

ICPSR 25504

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

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

NCHS Questionnaire: Sample Person  
Questionnaire

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**NHANES**

**Sample Person Questionnaire  
Hand Cards**

**2005-2006**



## PFAQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity

## PFAQ2

Arthritis/rheumatism

Back or neck problem

Birth defect

Cancer

Depression/anxiety/emotional problem

Other developmental problem (such as cerebral palsy)

Diabetes

Fractures, bone/joint injury

Hearing problem

Heart problem

Hypertension/high blood pressure

Lung/breathing problem

Mental retardation

Other injury

Senility

Stroke problem

Vision/problem seeing

Weight problem

Other impairment/problem

# DIQ1

Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

DIQ2

6 or less

7 or less

8 or less

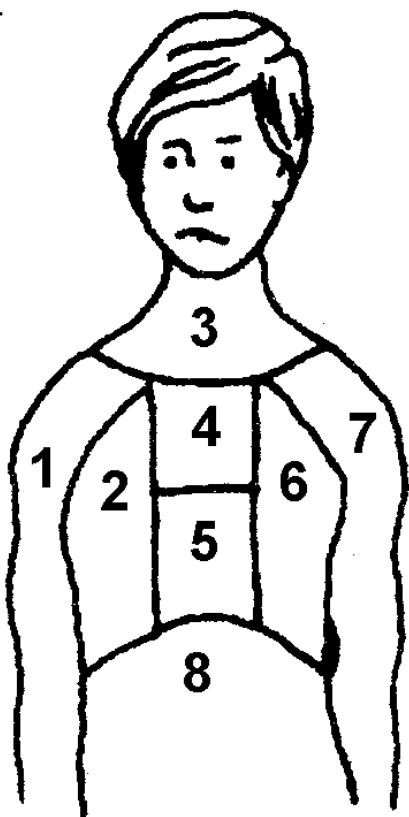
9 or less

10 or less

# CDQ1

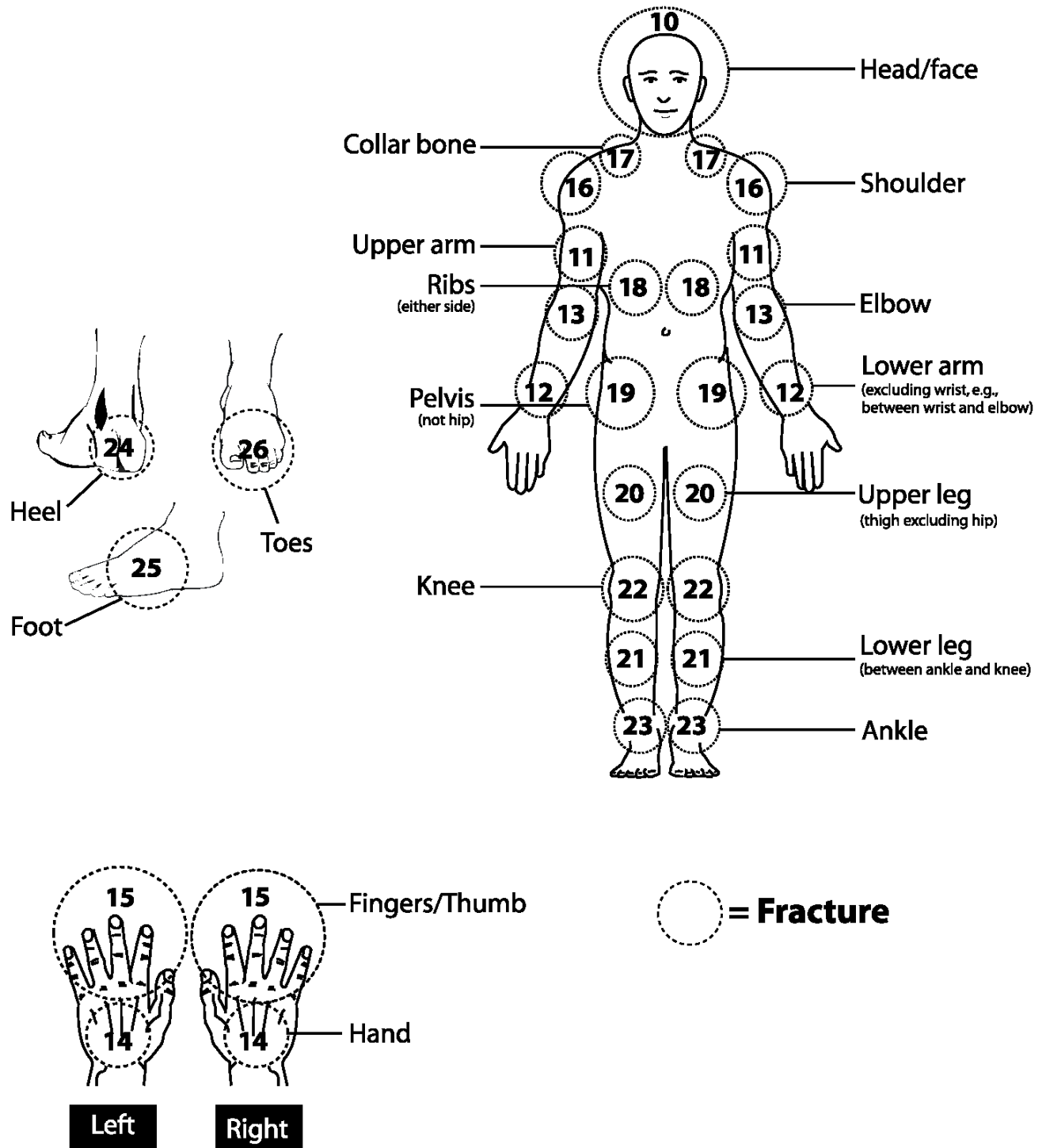
RIGHT

LEFT





# OSQ1



VIQ1

No difficulty

A little difficulty

Moderate difficulty

Extreme difficulty

Unable to do because of eyesight

Does not do this for other reasons

VIQ2

No difficulty

A little difficulty

Moderate difficulty

Extreme difficulty

Unable to do because of eyesight

Does not do this for other reasons

Never drove

BAQ1

This handcard is no longer in use

DEQ1

This handcard is no longer in use

## DEQ2

Get a severe sunburn with blisters

A severe sunburn for a few days  
with peeling

Mildly burned with some tanning

Turning darker without a sunburn

Nothing would happen in half an  
hour

Other

DEQ2A

Always

Most of the time

Sometimes

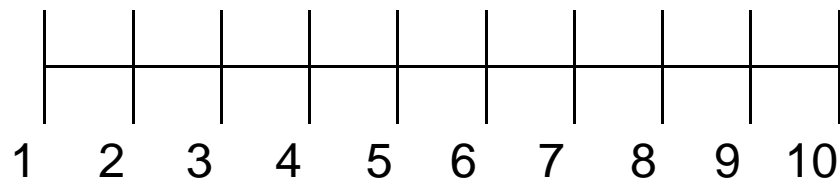
Rarely

Never

DEQ3

No  
Problem

# Very Large Problem





## DEQ4

Little or no psoriasis

Only a few patches

Scattered patches

Extensive psoriasis

DEQ5

This handcard is no longer in use

OHQ1

Very often

Fairly often

Occasionally

Hardly ever

Never

OHQ2

This handcard is no longer in use

## PAQ1

Sits during the day and does not walk about very much

Stands or walks about quite a lot during the day, but does not have to carry or lift things very often

Lifts or carries light loads, or has to climb stairs or hills often

Does heavy work or carries heavy loads

# PAQ2

## Vigorous Activities

Aerobics (high impact, e.g., step, Taebo)	Rowing
Basketball	Running
Bicycling	Skating
Boxing	Skiing – cross country (including Nordic Track)
Football	Skiing – downhill
Hiking	Soccer
Hockey	Stair climbing
Jogging	Swimming
Kayaking	Tennis
Martial arts (karate, judo)	Treadmill
Racquetball	Volleyball
Rollerblading	Wrestling

# PAQ3

## Moderate Activities

Aerobics (low impact)	Martial arts (karate, judo)
Baseball	Rollerblading
Basketball	Rowing
Bicycling	Skating
Bowling	Skiing – downhill
Dance	Soccer
Fishing	Softball
Football	Stair climbing
Frisbee	Stretching
Golf	Swimming
Hiking	Tennis
Hockey	Treadmill
Horseback riding	Volleyball
Hunting	Walking
Jogging	Weight lifting
Kayaking	Yoga

