOT DONE:			1 <input type="checkbox"/> Hardware malfunction or lack of supplies 2 <input type="checkbox"/> Insufficient time available or room not available 3 <input type="checkbox"/> Examinee refused or uncooperative 4 <input type="checkbox"/> Examinee has pre-existing condition that would affect validity of test 5 <input type="checkbox"/> Examinee unable to physically cooperate 6 <input type="checkbox"/> Examinee unable to understand test instructions due to language barrier 7 <input type="checkbox"/> Examinee unable to understand test instructions due to other reasons 8 <input type="checkbox"/> Comments: _____		

*Tympanometry will not be done if either ear has a tube or drainage. Air conduction will be done only on non-drainage ear(s).

**Retest poorer ear with A/C masking on better ear only if difference in A/C-HL between the two ears is 40dB or more. Only retest at frequencies where there is a difference of 40 dB or more. Do not retest at all frequencies.

D. TYMPANOMETRY

Right Ear

- 1 Obtained
2 Not obtained

Left Ear

- 1 Obtained
2 Not obtained

RESULTS OF TYMPANOMETRY:

- 1 Satisfactory Test
2 Test Incomplete
3 Test not done

REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Software malfunction
2 Hardware malfunction or lack of supplies
3 Insufficient time available or room not available
4 Examinee refused
5 Examinee medically excluded by staff for safety
6 Examinee has pre-existing condition that would affect validity of test
7 Examinee unable to physically cooperate
8 Examinee unable to understand test instructions due to language barrier
9 Examinee unable to understand test instructions due to other reasons
10 Examinee uncooperative
11 Comments: _____

SPIROMETRY**AGES 8 AND OLDER**

Staff No.	Cassette No.	Disk No.	Sample No.
_____	_____	_____	_____

PHYSICAL CAPACITY

1. In the past three weeks have you had any surgery on your chest or abdomen? yes no
2. Have you been hospitalized for a heart problem (i.e., heart attack, angina or chest pain, congestive heart failure) within the past six weeks? yes no

EXCLUDE FROM SPIROMETRY ANY PERSON WHO HAS HAD RECENT CHEST OR ABDOMINAL SURGERY OR A RECENT HEART ATTACK ("YES" IN 1 OR 2).

3. Have you smoked a cigarette, eaten a heavy meal or used any medications to help your breathing in the past hour? yes no
4. In the past few days have you had a cough, cold, or other acute illness? yes no
5. In the past three weeks have you had any respiratory infections, such as flu, pneumonia, bronchitis, or a severe cold? yes no

6. RESULTS OF EXAMINATION:

- 1 Satisfactory test (3 valid tests)
 2 Test Incomplete or Unsatisfactory
 3 Test not done

Data recorded on tape

- 1 Yes
 2 No

7. REASONS TEST INCOMPLETE, UNSATISFACTORY OR NOT DONE:

- 1 Equipment failure
 2 Coughs detected
 3 Early termination of expiration, insufficient effort
 4 Acute illness (VRI, flu, pneumonia)
 5 Physically unable
 6 Ate heavy meal
 7 Examinee unable to understand test instructions due to language barrier
 8 Examinee unable to understand test instructions due to other reasons
 9 Insufficient time available or room not available
 10 Examinee refused or uncooperative
 11 Examinee medically excluded by staff for safety
 12 Comments: _____

Spirogram tracing obtained

- 1 Yes
 2 No

Department of Health and Human Services
 Public Health Service
 Centers for Disease Control
 National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

DIETARY FOOD FREQUENCY

(AGES 12-16 YEARS)

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE
NO:

Stand No. Segment No. Serial No.

FAMILY
NO:

NAME (First, Middle, Last)

SP NO:

AGE

SEX

- 1 Male
 2 Female

SAMPLE
NO:

DECK
NO:

619

619



TIME BEGAN

- 1 am
 2 pm
 3 noon

INTERVIEWER NO:

LANGUAGE OF INTERVIEW

TIME ENDED

- 1 am
 2 pm
 3 noon

DATE OF EXAMINATION

MO. / DAY / YR.

- 1 English
 2 Spanish
 3 Other

4 SPECIFY

FOOD FREQUENCY

HAND CARD FF.

Now I'm going to ask you how often you usually eat certain foods. When answering think about your usual diet over the past month. Tell me how often you usually ate or drank these foods per day, per week, per month, or not at all.

1. MILK AND MILK PRODUCTS

First are milk and milk products. Do not include their use in cooking.

a. How often did you have chocolate milk and hot cocoa?

Times	Day	Week	Month	Never	DK
_____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or 4 <input type="checkbox"/> N	9 <input type="checkbox"/> DK

b. How often did you have milk to drink or on cereal? Do not count small amounts of milk added to coffee or tea.

c. CHECK ITEM. REFER TO RESPONSES IN 1a AND 1b.

_____ per 1 D 2 W 3 M or 4 N 9 DK

"Never" in both 1a and 1b (1e)
 Other _____

d. What type of milk was it? Was it usually whole, 2%, 1%, skim, nonfat, or some other type?

IF SP CAN NOT PROVIDE USUAL TYPE MARK ALL THAT APPLY.

- whole/regular
- 2%/low fat
- 1%
- skim/nonfat
- buttermilk
- evaporated
- other _____

specify _____

DK

e. Yogurt and frozen yogurt

_____ per 1 D 2 W 3 M or 4 N 9 DK

f. Ice cream, ice milk, and milkshakes

_____ per 1 D 2 W 3 M or 4 N 9 DK

g. Cheese, all types including American, Swiss, cheddar, and cottage cheese

_____ per 1 D 2 W 3 M or 4 N 9 DK

h. Pizza, calzone, and lasagna

_____ per 1 D 2 W 3 M or 4 N 9 DK

i. Cheese dishes such as macaroni and cheese, cheese nachos, cheese enchiladas, and quesadillas

_____ per 1 D 2 W 3 M or 4 N 9 DK

2. MAIN DISHES, MEAT, FISH, CHICKEN, AND EGGS

Next are main dishes, meat, fish, chicken, and eggs.

Times	Day	Week	Month	Never	DK
_____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or 4 <input type="checkbox"/> N	9 <input type="checkbox"/> D

- a. How often did you eat any type of stew or soup containing vegetables, including minestrone, tomato, and split pea?

_____ per 1 D 2 W 3 M or 4 N 9 D

- b. Spaghetti and pasta with tomato sauce

_____ per 1 D 2 W 3 M or 4 N 9 D

- c. Bacon, sausage (chorizo) and luncheon meats such as hot dogs, salami, and bologna

_____ per 1 D 2 W 3 M or 4 N 9 D

- d. Liver and other organ meats such as heart, kidney, tongue, and tripe (menudo)

_____ per 1 D 2 W 3 M or 4 N 9 D

- e. Beef, including hamburger, steaks, roast beef, and meatloaf

_____ per 1 D 2 W 3 M or 4 N 9 D

- f. Pork and ham, including roast pork, pork chops, and spare ribs

_____ per 1 D 2 W 3 M or 4 N 9 D

- g. Shrimp, clams, oysters, crab, and lobster

_____ per 1 D 2 W 3 M or 4 N 9 D

- h. Fish including fillets, fish sticks, fish sandwiches, and tuna fish

_____ per 1 D 2 W 3 M or 4 N 9 D

- i. Chicken, all types, including baked, fried, chicken nuggets, and chicken salad. Include turkey.

_____ per 1 D 2 W 3 M or 4 N 9 D

- j. How often did you have eggs including scrambled, fried, omelettes, hard-boiled eggs, and egg salad?

_____ per 1 D 2 W 3 M or 4 N 9 D

3. FRUIT AND FRUIT JUICES

Next are fruit juices and fruit. Include all forms-fresh, frozen, canned, and dried.

_____ per 1 D 2 W 3 M or 4 N 9 D

- a. How often did you have orange juice, grapefruit juice and tangerine juice?

_____ per 1 D 2 W 3 M or 4 N 9 D

- b. Other fruit juices such as grape juice, apple juice, cranberry juice, and fruit nectars

_____ per 1 D 2 W 3 M or 4 N 9 D

- c. Citrus fruits including oranges, grapefruits, and tangerines

_____ per 1 D 2 W 3 M or 4 N 9 D

- d. Melons including cantaloupe, honeydew, and watermelon

_____ per 1 D 2 W 3 M or 4 N 9 D

3. **FRUIT AND FRUIT JUICES** (cont.)

Times	Day	Week	Month	Never	DK
____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	or 4 <input type="checkbox"/> N	9 <input type="checkbox"/> DK

e. Peaches, nectarines, apricots, guava, mango, and papaya

____ per 1 D 2 W 3 M or 4 N 9 DK

f. How often did you have any other fruits such as apples, bananas, pears, berries, cherries, grapes, plums, and strawberries? (Include plantains.)

____ per 1 D 2 W 3 M or 4 N 9 DK

4. **VEGETABLES**

These next questions are about vegetables. Please remember to include fresh, raw, frozen, canned, and cooked vegetables.

a. How often did you have carrots and vegetable mixtures containing carrots?