## SLQ1

Never

Rarely – 1 time a month

Sometimes – 2-4 times a month

Often – 5-15 times a month

Almost always – 16-30 times a month



## SLQ2

Don't do this activity for other reasons

No difficulty

Yes, a little difficulty

Yes, moderate difficulty

Yes, extreme difficulty

## DBQ1

Never

Rarely – less than once a week

Sometimes – once a week or more, but  
less than once a day

Often – once a day or more

## DBQ2

A **regular** milk drinker for **most** or **all** of lifetime, including childhood

**Never** has been a **regular** milk drinker

Milk drinking has **varied** over lifetime – sometimes has been a **regular** milk drinker and sometimes has **not** been a regular milk drinker

## DBQ3

Never

Rarely – less than once a week

Sometimes – once a week or more, but  
less than once a day

Often – once a day or more

# DBQ4

## SAMPLE FOOD LABEL

Serving  
Size

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings Per Container 2			
Amount Per Serving			
Calories 260		Calories from Fat 120	
		% Daily Value*	
Total Fat	13g		20%
Saturated Fat	5g		25%
Trans Fat	2g		
Cholesterol	30mg		10%
Sodium	660mg		28%
Total Carbohydrate	31g		10%
Dietary Fiber	0g		0%
Sugars	5g		
Protein	5g		
Vitamin A	4%	•	Vitamin C 2%
Calcium	15%	•	Iron 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:			
		Calories:	2,000 2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat	9	•	Carbohydrate • Protein 4

Nutrition  
Facts Panel

INGREDIENTS: ENRICHED WHEAT FLOUR , WHEY, WHEY PROTEIN CONCENTRATE, DRIED CHEESE, SKIM MILK, BUTTERMILK, SALT, SODIUM PHOSPHATE, SODIUM TRIPOLYPHOSPHATE, CITRIC ACID, YELLOW 5, YELLOW 6, LACTIC ACID

List of  
Ingredients

## DBQ5

Always

Most of the time

Sometimes

Rarely

Never

## DBQ6

### SAMPLE HEALTH CLAIM IN FOOD LABELS

Cabbage is a good source of Vitamin A, Vitamin C and dietary fiber. Low fat diets rich in fruits and vegetables (foods that are low in fat and contain Vitamin A, Vitamin C and dietary fiber) may reduce the risk of some types of cancer, a disease associated with many factors.



25 grams of soy protein a day, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. Two links contain 6.7 grams of soy protein.



#### American Heart Association

Meets American Heart Association food criteria for saturated fat and cholesterol for healthy people over age 2.

*While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of this disease.*

Soluble fiber from oatmeal, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease.

A serving of

... increase calcium!

Teen and adult women never outgrow their need for calcium, and fat free **Mix'n Drink** is a rich source of calcium to help build and maintain healthier bones! Regular exercise and a healthy diet rich in calcium reduce their high risk of osteoporosis later in life.

day to reduce risk of heart disease.

## DBQ7

Always

Most of the time

Sometimes

Rarely

Never



## DBQ8

Strongly Agree

Somewhat Agree

Neither Agree nor Disagree

Somewhat Disagree

Strongly Disagree

## WHQ1

Ate less food (amount)

Switched to foods with lower calories

Ate less fat

Ate fewer carbohydrates

Exercised

Skipped meals

Ate "diet" foods or products

Used a liquid diet formula such as Slimfast or Optifast

Joined a weight loss program such as Weight  
Watchers, Jenny Craig, Tops, or Overeaters  
Anonymous

Followed a special diet such as Dr. Atkins, other high  
protein or low carbohydrate diet, Zone, grapefruit,  
Pritikin

Took diet pills prescribed by a doctor

Took other pills, medicines, herbs, or supplements not  
needing a prescription

Started to smoke or begin to smoke again

Took laxatives or vomited

Drank a lot of water

Other (Specify)

## OCQ1

An employee of a **private** company, business, or individual for wages, salary, or commission

A **federal** government employee

A **state** government employee

A **local** government employee

Self-employed in **own** business, professional practice or farm

Working **without pay** in family business or farm

# ACQ1

Only Spanish

More Spanish than English

Both equally

More English than Spanish

Only English

# DMQ1

Never attended/kindergarten only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: Occupational, technical, or vocational program

Associate degree: Academic program

Bachelor's degree (example: BA, AB, BS, BBA)

Master's degree (example: MA, MS, MEng, MEd, MBA)

Professional school degree (example: MD, DDS, DVM, JD)

Doctoral degree (example: PhD, EdD)

## DMQ2

Yes, born in United States

Yes, born in Puerto Rico, Guam,  
American Virgin Islands, or other  
U.S. territory

Yes, born abroad to American parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

## DMQ3

Europe or Australia/New Zealand

Asia or Africa or South Pacific

South/Central America (including  
Mexico)

Caribbean

Middle East

Other

## DMQ4

- |                             |                                  |
|-----------------------------|----------------------------------|
| 10. Puerto Rican            | 18. Cuban                        |
| 12. Dominican<br>(Republic) | 19. Cuban American               |
| 13. Mexican/<br>Mexicano    | 20. Central or South<br>American |
| 14. Mexican<br>American     | 40. Other Latin<br>American      |
| 15. Chicano                 | 41. Other Hispanic               |



## DMQ5

White

Black

African American

Indian (American)

Alaska Native

Native Hawaiian

Guamanian

Samoan

Other Pacific Islander

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Some Other Race

# HIQ1

Private health insurance

Medicare

Medi-gap

Medicaid

SCHIP (CHIP/Children's Health Insurance Program)

Military Health Care (Tricare/VA/Champ-VA)


Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g., dental, vision, prescriptions)

HIQ2

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
<b>1-800-MEDICARE (1-800-633-4227)</b>				
NAME OF BENEFICIARY				
<b>JANE DOE</b>				
MEDICARE CLAIM NUMBER		SEX		
<b>000-00-0000-A</b>		<b>FEMALE</b>		
IS ENTITLED TO		EFFECTIVE DATE		
<b>HOSPITAL</b>		<b>(PART A)</b>	<b>07-01-1986</b>	
<b>MEDICAL</b>		<b>(PART B)</b>	<b>07-01-1986</b>	
SIGN HERE _____				
<b>DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS</b>				

# DSQ1

BOTANICALS, HERBS, AND HERBAL MEDICINE PRODUCTS	Echinacea, ginseng, ginkgo, St. John's Wort, kava kava, dong quai, saw palmetto
FIBER TAKEN AS A DIETARY SUPPLEMENT	Fiberwafers™, Florafiber™, Herb-lax™, Psyllium™, Metamucil™, Fibercon™
INDIVIDUAL OR SINGLE VITAMINS	Vitamin A, vitamin C, or vitamin E
MULTIPLE VITAMINS (2 OR MORE COMBINED)	B complex, Centrum™, Flintstones™, vitamins C and E
INDIVIDUAL OR SINGLE MINERALS	Calcium, copper, iron, or zinc
MULTIPLE MINERALS (2 OR MORE COMBINED)	Iron and zinc, or calcium and magnesium
VITAMIN AND MINERAL COMBINATIONS	Centrum™ with minerals, Flintstones with iron™, Calcium plus Vitamin D
COMBINATIONS OF VITAMINS, MINERALS AND OTHER PRODUCTS	One-a-Day with Ginko™
AMINO ACIDS	Lysine, methionine, and tryptophan
FISH OILS	Omega-3 fatty acids
GLANDULARS	Pancreas, liver, and organ extracts
ZINC LOZENGES	Coldeeze™

Include products formulated to improve athletic performance, muscle strength, memory, increase energy, etc.

## 2005-06 Questionnaire

### ACCULTURATION – ACQ

Target Group: SPs 12+

#### BOX 1

**CHECK ITEM ACQ.005:**

IF SP CODED HISPANIC IN SCREENER, GO TO ACQ.041.

OTHERWISE, CONTINUE.

ACQ.011 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

ENGLISH.....	1
SPANISH.....	8
OTHER.....	9
REFUSED .....	77
DON'T KNOW .....	99

#### BOX 2

**CHECK ITEM ACQ.015:**

GO TO END OF SECTION.

ACQ.041 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

HAND CARD ACQ1

ONLY SPANISH, .....	1
MORE SPANISH THAN ENGLISH,.....	2
BOTH EQUALLY, .....	3
MORE ENGLISH THAN SPANISH, OR .....	4
ONLY ENGLISH .....	5
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### ALLERGY – AGQ Target Group: SPs 1+

AGQ.010 Has a doctor or other health professional **ever** told {you/SP} that {you have/SP s/he has} hay fever?

YES ..... 1  
NO ..... 2 (AGQ.040)  
REFUSED ..... 7 (AGQ.040)  
DON'T KNOW ..... 9 (AGQ.040)

AGQ.020 How old {were you/was SP} when {you were/s/he was} first told {you/he/she} had hay fever?