____ per 1 D 2 W 3 M or 4 N 9 DK

b. Broccoli

____ per 1 D 2 W 3 M or 4 N 9 DK

c. Brussels sprouts and cauliflower

____ per 1 D 2 W 3 M or 4 N 9 DK

d. White potatoes, including baked, mashed, boiled, french-fries, and potato salad

____ per 1 D 2 W 3 M or 4 N 9 DK

e. Sweet potatoes, yams, and orange squash including acorn, butternut, hubbard, and pumpkin

____ per 1 D 2 W 3 M or 4 N 9 DK

f. Tomatoes including fresh and stewed tomatoes, tomato juice, and salsa

____ per 1 D 2 W 3 M or 4 N 9 DK

g. Spinach, greens, collards, and kale

____ per 1 D 2 W 3 M or 4 N 9 DK

h. Tossed salad

____ per 1 D 2 W 3 M or 4 N 9 DK

i. Cabbage, cole slaw, and sauerkraut

____ per 1 D 2 W 3 M or 4 N 9 DK

j. Hot red chili peppers. Do not count ground red chili peppers.

____ per 1 D 2 W 3 M or 4 N 9 DK

k. Peppers including green, red, and yellow peppers

____ per 1 D 2 W 3 M or 4 N 9 DK

l. Any other vegetables such as green beans, corn, peas, mushrooms, and zucchini

____ per 1 D 2 W 3 M or 4 N 9 DK

5. BEANS, NUTS, CEREALS, AND GRAIN PRODUCTS

a. How often did you have beans, lentils, and (chickpeas/garbanzos)? Include kidney, pinto, refried, black, and baked beans.

b. Peanuts, peanut butter, other types of nuts, and seeds

Now I'm going to ask how often you ate certain cereals.

c. How about All-Bran, All-Bran Extra Fiber, 100% Bran, and Fiber One?

d. Total, Product 19, Most, and Just Right

e. All other cold cereals like corn flakes, Cheerios, Rice Krispies, and presweetened cereals

f. Cooked, hot cereals like oatmeal, cream of wheat, cream of rice, and grits.

Now let's talk about white bread products only. I'll ask about dark breads next.

g. How often did you have white bread, rolls, bagels, biscuits, English muffins, and crackers? Include those used for sandwiches.

h. Dark breads and rolls, including whole wheat, rye, and pumpernickel

i. Corn bread, corn muffins, and corn tortillas

j. Flour tortillas

k. Rice

l. Salted snacks such as potato chips, taco chips, corn chips, and salted pretzels and popcorn

Times	Day	Week	Month	Never	DK
_____ per	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> DK

_____ per D W M or N DK

6. * DESSERTS,SWEETS, AND BEVERAGES

Times	Day	Week	Month	Never	DK
_____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M	4 <input type="checkbox"/> N	9 <input type="checkbox"/> DK

- a. How often did you have cakes, cookies, brownies, pies, doughnuts, and pastries?

_____ per 1 D 2 W 3 M or 4 N 9 DK

- b. Chocolate candy and fudge

_____ per 1 D 2 W 3 M or 4 N 9 DK

Next are hot and iced beverages.

- c. How often did you have Hi-C, Tang, Hawaiian Punch, Koolaid, and other drinks with added vitamin C

_____ per 1 D 2 W 3 M or 4 N 9 DK

- d. Diet colas, diet sodas, and diet drinks such as Crystal Light

_____ per 1 D 2 W 3 M or 4 N 9 DK

- e. Regular colas and sodas, not diet

_____ per 1 D 2 W 3 M or 4 N 9 DK

- f. Regular coffee with caffeine

_____ per 1 D 2 W 3 M or 4 N 9 DK

- g. Regular tea with caffeine

_____ per 1 D 2 W 3 M or 4 N 9 DK

- h. Beer and lite beer

_____ per 1 D 2 W 3 M or 4 N 9 DK

- i. Wine, wine coolers, sangria, and champagne

_____ per 1 D 2 W 3 M or 4 N 9 DK

- j. Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey and liqueurs, either alone or mixed

_____ per 1 D 2 W 3 M or 4 N 9 DK

7. FATS

How often were these items added to your foods after preparation? For example, this would include on top of vegetables or baked potatoes or as a spread on bread.

- a. Margarine

_____ per 1 D 2 W 3 M or 4 N 9 DK

- b. Butter

_____ per 1 D 2 W 3 M or 4 N 9 DK

- c. Oil and vinegar, mayonnaise and salad dressings such as Italian and Thousand Island, including those added to salads and sandwiches

_____ per 1 D 2 W 3 M or 4 N 9 DK

8. Have I missed any other foods or beverages that you had at least once per week in the past month?

yes (specify) no (9)

Times	Day	Week	Month	Or	Never	DK
_____ per	1 <input type="checkbox"/> D	2 <input type="checkbox"/> W	3 <input type="checkbox"/> M		4 <input type="checkbox"/> N	9 <input type="checkbox"/> DK

_____ per 1 D 2 W 3 M or 4 N 9 DK
_____ per 1 D 2 W 3 M or 4 N 9 DK
_____ per 1 D 2 W 3 M or 4 N 9 DK
_____ per 1 D 2 W 3 M or 4 N 9 DK
_____ per 1 D 2 W 3 M or 4 N 9 DK
_____ per 1 D 2 W 3 M or 4 N 9 DK

9. Quality of food frequency interview.
(To be completed by interviewer)

reliable
 unreliable
 refusal

Comments _____

10. RESPONDENT

sample person
 proxy
 sample person/proxy

BONE DENSITOMETRY

AGES 20 AND OVER

a. Staff No.	b. Disk No.	c. Scan No.	d. Sample No.
--------------	-------------	-------------	---------------

A. Pregnancy Status

1. If female <60 years old, ask:

Is there any possibility that you might be pregnant?

- 1 No
 2 Yes - No Bone Scan
 3 DK - No Bone Scan

2. Results of pregnancy test

- 1 No
 2 Pregnant - No Bone Scan
 3 DK - No Bone Scan

B. Hip Scan

Ask examinee:

- | | |
|---|---|
| 1. Have you ever fractured or broken your left hip? | 1 <input type="checkbox"/> Yes - go to B3
2 <input type="checkbox"/> No - go to B2 |
| 2. Do you have a pin or artificial hip replacement joint in your left hip? | 1 <input type="checkbox"/> Yes - go to B3
2 <input type="checkbox"/> No - Scan Left Hip |
| 3. Have you ever fractured or broken your right hip? | 1 <input type="checkbox"/> Yes - No bone Scan
2 <input type="checkbox"/> No - go to B4 |
| 4. Do you have a pin or artificial hip replacement joint in your right hip? | 1 <input type="checkbox"/> Yes - No Bone Scan
2 <input type="checkbox"/> No - Scan Right Hip |

C. RESULTS OF EXAMINATION:

- 1 Test done
- 2 Test Incomplete
- 3 Test not done

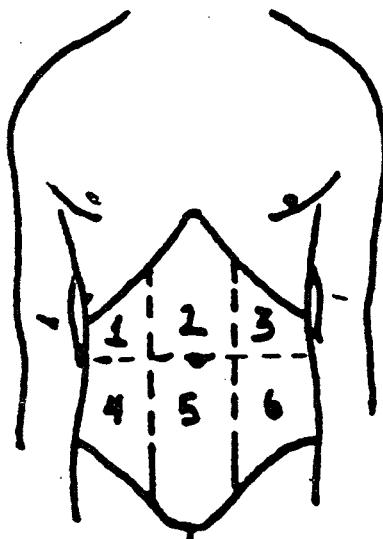
D. REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Equipment malfunction or lack of supplies
- 2 Insufficient time available or room not available
- 3 Examinee refused or uncooperative
- 4 Examinee medically excluded by staff for safety (example - pregnant)
- 5 Examinee has pre-existing condition that would affect validity of test (example - hip fracture)
- 6 Examinee unable to physically cooperate
- 7 Comments: _____

GALLBLADDER ULTRASOUND AGES 20-74 YEARS

1. STAFF NO. _____	2. SAMPLE NO. _____	
3. CASSETTE NO. _____	4. TAPE COUNTER _____	
5. Including your last meal and any snacks, at what time did you last have anything at all to eat? _____	{ 1 <input type="checkbox"/> A.M. 2 <input type="checkbox"/> P.M. 3 <input type="checkbox"/> Noon 4 <input type="checkbox"/> Midnight	{ 1 <input type="checkbox"/> Yesterday 2 <input type="checkbox"/> Today
6. COMPUTE NUMBER OF HOURS SINCE TIME IN QUESTION 5.	_____ hours ago number	
7. Surgical Scars	1 <input type="checkbox"/> Yes Mark Areas 2 <input type="checkbox"/> No	