IF LESS THAN 1 YEAR, ENTER 1

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

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

AGQ.030 **During the past 12 months**, {have you/has SP} had an episode of hay fever?

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

AGQ.040 Has a doctor or other health professional **ever** told {you/SP} that {you have/SP s/he has} allergies?

YES ..... 1  
NO ..... 2 (AGQ.070)  
REFUSED ..... 7 (AGQ.070)  
DON'T KNOW ..... 9 (AGQ.070)

AGQ.050 How old {were you/was SP} when {you were/s/he was} first told {you/he/she} had allergies?

IF LESS THAN 1 YEAR, ENTER 1

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

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

AGQ.060      **During the past 12 months**, {have you/has SP} had any allergy symptoms or an allergy attack?

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

AGQ.070      In the last 12 months, {have you/has SP} removed a dog, cat or other small furry animal from {your/his/her} home because {you/SP} had allergies or asthma?

CAPI INSTRUCTION:

DISPLAY {HAS SP} AND {HIS/HER} IF PROXY INTERVIEW FOR SP >= 16.

YES .....	1
NO .....	2 (AGQ.090)
REFUSED .....	7 (AGQ.090)
DON'T KNOW .....	9 (AGQ.090)

AGQ.080      Which kind of pet was removed from {your/SP's} home?

CODE ALL THAT APPLY

CAPI INSTRUCTION:

DISPLAY {SP'S} IF PROXY INTERVIEW FOR SP >= 16.

DOG .....	1
CAT .....	2
SMALL FURRY ANIMAL .....	3
REFUSED .....	7
DON'T KNOW .....	9

AGQ.090      {Have you/Has SP} avoided bringing new pets into {your/his/her} home because {you/SP} had allergies or asthma?

CAPI INSTRUCTION:

DISPLAY {HAS SP} AND {HIS/HER} IF PROXY INTERVIEW FOR SP >= 16.

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

AGQ.100      During the past 12 months, {have you/has SP} had a problem with sneezing, or a runny, or blocked nose when {you/s/he} **did not** have a cold or the flu?

YES .....	1
NO .....	2 (AGQ.120)
REFUSED .....	7 (AGQ.120)
DON'T KNOW .....	9 (AGQ.120)



AGQ.110 In which season did this nose problem occur?

CODE ALL THAT APPLY

SPRING.....	1
SUMMER.....	2
FALL.....	3
WINTER .....	4
REFUSED .....	7
DON'T KNOW .....	9

AGQ.120 During the past 12 months, did a doctor or other health professional tell {you/SP} that {you have/SP s/he has} a sinus infection?

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

AGQ.130 {Have you/Has SP} ever had an itchy rash which was coming and going for **at least 6 months**?

YES .....	1
NO .....	2 (AGQ.180)
REFUSED .....	7 (AGQ.180)
DON'T KNOW .....	9 (AGQ.180)

AGQ.140 {Have you/Has SP} had this itchy rash at any time **in the last 12 months**?

YES .....	1
NO .....	2 (AGQ.160)
REFUSED .....	7 (AGQ.160)
DON'T KNOW .....	9 (AGQ.160)

AGQ.150 Has this rash cleared up completely at any time **during the last 12 months**?

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

AGQ.160 Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears, or eyes?

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

AGQ.170 At what age did this itchy rash first occur?

IF LESS THAN 1 YEAR, ENTER 1

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

HARD EDIT: DO NOT ALLOW 0.

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

AGQ.180 Has a doctor or other health professional **ever** told {you/SP} that {you have/SP s/he has} eczema?

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

## 2005-06 Questionnaire

### AUDIOMETRY – AUQ (NEW TARGET) Target Group: SPs 1+

AUQ.131 These next questions are about {your/SP's} hearing.

Which statement best describes {your/SP's} hearing (without a hearing aid)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

- |                                |   |
|--------------------------------|---|
| EXCELLENT.....                 | 1 |
| GOOD .....                     | 2 |
| A LITTLE TROUBLE .....         | 3 |
| MODERATE HEARING TROUBLE ..... | 4 |
| A LOT OF TROUBLE .....         | 5 |
| DEAF .....                     | 6 |
| REFUSED .....                  | 7 |
| DON'T KNOW .....               | 9 |

#### BOX 1

##### CHECK ITEM AUQ.135:

IF SP AGE >= 12 AND AGE <= 19, GO TO AUQ.136.  
OTHERWISE, CONTINUE.

#### BOX 2

IF AGE 70+, GO TO AUQ.141.  
OTHERWISE, GO TO END OF SECTION.

AUQ.136 {Have you/Has SP} **ever** had 3 or more ear infections?

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

AUQ.138 {Have you/Has SP} **ever** had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear?

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

AUQ.141 When was the last time {you had/SP had} {your/his/her} hearing tested?

READ CATEGORIES IF NECESSARY

LESS THAN A YEAR AGO .....	1
1 YEAR TO 4 YEARS AGO.....	2
5 TO 9 YEARS AGO .....	3
TEN OR MORE YEARS AGO .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

AUQ.150 {Have you/Has SP} **ever** worn a hearing aid?

YES .....	1
NO .....	2 (AUQ.185)
REFUSED .....	7 (AUQ.185)
DON'T KNOW .....	9 (AUQ.185)

AUQ.171 In the **past 12 months**, {have you/has SP} worn a hearing aid **at least 5 hours a week**?

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

AUQ.185 {Have you/Has SP} **ever** used assistive listening devices (ALDs), such as FM systems, closed-captioned television, or amplified telephone (or relay services)?

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

AUQ.191 In the **past 12 months**, {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head **that lasts for 5 minutes or more**?

YES .....	1
NO .....	2 (AUQ.211)
REFUSED .....	7 (AUQ.211)
DON'T KNOW .....	9 (AUQ.211)

AUQ.250      How long {have you/has SP} been bothered by this ringing, roaring, or buzzing in {your/his/her} ears or head?

READ CATEGORIES IF NECESSARY

LESS THAN THREE MONTHS.....	1
THREE MONTHS TO A YEAR.....	2
1 TO 4 YEARS .....	3
5 TO 9 YEARS .....	4
TEN OR MORE YEARS .....	5
REFUSED .....	7
DON'T KNOW .....	9

AUQ.260      {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head **only** after listening to loud sounds or loud music?

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

AUQ.270      {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head when going to sleep?

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

AUQ.280      How much of a problem is this ringing, roaring, or buzzing in {your/his/her} ears or head?

No problem.....	1
A small problem.....	2
A moderate problem .....	3
A big problem .....	4
A very big problem.....	5
REFUSED .....	7
DON'T KNOW .....	9

AUQ.211      {Have you/Has SP} ever used firearms for target shooting, hunting, or for any other purposes?

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

AUQ.290 {Have you/Has SP} **ever had a job where** {you were/s/he was} exposed to loud noise for **5 or more hours a week**? By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard.

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

AUQ.231 **Outside of a job**, {have you/has SP} **ever** been exposed to **steady** loud noise or music for **5 or more hours a week**? This is noise so loud that {you have/s/he has} to raise {your/his/her} voice to be heard. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, or loud music.

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

AUQ.241 **How often** {do you/does SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to loud sounds or noise? (Include both job and off work exposures.)

Most of the time .....	1
Sometimes.....	2
Rarely/seldom.....	3
Never .....	4
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### BLOOD PRESSURE – BPQ

Target Group: SPs 16+

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension, also called high blood pressure?

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

BPQ.030 {Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension, also called high blood pressure?

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

BPQ.040a Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **take prescribed medicine**?

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

**BOX 1A**

OMITTED

**BOX 1B**

OMITTED

BPQ.050a {Are you/Is SP} **now** taking a prescribed medicine?

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

**BOX 2**

**CHECK ITEM BPQ.055:**

IF SP AGE >= 20, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

BPQ.060 {Have you/Has SP} **ever** had {your/his/her} blood cholesterol checked?

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

**CAP I INSTRUCTION:**

IF DIQ.320 = 3 (NEVER HAD CHOLESTEROL TEST) AND BPQ.060 = 1 (NO), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP HAS HAD THEIR BLOOD CHOLESTEROL CHECKED. EARLIER ON DIQ SP REPORTED NEVER HAVING A CHOLESTEROL TEST – RECONCILE RESPONSE WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW (BPQ.060)." DISPLAY RESPONSES TO BOTH – WITH LABELS. DIQ.320 – NEVER HAD CHOLESTEROL TEST, BPQ.060 – HAS HAD CHOLESTEROL CHECKED. HIGHLIGHT MUST BE ON DIQ.320.

BPQ.070 About how long has it been since {you/SP} **last** had {your/his/her} blood cholesterol checked? Has it been...

less than 1 year ago, ..... 1  
 1 year but less than 2 years ago, ..... 2  
 2 years but less than 5 years ago, or ..... 3  
 5 years or more? ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

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

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

BPQ.090 To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. to eat fewer high fat or high cholesterol foods? \_\_\_\_\_
- b. to control {your/his/her} weight or lose weight? \_\_\_\_\_
- c. to increase {your/his/her} physical activity or exercise? \_\_\_\_\_
- d. to take prescribed medicine? \_\_\_\_\_



**BOX 3**

**CHECK ITEM BPQ.095:**

IF 'YES' (CODE 1) TO BPQ.090A, B, C OR D, CONTINUE WITH BPQ.100.  
OTHERWISE, GO TO END OF SECTION.

BPQ.100 {Are you/Is SP} **now** following this advice to {DISPLAY ACTIVITY}?

**CAP I INSTRUCTIONS:**

DISPLAY EACH ACTIVITY CODED AS 'YES' (CODE 1) IN BPQ.090 A-D.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. eat fewer high fat or high cholesterol foods? \_\_\_\_\_
- b. control {your/his/her} weight or lose weight? \_\_\_\_\_
- c. increase {your/his/her} physical activity or exercise? \_\_\_\_\_
- d. take prescribed medicine? \_\_\_\_\_

**BOX 5**

OMITTED

**BOX 6**

OMITTED

**BOX 7**

OMITTED

**BOX 8**

OMITTED

**BOX 9**

OMITTED

## 2005-06 Questionnaire

### CARDIOVASCULAR DISEASE – CDQ

Target Group: SPs 40+

CDQ.001 {Have you/Has SP} ever had any pain or discomfort in {your/her/his} chest?

YES .....	1
NO .....	2 (CDQ.010)
REFUSED .....	7 (CDQ.010)
DON'T KNOW .....	9 (CDQ.010)

CDQ.002 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} uphill or {hurry/hurries}?

YES .....	1
NO .....	2 (CDQ.008)
NEVER WALKS UPHILL OR HURRIES.....	3
REFUSED .....	7 (CDQ.008)
DON'T KNOW .....	9 (CDQ.008)

CDQ.003 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} at an ordinary pace on level ground?

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

#### BOX 1

##### **CHECK ITEM CDQ.003A:**

IF 'YES' (CODE '1') IN CDQ.002 OR CDQ.003, CONTINUE.  
OTHERWISE, GO TO CDQ.008.

CDQ.004 What {do you/does she/does he} do if {you/she/he} get it while {you/she/he} are walking? {Do you/Does she/Does he} stop or slow down, or continue at the same pace?

CODE "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.

STOP OR SLOW DOWN .....	1
CONTINUE AT THE SAME PACE .....	2 (CDQ.008)
REFUSED .....	7 (CDQ.008)
DON'T KNOW .....	9 (CDQ.008)

CDQ.005 If {you/she/he} {stand/stands} still, what happens to it? Is the pain or discomfort relieved or not relieved?

RELIEVED.....	1
NOT RELIEVED .....	2 (CDQ.008)
REFUSED .....	7 (CDQ.008)
DON'T KNOW .....	9 (CDQ.008)

CDQ.006      How soon is the pain relieved? Would you say . . .

10 minutes or less or .....	1
more than 10 minutes? .....	2 (CDQ.008)
REFUSED .....	7 (CDQ.008)
DON'T KNOW .....	9 (CDQ.008)

CDQ.009      Please look at this card and show me where the pain or discomfort is located.

CODE ALL THAT APPLY.  
PROBE FOR ADDITIONAL AREAS.

HAND CARD CDQ1

1 .....	1
2 .....	2
3 .....	3
4 .....	4
5 .....	5
6 .....	6
7 .....	7
8 .....	8
REFUSED .....	77
DON'T KNOW .....	99

CDQ.008      Have {you/she/he} ever had a severe pain across the front of {your/her/his} chest lasting for half an hour or more?

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

CDQ.010      {Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?

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

**BOX 2**

OMITTED

## 2005-06 Questionnaire

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

#### BOX 1A

**CHECK ITEM DMQ.030:**IF SP AGE  $\geq$  6, CONTINUE.

OTHERWISE, GO TO DMQ.061.

DMQ.141 What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY.

ENTER HIGHEST LEVEL OF SCHOOL.

## NEVER ATTENDED/KINDERGARTEN

ONLY.....	0 (BOX 1B)
1ST GRADE .....	1
2ND GRADE.....	2
3RD GRADE.....	3
4TH GRADE.....	4
5TH GRADE.....	5
6TH GRADE.....	6
7TH GRADE.....	7
8TH GRADE.....	8
9TH GRADE.....	9
10TH GRADE .....	10
11TH GRADE .....	11
12TH GRADE, NO DIPLOMA.....	12
HIGH SCHOOL GRADUATE.....	13
GED OR EQUIVALENT.....	14
SOME COLLEGE, NO DEGREE.....	15
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM.....	16
ASSOCIATE DEGREE: ACADEMIC PROGRAM.....	17
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA).....	18
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA) .....	19
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD).....	20
DOCTORAL DEGREE (EXAMPLE: PhD, EdD) .....	21
REFUSED .....	77
DON'T KNOW .....	99

**BOX 1AA**

**CHECK ITEM DMQ.035:**

IF SP AGE <= 19, CONTINUE

OTHERWISE, GO TO DMQ.051.

DMQ.037 {Are you/Is SP} now . . .

going to school, .....	1
on vacation from school (between	
grades), or .....	2
neither?.....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1B**

**CHECK ITEM DMQ.040:**

IF SP AGE >= 17, CONTINUE.

OTHERWISE, GO TO DMQ.061.

DMQ.051 Did {you/SP} **ever** serve in the Armed Forces of the United States?

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

DMQ.061 {Do you/Does SP} usually go by **another** first name besides {DISPLAY FIRST NAME FROM DMQ.040}?

CAPI INSTRUCTION:

DISPLAY "FIRST NAME:" AND FIRST NAME FROM DMQ.040 AS LEFT HEADER.

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

DMQ.071 What is this **other first** name?

VERIFY SPELLING

\_\_\_\_\_  
ENTER NAME

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

**BOX 1BB**

**CHECK ITEM DMQ.073a:**

IF AGE >= 14, CONTINUE.

OTHERWISE, GO TO BOX 1D.

DMQ.380 {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

MARRIED .....	1
WIDOWED .....	2
DIVORCED.....	3
SEPARATED.....	4
NEVER MARRIED.....	5 (BOX 1D)
LIVING WITH PARTNER .....	6
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1C**

**CHECK ITEM DMQ.075A:**

IF SP IS MALE OR CODED AS 'NEVER MARRIED' IN DMQ.380, GO TO BOX 1D.

OTHERWISE, CONTINUE.

DMQ.081 {Do you/Does SP} have a maiden name?

ASK IF NOT KNOWN

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

DMQ.090 What is {your/SP's} **maiden** name?

G/Q

VERIFY SPELLING

CAP I INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.

ENTER MAIDEN NAME

or

SAME AS CURRENT LAST NAME .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1D**

**CHECK ITEM DMQ.094:**

IF SP AGE >= 16, CONTINUE.

OTHERWISE, GO TO DMQ.106.

DMQ.101      What is {your/SP's} **father's** last name?  
G/Q

VERIFY SPELLING

CAPI INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.

IF MAIDEN NAME ENTERED IN DMQ.090G/Q, AND MAIDEN NAME IS DIFFERENT FROM CURRENT LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090G/Q AS LEFT HEADER.

CAPI INSTRUCTION:

HARD EDIT: IF SP MALE, DO NOT ALLOW RESPONSE 3.

ENTER NAME

or

SAME AS CURRENT LAST NAME ..... 2

SAME AS MAIDEN NAME ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

DMQ.106      In what country {were you/was SP} born?

UNITED STATES ..... 1 (DMQ.130)

MEXICO ..... 2 (DMQ.160M/Y)

OTHER ..... 3

DMQ.111

ENTER COUNTRY NAME

REFUSED ..... 7

DON'T KNOW ..... 9

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 COUNTRY. COUNTRY LOOKUP IN SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.115 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT COUNTRY FROM LIST.

IF COUNTRY **NOT**  
ON LIST - PRESS BS  
TO DELETE ENTRY.

TYPE <sup>\*\*\*</sup>

CAPI INSTRUCTION:

DISPLAY FIPS COUNTRY LIST. INTERVIEWER SHOULD BE ABLE TO SELECT 1 COUNTRY FROM THE LIST. INTERVIEWER SHOULD BE ABLE TO USE THE <sup>\*\*\*</sup> OPTION TO ACCEPT THE COUNTRY THEY ENTERED IN DMQ.106. REFUSED AND DON'T KNOW OPTIONS SHOULD BE AVAILABLE TO THE INTERVIEWER AS THE F6 AND F5 KEYS.