8. AREAS



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ANATOMICAL LANDMARKS VISIBLE	
9. Liver Margin on Long Scan	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Portal Vein at Liver Hilum	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. Intrahepatic Right Portal Vein	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12. Anterior Wall of GB visible?	1 <input type="checkbox"/> Yes (Go to Q. 17) 2 <input type="checkbox"/> No
13. Region 1 or 2 scar and 2 yes in 9-11 Region 1 scar and less than 2 yes in 9-11 Region 2 scar and less than 2 yes in 9-11	1 <input type="checkbox"/> Mark Final 7, Go to Q. 31 2 <input type="checkbox"/> Mark Final 8, Go to Q. 31 3 <input type="checkbox"/> Mark Final 12, Go to Q. 31
14. No scar and 2 yes in 9-11	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Mark final 11, Go to Q. 31
15. Dense shadowing in GB region?	1 <input type="checkbox"/> Yes, Mark Final 2, Go to Q. 31 2 <input type="checkbox"/> No
16. CHECK ITEM A Did examinee fast for 5 hours or more in Q. 6?	1 <input type="checkbox"/> Yes, Mark Final 9, Go to Q. 31 2 <input type="checkbox"/> No Mark Final 10, Go to Q. 31
17. Shadowing behind anterior wall?	1 <input type="checkbox"/> Yes, Mark Final 5, Go to Q. 31 2 <input type="checkbox"/> No
18. Thickness of GB Wall	_____ mm
19. Over 3 mm	1 <input type="checkbox"/> Yes, Go to Q. 20 2 <input type="checkbox"/> No, Go to Q. 21
20. Wall calcification present?	1 <input type="checkbox"/> Yes, Mark Final 15, Go to Q. 21 2 <input type="checkbox"/> No, Mark Final 14, Go to Q. 21

21. (Other) areas of wall contour irregularity or clumps of echoes adjacent to inner wall?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Go to Q. 27
22. Shadowing from area of wall irregularity or clumps of echoes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Go to Q. 26
23. Shadowing reproducible in 2 views?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Mark Final 6, Go to Q. 21
24. Measurement of largest echo clump	_____ mm 99 Unobtainable
25. One or multiple clumps	1 <input type="checkbox"/> One Mark Final 3, Go to Q. 21 2 <input type="checkbox"/> Multiple Mark Final 4, Go to Q. 21
26. Movement of echo clumps?	1 <input type="checkbox"/> Yes, Mark Final 16, Go to Q. 21 2 <input type="checkbox"/> No, Mark Final 13, Go to Q. 21
27. Clumps or diffuse echoes within fluid?	1 <input type="checkbox"/> Yes, Go to Q. 29 2 <input type="checkbox"/> No, Go to Q. 28
28. CHECK ITEM B	1 <input type="checkbox"/> Final boxes 2-16 blank Mark Final box 1 and Go to Q. 31 2 <input type="checkbox"/> Final boxes 2-16 Not Blank Go to Q. 31
29. Shadowing from echoes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Mark Final 16, Go to Q. 31
30. Shadowing reproducible in 2 views?	1 <input type="checkbox"/> Yes, Mark Final 4, Go to Q. 31 2 <input type="checkbox"/> No, Mark Final 6, Go to Q. 31
31. Any other non GB finding?	1 <input type="checkbox"/> Yes, Go to Q. 32 2 <input type="checkbox"/> No, Go to Q. 43

32. Which organ?	1 <input type="checkbox"/> Renal, Mark Final 17 2 <input type="checkbox"/> Hepatic, Mark Final 18 3 <input type="checkbox"/> Aortic, Mark Final 19 4 <input type="checkbox"/> Epigastric, Mark Final 20 5 <input type="checkbox"/> Pelvic, Mark Final 21 6 <input type="checkbox"/> Other, Mark Final 22
GO TO QUESTION 43	
GALLBLADDER FINDINGS	
33. Normal GB	1 <input type="checkbox"/>
Gallstones or Calcified GB	2 <input type="checkbox"/>
Gallstones One	3 <input type="checkbox"/>
Multiple	4 <input type="checkbox"/>
Gallstones, GB Filled	5 <input type="checkbox"/>
No Conclusion - Echo Clumps, Wall Irregular, Diffuse Echoes within fluid with only 1 shadowing view	6 <input type="checkbox"/>
Cholecystectomy - RUQ or EPI Scar, 2 Landmark Observed	7 <input type="checkbox"/>
Cholecystectomy - RUQ Scar, <2 Landmark Observed	8 <input type="checkbox"/>
No Conclusion - No Scar, No Shadow, 2 Landmark observed, SP Fast	9 <input type="checkbox"/>
No Conclusion - No Scar, No Shadow, 2 Landmark Observed, SP Nonfast	10 <input type="checkbox"/>
No Conclusion - No Scar, <2 Landmark observed	11 <input type="checkbox"/>
No Conclusion - EPI Scar, <2 landmark observed	12 <input type="checkbox"/>
34. Abnormal GB - Focal W.T., No Shadowing, Clumps with NO movement	13 <input type="checkbox"/>
35. Abnormal GB - Diffuse W.T., With NO Calcification	14 <input type="checkbox"/>
Abnormal GB - Diffuse W.T., with Calcification	15 <input type="checkbox"/>
36. Abnormal Bile - No Shadowing, Internal Echoes with Movement	16 <input type="checkbox"/>