**BOX 2**

**CHECK ITEM DMQ.120:**

IF OTHER THAN 'UNITED STATES' IN DMQ.106, GO TO DMQ.160M/Y.  
OTHERWISE, CONTINUE.

DMQ.130 In what state {were you/was SP} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.  
SELECT STATE FROM CAPI STATE LIST.  
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

**BOX 3**

**CHECK ITEM DMQ.150:**

GO TO BOX 3A.

DMQ.160 In what month and year did {you/SP} come to the United States to stay?  
M/Y

|\_|\_|

ENTER MONTH NUMBER

REFUSED ..... 7777

DON'T KNOW ..... 9999

|\_|\_|\_|\_|

ENTER 4-DIGIT YEAR

REFUSED ..... 777777

DON'T KNOW ..... 999999



DMQ.170 {Are you/Is SP} a citizen of the United States?

[Information about citizenship is being collected by the U.S. Public Health Service to perform health related research. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on pending immigration or citizenship petitions.]

HAND CARD DMQ2

YES, BORN IN UNITED STATES .....	1
YES, BORN IN PUERTO RICO, GUAM, AMERICAN VIRGIN ISLANDS, OR OTHER U.S. TERRITORY .....	2
YES, BORN ABROAD TO AMERICAN PARENTS .....	3
YES, U.S. CITIZEN BY NATURALIZATION..	4
NO, NOT A CITIZEN OF THE UNITED STATES .....	5
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3A**

**CHECK ITEM DMQ.180:**

IF SP AGE >= 6 AND DMQ.106 = UNITED STATES, CONTINUE WITH DMQ.190.  
OTHERWISE, GO TO BOX 3B.

DMQ.190 {Have you/Has SP} **ever** traveled outside of the United States or Canada?

YES .....	1
NO .....	2 (DMQ.240)
REFUSED .....	7 (DMQ.240)
DON'T KNOW .....	9 (DMQ.240)

DMQ.200 Where {have you/has SP} traveled?

HAND CARD DMQ3

CODE ALL THAT APPLY

EUROPE OR AUSTRALIA/NEW ZEALAND .	1
ASIA OR AFRICA OR SOUTH PACIFIC .....	2
SOUTH/CENTRAL AMERICA (INCLUDING MEXICO) .....	3
CARIBBEAN.....	4
MIDDLE EAST.....	5
OTHER.....	6
REFUSED .....	77
DON'T KNOW .....	99

**BOX 3B**

**CHECK ITEM DMQ.210:**

IF SP AGE >= 6 AND OTHER THAN 'UNITED STATES' IN DMQ.106, CONTINUE.  
OTHERWISE, GO TO DMQ.240.

DMQ.220 Other than {your/SP's} move to the United States, {have you/has {he/she}} **ever** traveled outside of {COUNTRY OF BIRTH}?

CAPI INSTRUCTION:

DISPLAY "COUNTRY OF BIRTH:" AND COUNTRY OF BIRTH FROM DMQ.106 AS LEFT HEADER.

YES .....	1
NO .....	2 (DMQ.240)
REFUSED .....	7 (DMQ.240)
DON'T KNOW .....	9 (DMQ.240)

DMQ.230 Where {have you/has SP} traveled?

HAND CARD DMQ3

CODE ALL THAT APPLY

EUROPE OR AUSTRALIA/NEW ZEALAND .	1
ASIA OR AFRICA OR SOUTH PACIFIC.....	2
SOUTH/CENTRAL AMERICA (INCLUDING	
MEXICO) .....	3
CARIBBEAN.....	4
MIDDLE EAST.....	5
OTHER .....	6
REFUSED .....	77
DON'T KNOW .....	99

DMQ.240 {Do you/Does SP} consider {yourself/himself/herself} Hispanic/Latino? [Where did {your/his/her} ancestors come from?]

HAND CARD DMQ4

READ HAND CARD CATEGORIES IF NECESSARY

CAPI INSTRUCTION:

IF DON'T KNOW (CODE 9), DISPLAY SOFT EDIT MESSAGE ONCE "INTERVIEWER: GIVE RESPONDENT **HAND CARD DMQ4** AND READ CATEGORIES."

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

**BOX 3C**

**CHECK ITEM DMQ.243:**

IF YES (CODE 1) IN DMQ.240, GO TO DMQ.251.  
IF DON'T KNOW (CODE 9) IN DMQ.240, GO TO DMQ.260.  
\*IF NO (CODE 2) IN DMQ.240, CONTINUE TO BOX 3D.  
OTHERWISE, GO TO DMQ.260.

**BOX 3D**

**CHECK ITEM DMQ.245:**

IF NOT HISPANIC (CODE 4) OR OTHER HISPANIC OR LATINO (CODE 2) IN SCQ.260 (SAMPLED RACE/ETHNICITY = BLACK OR WHITE/OTHER), GO TO DMQ.260.  
IF MEXICAN OR MEXICAN AMERICAN (CODES 1 OR 3) IN SCQ.260 (SAMPLED RACE ETHNICITY = MEXICAN), DISPLAY SOFT EDIT ONCE THEN GO TO BOX 3E.  
OTHERWISE, GO TO DMQ.260.  
CAPI INSTRUCTION:

DISPLAY SOFT EDIT MESSAGE –

"SCREENER ETHNICITY: MEXICAN OR MEXICAN AMERICAN.  
INTERVIEWER: GIVE RESPONDENT **HAND CARD DMQ4** AND READ CATEGORIES."

**BOX 3E**

**CHECK ITEM DMQ.247:**

IF YES (CODE 1) IN DMQ.240, CONTINUE.  
OTHERWISE, GO TO DMQ.260.

DMQ.251 Please give me the number of the group that represents {your/SP's} Hispanic origin or ancestry. Please select 1 or more of these categories.

HAND CARD DMQ4  
SELECT 1 OR MORE

PUERTO RICAN .....	10
DOMINICAN (REPUBLIC) .....	12
MEXICAN/MEXICANO .....	13
MEXICAN AMERICAN .....	14
CHICANO .....	15
CUBAN .....	18
CUBAN AMERICAN .....	19
CENTRAL OR SOUTH AMERICAN .....	20
OTHER LATIN AMERICAN	
_____	40
OTHER HISPANIC	
_____	41
REFUSED .....	77
DON'T KNOW .....	99

DMQ.260 What race {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories.

HAND CARD DMQ5  
SELECT 1 OR MORE

WHITE .....	10
BLACK/AFRICAN AMERICAN .....	11
INDIAN (AMERICAN) .....	12
ALASKA NATIVE.....	13
NATIVE HAWAIIAN.....	14
GUAMANIAN.....	15
SAMOAN.....	16
OTHER PACIFIC ISLANDER (SPECIFY) .....	17
ASIAN INDIAN.....	18
CHINESE.....	19
FILIPINO .....	20
JAPANESE.....	21
KOREAN .....	22
VIETNAMESE .....	23
OTHER ASIAN (SPECIFY) .....	24
SOME OTHER RACE (SPECIFY) .....	25
REFUSED .....	77
DON'T KNOW .....	99

**BOX 4**

**CHECK ITEM DMQ.270:**

IF MORE THAN 1 ENTRY (CODE 10-25) IN DMQ.260, CONTINUE.  
OTHERWISE, GO TO DMQ.280a/b/c.

DMQ.275 Which one of these groups, that is {DISPLAY RESPONSES CODED IN DMQ.260 WITH CORRESPONDING  
G/Q CODES}, would you say **best** represents {your/SP's} race?

|\_|\_|\_|  
ENTER RACE CODE

CANNOT CHOOSE 1 RACE .....	66
REFUSED .....	7777
DON'T KNOW .....	9999



## 2005-06 Questionnaire

### DERMATOLOGY – DEQ TARGET GROUP: SP 20-59

DEQ.031 Next are some general questions about {your/SP's} skin.

If after several months of not being in the sun, {you/SP} **then** went out in the sun without sunscreen or protective clothing for **a half hour**, which one of these would happen to {your/his/her} skin?

HAND CARD DEQ2

GET A SEVERE SUNBURN WITH BLISTERS .....	1
A SEVERE SUNBURN FOR A FEW DAYS WITH PEELING.....	2
MILDLY BURNED WITH SOME TANNING...	3
TURNING DARKER WITHOUT A SUNBURN.....	4
NOTHING WOULD HAPPEN IN HALF AN HOUR .....	5
OTHER .....	6
REFUSED .....	7
DON'T KNOW .....	9

DEQ.034 When {you go/SP goes} outside on a very sunny day, for **more** than one hour, how often {do you/does SP} .  
a/b/c/d ..

HAND CARD DEQ2A

a. Stay in the shade? Would you say . . .

always,.....	1
most of the time, .....	2
sometimes, .....	3
rarely, or .....	4
never? .....	5
DON'T GO OUT IN THE SUN .....	6 (DEQ.038)
REFUSED .....	7
DON'T KNOW .....	9

- b. Wear a hat that shades {your/his/her} face, ears **and** neck? Would you say . . .

always,.....	1
most of the time,.....	2
sometimes, .....	3
rarely, or .....	4
never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

CAPI INSTRUCTION:

INCLUDE THE FOLLOWING HELP SCREEN AT THIS SCREEN.

**HELP SCREEN:**

Include any wide-brimmed hat that shades {your/his/her} face, ears and neck from the sun. Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

- c. Wear a long sleeved shirt? Would you say . . .

always,.....	1
most of the time,.....	2
sometimes, .....	3
rarely, or .....	4
never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

- d. Use sunscreen? Would you say . . .

always,.....	1
most of the time,.....	2
sometimes, .....	3
rarely, or .....	4
never? .....	5 (DEQ.038)
REFUSED .....	7 (DEQ.038)
DON'T KNOW .....	9 (DEQ.038)

DEQ.036 What is the SPF number of the sunscreen {you/s/he} use **most** often?

**READ IF NECESSARY:**

If you use more than one or different ones, pick the one you use most often.

|\_|\_|  
ENTER NUMBER OF SPF

CAPI INSTRUCTION:

BUILD HARD EDITS AS 1-50.

INCLUDE THE FOLLOWING HELP SCREEN:

**HELP SCREEN:**

By SPF, we mean the "Sun Protection Factor"; the number on the label of the sunscreen that tells you how much protection against the sun it has.

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

DEQ.038 How many times in the **past year** {have you/has SP} had a sunburn?  
G/Q

|\_|\_|\_|  
ENTER NUMBER OF TIMES

NEVER ..... 000  
REFUSED ..... 777  
DON'T KNOW ..... 999

CAPI INSTRUCTION:

BUILD HARD EDITS AS 1-365.

DEQ.053 {Have you/Has SP} ever been told by a health care provider that {you/s/he} had psoriasis (sore-eye-asis)?

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

DEQ.055 On a scale of 1 to 10, how much of a problem has {your/his/her} psoriasis been in {your/his/her} everyday life, where 1 means no problem at all and 10 means a very large problem?

HAND CARD DEQ3

|\_|\_|  
ENTER NUMBER

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

CAPI INSTRUCTION:

ONLY ALLOW ENTRY OF 1 THROUGH 10 (NO '0' ALLOWED).



DEQ.057 {Do you/Does SP} currently have . . .

HAND CARD DEQ4

little or no psoriasis, .....	1
only a few patches (that could be covered by one or two palms of {your/his/her} hand), .....	2
scattered patches (that could be covered between three and ten palms of {your/ his/her} hand), or .....	3
extensive psoriasis (covering large areas of the body, that would be more than ten palms of {your/his/her} hand)? .....	4
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### DIABETES – DIQ Target Group: SPs 1+

DIQ.010 {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} **ever** been told by a doctor or other health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP AGE < 15, DISPLAY "HAS SP" FOR THE FIRST DISPLAY AND "SP HAS" FOR THE SECOND DISPLAY.

IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".

YES .....	1
NO .....	2 (BOX 4)
BORDERLINE OR PREDIABETES.....	3 (BOX 4)
REFUSED .....	7 (BOX 4)
DON'T KNOW .....	9 (BOX 4)

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

ENTER AGE IN YEARS

LESS THAN 1 YEAR.....	666
REFUSED .....	777
DON'T KNOW .....	999

#### BOX 6

**CHECK ITEM DIQ.219:**

IF AGE AT SCREENING MINUS AGE RECORDED AT DIQ.040 > 2, GO TO BOX 4.  
OTHERWISE, CONTINUE.

DIQ.220 Was {your/his/her} diabetes diagnosed ...

3 months ago or less, .....	1
More than 3 months ago but not more than 6 months ago,.....	2
More than 6 months ago but not more than 9 months ago,.....	3
More than 9 months ago but not more than 12 months ago, or .....	4
More than 12 months ago? .....	5
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

**CHECK ITEM DIQ.159:**

IF AGE < 12, GO TO DIQ.050.

IF AGE >=12 AND DIQ.010 = 1 (YES), GO TO DIQ.190.

IF AGE >=12 AND DIQ.010 = 3, GO TO DIQ.170.

OTHERWISE, CONTINUE.

DIQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

CAPI INSTRUCTION:

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

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

HAND CARD DIQ1

Prediabetes  
Impaired fasting glucose  
Impaired glucose tolerance  
Borderline diabetes

DIQ.170 {Have you/Has SP} ever been told by a doctor or other health professional that {you have/s/he has} health conditions or a medical or family history that increases {your/his/her} risk for diabetes?

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

DIQ.180 {Have you/Has SP} had a blood test for high blood sugar or diabetes within the past three years?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS

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

**BOX 4A**  
OMITTED

**BOX 4A**  
OMITTED

DIQ.190 To lower {your/his/her} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to:

CAPI INSTRUCTION:

HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- control {your/his/her} weight or lose weight? \_\_\_\_\_
- increase {your/his/her} physical activity or exercise? \_\_\_\_\_
- reduce the amount of fat or calories in {your/his/her} diet? \_\_\_\_\_

DIQ.200 To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following:

CAPI INSTRUCTION:

HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- controlling {your/his/her} weight or losing weight? \_\_\_\_\_
- increasing {your/his/her} physical activity or exercise? \_\_\_\_\_
- reducing the amount of fat or calories in {your/his/her} diet? \_\_\_\_\_

BOX 5	
OMITTED	

BOX 5	
OMITTED	

DIQ.050 {Is SP/Are you} **now** taking insulin?

YES .....	1	
NO .....	2	(BOX 0)
REFUSED .....	7	(BOX 0)
DON'T KNOW .....	9	(BOX 0)

DIQ.060  
G/Q/U

For how long {have you/has SP} been taking insulin?

|\_|\_|\_|

ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH ..... 666

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MONTHS ..... 1

YEARS ..... 2

**BOX 0**

**CHECK ITEM DIQ.065:**

IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES), CONTINUE.

OTHERWISE, GO TO END OF SECTION.

DIQ.070

{Is SP/Are you} **now** taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 1**

OMITTED

**BOX 8**

**CHECK ITEM DIQ.229:**

IF DIQ.160 = 1 (YES), GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DIQ.230 When was the last time {you/SP} saw a diabetes nurse educator or dietitian or nutritionist for {your/his/her} diabetes? Do not include doctors or other health professionals.

INTERVIEWER INSTRUCTION: CODE 5 FOR NEVER. IF RESPONDENT ANSWERS "TODAY" OR A PERIOD LESS THAN A MONTH, CODE 1 – THE 0-12 MONTH CATEGORY.

0-12 MONTHS.....	1
13-24 MONTHS.....	2
>2 TO 5 YEARS .....	3
>5 YEARS .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DIQ.240 Is there **one** doctor or other health professional {you usually see/SP usually sees} for {your/his/her} diabetes? Do not include specialists to whom {you have/SP has} been referred such as diabetes educators, dieticians or foot and eye doctors.

YES .....	1
NO .....	2 (DIQ.260)
REFUSED .....	7 (DIQ.260)
DON'T KNOW .....	9 (DIQ.260)

DIQ.250 How many times {have you/has SP} seen this doctor or other health professional in the past 12 months?

ENTER NUMBER OF TIMES

CAPI INSTRUCTION:  
HARD EDIT: DO NOT ALLOW 0.

NONE .....	2
REFUSED .....	7777
DON'T KNOW .....	9999

**BOX 9**

**CHECK ITEM DIQ.369:**  
IF DIQ.250 = 2 (NONE), CONTINUE.  
OTHERWISE, GO TO BOX 10.

DIQ.370 INTERVIEWER: YOU HAVE ENTERED "NONE" FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES .....	1
NO .....	2 (DIQ.250)

**BOX 10**

**CHECK ITEM DIQ.379:**

IF DIQ.250 = 100 OR MORE, CONTINUE.  
OTHERWISE, GO TO DIQ.260.