OTHER NON GALLBLADDER FINDINGS

- | | |
|----------------|-----------------------------|
| 37. RENAL | 17 <input type="checkbox"/> |
| 38. HEPATIC | 18 <input type="checkbox"/> |
| 39. AORTIC | 19 <input type="checkbox"/> |
| 40. EPIGASTRIC | 20 <input type="checkbox"/> |
| 41. PELVIC | 21 <input type="checkbox"/> |
| 42. OTHER | 22 <input type="checkbox"/> |

43. RESULTS OF EXAMINATION:
- | | |
|----------------------------|-----------------|
| 1 <input type="checkbox"/> | Test done |
| 2 <input type="checkbox"/> | Test Incomplete |
| 3 <input type="checkbox"/> | Test not done |

44. REASONS TEST INCOMPLETE OR NOT DONE:
- | | |
|----------------------------|---|
| 1 <input type="checkbox"/> | Toshiba malfunction |
| 2 <input type="checkbox"/> | VCR malfunction |
| 3 <input type="checkbox"/> | Insufficient time available or room not available |
| 4 <input type="checkbox"/> | Examinee refused or uncooperative |
| 5 <input type="checkbox"/> | Examinee medically excluded by staff for safety |
| 6 <input type="checkbox"/> | Examinee unable to physically cooperate |
| 7 <input type="checkbox"/> | Examinee did not fast for 5 hours or more |
| 8 <input type="checkbox"/> | Comments: _____ |

45. Examination recorded on VCR tape

- 1 Yes
2 No

46. Was still film obtained?

- 1 Yes
2 No

CENTRAL NERVOUS SYSTEM TESTS

AGES 20-59 ODD

STAFF NO.	COMPAQ NO.	SAMPLE NO.
NEUROBEHAVIORAL INDICES		
1. How much sleep did you get last night? Would you say about the usual amount, less than usual, or more than usual?		1 <input type="checkbox"/> about the usual amount 2 <input type="checkbox"/> less than usual 3 <input type="checkbox"/> more than usual
2. Right now would you say you are feeling energetic, fresh, average, tired, or exhausted?		1 <input type="checkbox"/> energetic 2 <input type="checkbox"/> fresh 3 <input type="checkbox"/> average 4 <input type="checkbox"/> tired 5 <input type="checkbox"/> exhausted
3. How much familiarity do you have with computers or video games? Would you say none, some, or a lot?		1 <input type="checkbox"/> none 2 <input type="checkbox"/> some 3 <input type="checkbox"/> a lot
4. Not counting decaffeinated products, how many cups of coffee, tea or cola have you had in the past 3 hours?		0 <input type="checkbox"/> none 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2+
5. How many drinks of alcohol have you had in the past 3 hours? Include any alcoholic drinks such as wine, beer, or hard liquor.		0 <input type="checkbox"/> none 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2+
6. Which hand do you prefer to use for this test?		1 <input type="checkbox"/> Right 2 <input type="checkbox"/> Left
TESTS COMPLETED		
Simple Reaction Time		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
Symbol Digit Substitution		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
Serial Digit Learning		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
How hard did you try to perform this computer test?		1 <input type="checkbox"/> None/not at all 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A lot 4 <input type="checkbox"/> As hard as I could

RESULTS OF EXAMINATION:

- 1 Satisfactory test
- 2 Test complete but unsatisfactory
- 3 Test not done

REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Equipment malfunction
- 2 Insufficient time available or room not available
- 3 Examinee refused or uncooperative
- 4 Examinee unable to physically cooperate
- 5 Examinee unable to understand test instructions due to language barrier or due to other reasons
- 6 Examinee very frustrated, angry or inattentive
- 7 Comments: _____

ECG

AGES 40 AND OLDER

STAFF NO.

SAMPLE NO.

Diskette No. _____

RESULTS OF EXAMINATION:

- 1 Test done
 2 Test Incomplete
 3 Test not done

REASONS TEST INCOMPLETE OR NOT DONE:

- 1 Software malfunction
 2 Hardware malfunction or lack of supplies
 3 Insufficient time available or room not available
 4 Examinee refused or uncooperative
 5 Examinee medically excluded by staff for safety
 6 Examinee unable to physically cooperate
 7 Comments: _____