DIQ.380

INTERVIEWER: YOU HAVE ENTERED A VALUE THAT IS OUTSIDE THE EXPECTED RANGE FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES ..... 1  
NO ..... 2 (DIQ.250)

**BOX 2**

OMITTED

DIQ.260  
G/Q/U

How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS.

|\_|\_|\_|  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT 30 OR MORE PER WEEK.

NEVER ..... 2  
UNABLE TO DO ACTIVITY (BLIND)..... 3  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

ENTER UNIT

PER DAY ..... 1  
PER WEEK..... 2  
PER MONTH..... 3  
PER YEAR ..... 4

DIQ.270 Glycosylated hemoglobin or the "A one C" test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked {you/SP} for glycosylated hemoglobin or "A one C"?

\_\_\_\_\_  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT MORE THAN 13 TIMES.

NOT TESTED IN LAST 12 MONTHS..... 2 (DIQ.300)  
NEVER HEARD OF A ONE C TEST..... 3 (DIQ.300)  
DON'T KNOW HOW MANY TIMES ..... 4  
REFUSED ..... 7777

DIQ.280 What was {your/SP's} last "A one C" level?

CAPI INSTRUCTION:  
SOFT EDIT FOR ANY NUMBER LESS THAN 5 OR MORE THAN 14.

\_\_\_\_\_.\_\_\_\_\_  
ENTER VALUE

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

DIQ.290 What does {your/SP's} doctor or other health professional say {your/his/her} "A one C" level should be? (Pick the lowest level recommended by your health care professional.)

HAND CARD DIQ2

6 OR LESS..... 1  
7 OR LESS..... 2  
8 OR LESS..... 3  
9 OR LESS..... 4  
10 OR LESS..... 5  
PROVIDER DID NOT SPECIFY GOAL..... 6  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 10A**

**CHECK ITEM DIQ.295:**  
IF AGE <12, GO TO END OF SECTION.  
OTHERWISE, CONTINUE.



DIQ.300      Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood  
S/D      pressure in numbers?

CAPI INSTRUCTION:

SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300,  
SOFT EDIT 0-150.

\_\_\_\_ OVER \_\_\_\_  
SYSTOLIC      DIASTOLIC  
ENTER VALUES

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

DIQ.310      What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?  
G/S/D

CAPI INSTRUCTION:

SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300,  
SOFT EDIT 0-150.

\_\_\_\_ OVER \_\_\_\_  
SYSTOLIC      DIASTOLIC  
ENTER VALUES

INTERVIEWER INSTRUCTION. IF RANGE  
GIVEN, RECORD UPPER VALUE OF RANGE.

PROVIDER DID NOT SPECIFY GOAL..... 2  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.320      One part of total serum cholesterol in {your/SP's} blood is a bad cholesterol, called LDL, which builds up and  
G/Q      clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number?

\_\_\_\_  
ENTER VALUE

CAPI INSTRUCTION:

HARD EDIT: ALLOW 25-350. SOFT EDIT ALLOW 40-250.

NEVER HEARD OF LDL ..... 2 (DIQ.335)  
NEVER HAD CHOLESTEROL TEST ..... 3 (DIQ.335)  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.330 What does {your/SP's} doctor or other health professional say {your/his/her} LDL cholesterol should be?  
G/Q

|\_|\_|\_|  
ENTER VALUE.

INTERVIEWER INSTRUCTION: IF RANGE GIVEN,  
RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:  
HARD EDIT 25-350. SOFT EDIT 40-250.

PROVIDER DID NOT SPECIFY GOAL..... 2  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.335 INTERVIEWER INSTRUCTION ONLY:  
DOES THE SP HAVE BOTH FEET AMPUTATED?

YES ..... 1 (DIQ.360)  
NO ..... 2

DIQ.340 During the past 12 months, about how many times has a doctor or other health professional checked  
G/Q {your/SP's} feet for any sores or irritations?

|\_|\_|\_|  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:  
HARD EDIT: DO NOT ALLOW 0.

NONE ..... 2  
REFUSED ..... 7777  
DON'T KNOW/NOT SURE ..... 9999

DIQ.350 How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when  
G/Q/U checked by a family member or friend, but do not include times when checked by a doctor or other health  
professional.

|\_|\_|\_|  
ENTER NUMBER OF TIMES

NONE ..... 2  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

ENTER UNIT

PER DAY ..... 1  
PER WEEK..... 2  
PER MONTH..... 3  
PER YEAR ..... 4

DIQ.360      When was the last time {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.

- LESS THAN 1 MONTH ..... 1
- 1-12 MONTHS..... 2
- 13-24 MONTHS..... 3
- GREATER THAN 2 YEARS ..... 4
- NEVER ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

DIQ.080      Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy?

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



## 2005-06 Questionnaire

### DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ

Target Group: SPs Birth +

DSQ.012 The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1

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

RXQ.021 {Have you/Has SP} used or taken any nonprescription **antacids** in the **past 30 days**?

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

**BOX 0**

OMITTED

RXQ.032 In the **past 30 days**, {have you/has SP} used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. [Do not include prescription vitamins or minerals you may have already told me about.]

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

**BOX 1**

**CHECK ITEM DSQ.035A:**

IF 'YES' (CODE 1) IN DSQ.012, RXQ.021, OR RXQ.032, CONTINUE.  
OTHERWISE, GO TO BOX 18.

DSQ.042 May I please see the containers for **all** the {vitamins, minerals, and other dietary supplements}, {and} {nonprescription antacids} {and} {prescription medicines} that {you/SP} used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY {vitamins, minerals, and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids,} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.032 = yes (1), and the word {"and"} only before the last product type if there is more than one product type.

**BOX 1A**

**CHECK ITEM DSQ.045:**

IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.047.

OTHERWISE, GO TO BOX 6.

DSQ.047 I will start with dietary supplements. Please show me the dietary supplements {you have/SP has} taken in the **past 30 days**.

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.

IS THIS PRODUCT ON THE LIST BELOW?

YES .....	1
NO .....	2 (DSQ.052)
DON'T KNOW .....	9 (DSQ.052)

**SINGLE ELEMENTS**

VITAMIN A .....	10
VITAMIN B6 .....	12
VITAMIN B12.....	13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)	14
VITAMIN D .....	15
VITAMIN E .....	16
CALCIUM .....	18
CHROMIUM (CHROMIUM PICOLINATE).....	19
FOLATE (FOLIC ACID) .....	20
IRON (FERROUS XXXATE).....	21
MAGNESIUM .....	27
POTASSIUM .....	28
SELENIUM .....	29
ZINC (ZINC GLUCONATE) .....	40

**MULTI ELEMENTS**

VITAMINS A & D .....	50
CALCIUM & VITAMIN D .....	51
CALCIUM & MAGNESIUM .....	52

DSQ.049 WHICH PRODUCT IS IT?  
ENTER 1 PRODUCT CODE

VITAMIN A .....	10	
VITAMIN B6 .....	12	
VITAMIN B12.....	13	
VITAMIN C (WITH OR WITHOUT ROSE HIPS) .....	14	
VITAMIN D .....	15	
VITAMIN E .....	16	
CALCIUM .....	18	
CHROMIUM (CHROMIUM PICOLINATE).....	19	
FOLATE (FOLIC ACID) .....	20	
IRON (FERROUS XXXATE).....	21	
MAGNESIUM .....	27	
POTASSIUM .....	28	
SELENIUM .....	29	
ZINC (ZINC GLUCONATE) .....	40	
VITAMINS A & D .....	50	
CALCIUM & VITAMIN D.....	51	
CALCIUM & MAGNESIUM .....	52	
REFUSED .....	77	(DSQ.052)
DON'T KNOW .....	99	(DSQ.052)

**BOX 1B**

**CHECK ITEM DSQ.059:**  
GO TO DSQ.071.

DSQ.052 REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS  
USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

ENTER SUPPLEMENT NAME

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

**CAP I INSTRUCTION:**

IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT  
SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

DSQ.060s PRESS BS TO START THE LOOKUP.

SELECT SUPPLEMENT FROM LIST.

IF SUPPLEMENT **NOT**  
ON LIST – PRESS BS  
TO DELETE ENTRY.

TYPE \*\*\*†

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN DSQ.052 BY TYPING IN "\*\*\*".

THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION TEXT ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 1.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}  
GENERIC NAME {60}  
THERAPEUTIC CLASS CODE {6}  
GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

**BOX 2**

**CHECK ITEM DSQ.061:**

IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT NAME IS GREATER THAN THE LOOKUP DISPLAY FIELD, CONTINUE WITH DSQ.057. OTHERWISE, GO TO DSQ.071.

DSQ.057 YOU HAVE SELECTED

{DISPLAY **FULL** VARIABLE NAME}

IS THIS CORRECT?