Data recorded

- 1 Yes
 2 No

Tracing obtained

- 1 Yes
 2 No

FUNDUS PHOTOGRAPHY

AGES 40 AND OLDER

STAFF NO. _____	FILM NO. _____	SAMPLE NO. _____
	SEQ. NO. _____	
1. Eye Color:	A. Right eye 1 <input type="checkbox"/> blue 2 <input type="checkbox"/> other 3 <input type="checkbox"/> brown	B. Left eye 1 <input type="checkbox"/> blue 2 <input type="checkbox"/> other 3 <input type="checkbox"/> brown
<p>NOTE: Photograph right eye if sample number is even and left eye if sample number is odd.</p>		
2. Pupil size before dilation in normal room light:	_____ mm	
3. Pupil size during photography as measured on camera monitor:	_____ mm	
4. Elapsed time between darkening room and taking photograph:	_____ min.	_____ seconds
5. RESULTS OF EXAM:	1 <input type="checkbox"/> Right eye done 2 <input type="checkbox"/> Right eye done but difficult 3 <input type="checkbox"/> Left eye done 4 <input type="checkbox"/> Left eye done but difficult 5 <input type="checkbox"/> Neither eye done	
6. REASONS TEST INCOMPLETE OR NOT DONE:	1 <input type="checkbox"/> Equipment problem or lack of supplies 2 <input type="checkbox"/> Refused or uncooperative 3 <input type="checkbox"/> Eye removed 4 <input type="checkbox"/> Movement 5 <input type="checkbox"/> No Fixation 6 <input type="checkbox"/> Corneal change 7 <input type="checkbox"/> Pupil not dilated 8 <input type="checkbox"/> Severe Lens opacity 9 <input type="checkbox"/> Vit Hem or opacity 10 <input type="checkbox"/> Insufficient time available or room not available 11 <input type="checkbox"/> Examinee medically excluded by staff for safety 12 <input type="checkbox"/> COMMENTS: <hr/> <hr/> <hr/> <hr/>	

JOINT RADIOGRAPHS

AGES 60 AND OLDER

STAFF NO. _____	SAMPLE NO. _____															
<p>1. <u>X-RAY PROCEDURES</u> <u>TAKES</u></p> <p>A. Hands/wrists _____</p> <p>B. Knees, non-weight-bearing _____</p>																
<p>2. RESULTS OF EXAMINATION:</p> <table style="margin-left: 20px; border: none;"> <tr><td>1</td><td><input type="checkbox"/></td><td>Test done</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>Test Incomplete</td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>Test not done</td></tr> </table>		1	<input type="checkbox"/>	Test done	2	<input type="checkbox"/>	Test Incomplete	3	<input type="checkbox"/>	Test not done						
1	<input type="checkbox"/>	Test done														
2	<input type="checkbox"/>	Test Incomplete														
3	<input type="checkbox"/>	Test not done														
<p>3. REASONS TEST INCOMPLETE OR NOT DONE:</p> <table style="margin-left: 20px; border: none;"> <tr><td>1</td><td><input type="checkbox"/></td><td>Hardware malfunction or lack of supplies</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>Insufficient time available or room not available</td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>Examinee refused or uncooperative</td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td>Examinee unable to physically cooperate</td></tr> <tr><td>5</td><td colspan="2">Comments: _____ _____ _____ _____</td></tr> </table>		1	<input type="checkbox"/>	Hardware malfunction or lack of supplies	2	<input type="checkbox"/>	Insufficient time available or room not available	3	<input type="checkbox"/>	Examinee refused or uncooperative	4	<input type="checkbox"/>	Examinee unable to physically cooperate	5	Comments: _____ _____ _____ _____	
1	<input type="checkbox"/>	Hardware malfunction or lack of supplies														
2	<input type="checkbox"/>	Insufficient time available or room not available														
3	<input type="checkbox"/>	Examinee refused or uncooperative														
4	<input type="checkbox"/>	Examinee unable to physically cooperate														
5	Comments: _____ _____ _____ _____															

PERFORMANCE TEST
60 YEARS OLD AND OLDER

STAFF NO. _____	SAMPLE NO. _____				
1. Health Status Screener		1 <input type="checkbox"/> no apparent restriction 2 <input type="checkbox"/> presently in wheelchair 3 <input type="checkbox"/> recent surgery 4 <input type="checkbox"/> injury 5 <input type="checkbox"/> other health condition			
2. Shoulder - External Rotation		Activity	Right	Left	
			1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	
3. Shoulder - Internal Rotation			1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Fully 3 <input type="checkbox"/> Unable 2 <input type="checkbox"/> Partially 4 <input type="checkbox"/> Refused	
4. Timed Maneuver		a. Ability to pick up key 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5) 4 <input type="checkbox"/> Refused (5)			
		b. Ability to hold key 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5) 3 <input type="checkbox"/> Not done (5) 4 <input type="checkbox"/> Refused (5)			
		c. Time in seconds to unlock lock _____ seconds 00 <input type="checkbox"/> Not done (5) 77 <input type="checkbox"/> Refused (5)			

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5. Single Chair Stand							
a. In wheelchair	<input type="checkbox"/> yes (5b) <input type="checkbox"/> no (5c)						
b. If in wheelchair ask: Can you get up from your wheelchair by yourself?	<input type="checkbox"/> yes (5c) <input type="checkbox"/> no (to 9)						
c. Use of arms to scoot forward	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unable to move						
d. Ability to stand	<input type="checkbox"/> Yes - without arms <input type="checkbox"/> Yes - with arms for pushing off (7) <input type="checkbox"/> Unable (9) <input type="checkbox"/> Refused (7)						
6. Repeated Chair Stands:							
a. Time to complete 5 stands	_____ seconds <input type="checkbox"/> Refused (7) _____ stands (if less than 5)						
b. Chair height (floor to seat)	_____ inches						
7. Hipflex and Knee Flexion	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Right</th> <th style="text-align: center;">Left</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Fully <input type="checkbox"/> Unable</td> <td><input type="checkbox"/> Fully <input type="checkbox"/> Unable</td> </tr> <tr> <td><input type="checkbox"/> Partially <input type="checkbox"/> Refused</td> <td><input type="checkbox"/> Partially <input type="checkbox"/> Refused</td> </tr> </tbody> </table>	Right	Left	<input type="checkbox"/> Fully <input type="checkbox"/> Unable	<input type="checkbox"/> Fully <input type="checkbox"/> Unable	<input type="checkbox"/> Partially <input type="checkbox"/> Refused	<input type="checkbox"/> Partially <input type="checkbox"/> Refused
Right	Left						
<input type="checkbox"/> Fully <input type="checkbox"/> Unable	<input type="checkbox"/> Fully <input type="checkbox"/> Unable						
<input type="checkbox"/> Partially <input type="checkbox"/> Refused	<input type="checkbox"/> Partially <input type="checkbox"/> Refused						
8. Tandem stand							
a. Ask: Are you able to stand by yourself without holding on to anything?	<input type="checkbox"/> yes (to 8b) <input type="checkbox"/> no (to 9)						
b. Number of seconds tandem stand held	_____ seconds <input type="checkbox"/> Refused						
9 Measured Walk							
a. Has SP been observed to walk without help of another person?	<input type="checkbox"/> yes (to 9c) <input type="checkbox"/> no (to 9b)						

b. Ask: Are you able to walk alone without holding on to another person? You may use a cane or walker.	1 <input type="checkbox"/> yes (to 9c) 2 <input type="checkbox"/> No (10)	
c. Number of seconds to complete 8 foot walk	Trial A _____ seconds 777 <input type="checkbox"/> Refused	Trial B _____ seconds 777 <input type="checkbox"/> Refused
d. Total number of steps	_____ steps	_____ steps
e. Pain reported on walking?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
d. Type of floor surface	1 <input type="checkbox"/> linoleum/tille/wood 2 <input type="checkbox"/> low-pile carpet 3 <input type="checkbox"/> thick-pile carpet	
f. Type of device used	1 <input type="checkbox"/> none 2 <input type="checkbox"/> cane 3 <input type="checkbox"/> walker 4 <input type="checkbox"/> other	
10. RESULTS OF THE EXAMINATION:	1 <input type="checkbox"/> Test Done 2 <input type="checkbox"/> Test Incomplete 3 <input type="checkbox"/> Test not done	
11. REASONS TEST INCOMPLETE OR NOT DONE:	1 <input type="checkbox"/> Insufficient time available or room not available 2 <input type="checkbox"/> Examinee refused or uncooperative 3 <input type="checkbox"/> Examinee medically excluded by staff or safety reasons 8 <input type="checkbox"/> Examinee unable to physically cooperate 9 <input type="checkbox"/> Examinee unable to understand test instructions due to language barrier 10 <input type="checkbox"/> Examinee unable to understand test instruction due to other reasons 12 <input type="checkbox"/> COMMENTS: _____ _____ _____ _____	

MEC EXIT QUESTIONNAIRE

AGES 12+
PROXY AGES 6-11

STAFF NO.: -----

a. Venipuncture

Yes No

b. Sample Number

c. Age

____ Years

d. Language of Interview

English Spanish

e. Sex

Male
 Female

We have three final questions to ask you about your participation in this survey.

1. Do you have any comments about the interviewer who came to your house or the questions that were asked?

No
 Yes--Specify _____

2. Did you find any part of the examination unpleasant?

No
 Yes--Specify _____

CHECK ITEM. REFER TO AGE OF SP.



12+ YEARS (3a)

6-11 YEARS (3b)

- 3a. As part of our quality control program, we need to examine some individuals a second time. Would you be willing to participate in this examination again, including having your blood drawn? You will receive an additional payment.

No Yes

- 3b. As part of our quality control program, we need to examine some individuals a second time. Would your child be willing to participate in this examination again, including having his/her blood drawn? Your child will receive an additional payment.

No Yes