YES ..... 1  
NO ..... 2 (CAPI INSTRUCTION)

CAPI INSTRUCTION:

DISPLAY SCREEN DSQ.060s – ENTRY FIELD SHOULD BE BLANK. AT DSQ.060s, INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.



DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:  
DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN..... 1  
CONTAINER NOT SEEN..... 2

**BOX 2A**

**CHECK ITEM DSQ.074:**

- IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.047) **AND CONTAINER SEEN**, CONTINUE.
- IF PRODUCT WAS **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047) AND **CONTAINER SEEN**, GO TO DSQ.076.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066 **SELECT STRENGTH FOR {ELEMENT}**  
a/b/aO/bO

IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX.

PRESS BS TO START LOOKUP.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

- {ELEMENT} = DISPLAY PRODUCT ELEMENT SELECTED IN DSQ.049. IF PRODUCT SELECTED HAS MORE THAN 1 ELEMENT (EXAMPLE = ), STRENGTH QUESTION SHOULD APPEAR FOR **EACH** ELEMENT.
- IF "OTHER" STRENGTH IS SELECTED, GET OTHER SPECIFY AND INTERVIEWER INSTRUCTION SHOULD READ "ENTER SUPPLEMENT STRENGTH".
- **ALL** OF THE STRENGTH QUESTION AND INSTRUCTION SHOULD APPEAR WHEN STRENGTH LOOKUP LIST IS DISPLAYED (NO SCROLLING). THIS MAY MEAN PRINTING ALL WORDS ON THE SCREEN FLUSH LEFT IN MULTIPLE LINES.

**BOX 3**

OMITTED

DSQ.076 WHAT IS THE FORM OF THIS PRODUCT?  
OS

CAPSULES .....	1
TABLETS .....	2
PILLS.....	3
CAPLETS .....	4
SOFT GELS .....	5
GEL CAPS.....	6
VEGICAPS .....	7
PACKAGE/PACKETS .....	8
LIQUID .....	9
POWDER .....	10
WAFERS .....	11
CHEWS .....	12
DOTS .....	13
GRANULES.....	14
LOZENGES.....	15
GEL .....	16
OTHER FORM (SPECIFY).....	17
REFUSED .....	77
DON'T KNOW .....	99

CAPI INSTRUCTION:  
DISPLAY PRODUCT NAME AS LEFT HEADER.

<p style="text-align: center;"><b>BOX 3A</b></p> <p><b>CHECK ITEM DSQ.079:</b> IF PRODUCT <b>NOT</b> SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047), CONTINUE. OTHERWISE, GO TO DSQ.096.</p>
--

DSQ.081 ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

\_\_\_\_\_  
ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

REFUSED .....	7 (DSQ.088)
DON'T KNOW .....	9 (DSQ.088)

CAPI INSTRUCTION:  
FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.

DSQ.084      PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER  
FROM LIST.

IF MANUFACTURER **NOT**  
ON LIST – PRESS BS  
TO DELETE ENTRY

TYPE '\*\*'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1  
MANUFACTURER OR THE '\*\*' OPTION. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.  
IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY  
AND STATE INFORMATION (DSQ.088).

DISPLAY PRODUCT NAME AS LEFT HEADER.

**BOX 4**

**CHECK ITEM DSQ.085:**

IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.  
OTHERWISE, CONTINUE.

DSQ.088b      ENTER **CITY** NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

\_\_\_\_\_  
ENTER CITY

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

DSQ.088c ENTER **STATE** NAME.

ENTER 2-LETTER  
STATE ABBREVIATION.

PRESS ENTER TO  
SELECT STATE FROM LIST.

\_\_\_\_\_  
ENTER STATE

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

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE  
MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER  
INFORMATION VARIABLE.

DSQ.096 For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?  
Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW  
UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE  
DECIMAL.

|\_|\_|\_|\_|  
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

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

ENTER UNIT

DAYS..... 1  
WEEKS ..... 2  
MONTHS..... 3  
YEARS ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

|\_|\_|

ENTER NUMBER OF DAYS FROM 1-30

REFUSED ..... 777

DON'T KNOW ..... 999

DSQ.122 On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?  
Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

|\_|\_|\_|

ENTER NUMBER

REFUSED ..... 7777 (DSQ.127)

DON'T KNOW ..... 9999 (DSQ.127)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/

SOFTGELS/GEL CAPS/VEGICAPS ..... 1 (DSQ.127)

DROPPERS ..... 2 (DSQ.127)

DROPS ..... 3 (DSQ.127)

OUNCES ..... 16 (DSQ.127)

INJECTIONS/SHOTS ..... 17 (DSQ.127)

LOZENGES ..... 18 (DSQ.127)

MILLILITERS ..... 19 (DSQ.127)

PACKAGES/PACKETS ..... 20 (DSQ.125)

TABLESPOONS ..... 21 (DSQ.127)

TEASPOONS ..... 22 (DSQ.127)

WAFERS ..... 23 (DSQ.127)

CANS ..... 24 (DSQ.127)

GRAMS ..... 25 (DSQ.127)

DOTS ..... 26 (DSQ.127)

CUPS ..... 27 (DSQ.127)

SPRAYS/SQUIRTS ..... 28 (DSQ.127)

CHEWS ..... 29 (DSQ.127)

OTHER FORM (SPECIFY) ..... 40 (DSQ.127)

REFUSED ..... 77 (DSQ.127)

DON'T KNOW ..... 99 (DSQ.127)

DSQ.125 Did {you/SP} take an **entire** packet of {PRODUCT NAME} each time?

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

DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS OR DIETARY SUPPLEMENTS?

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

**BOX 5**

**CHECK ITEM DSQ.129:**

ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131.

DSQ.131 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s) or dietary supplement(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

CAP I INSTRUCTION:

DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON SCREEN.

**BOX 6**

**CHECK ITEM DSQ.135:**

IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.  
OTHERWISE, GO TO BOX 10A.

RXQ.141 Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the **past 30 days**.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

\_\_\_\_\_  
ENTER ANTACID NAME

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

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10A.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

[TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

RXQ.150s PRESS BS TO START THE LOOKUP.

SELECT ANTACID  
FROM LIST.

IF ANTACID **NOT**  
ON LIST – PRESS BS  
TO DELETE ENTRY.

TYPE **\*\*\***.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 BY TYPING IN **\*\*\***. THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}  
GENERIC NAME {60}  
THERAPEUTIC CLASS CODE {6}  
GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

<p align="center"><b>BOX 7</b></p> <p align="center"><b>OMITTED</b></p>
---

RXQ.180      For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

CAPI INSTRUCTION:  
 RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)
REFUSED ..... 777						
DON'T KNOW ..... 999						
ENTER UNIT						
DAYS.....	1					
WEEKS .....	2					
MONTHS.....	3					
YEARS .....	4					
REFUSED .....	7					
DON'T KNOW .....	9					

RXQ.191      In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

- CAPI INSTRUCTION:
- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
  - {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> </table>				ENTER NUMBER OF DAYS FROM 1-30
REFUSED ..... 7777				
DON'T KNOW ..... 9999				



RXQ.214 Q/U On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

OPTIONS MUST BE IN ORDER SPECIFIED – APPROVED BY DRG (NCHS)

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

REFUSED ..... 7777 (RXQ.216)  
DON'T KNOW ..... 9999 (RXQ.216)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS ..... 41  
SOFTGELS/GEL CAPS/VEGICAPS ..... 42  
PIECES OF GUM ..... 43  
DROPPERS ..... 44  
DROPS ..... 45  
OUNCES ..... 46  
INJECTIONS/SHOTS ..... 47  
LOZENGES ..... 48  
MILLILITERS ..... 49  
PACKAGES/PACKETS ..... 50  
TABLESPOONS ..... 51  
TEASPOONS ..... 52  
WAFERS ..... 53  
CANS ..... 54  
GRAMS ..... 55  
DOTS ..... 56  
CUPS ..... 57  
SPRAYS/SQUIRTS ..... 58  
CHEWS ..... 59  
OTHER FORM (SPECIFY) ..... 60  
REFUSED ..... 77  
DON'T KNOW ..... 99

RXQ.216 CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:

[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

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

**BOX 9**

**CHECK ITEM RXQ.219:**

ASK RXQ.216 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID, (CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221.

RXQ.221 REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAP I INSTRUCTION:

DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. DISPLAY NUMBER ON SCREEN.

**BOX 15**

OMITTED

**BOX 16**

OMITTED

**BOX 16A**

OMITTED

**BOX 10A**

**CHECK ITEM DSQ.225:**

IF 'YES' (CODE 1) IN RXQ.032, CONTINUE. OTHERWISE, GO TO BOX 18.

RXQ.231 Now I would like to talk about **prescription medication** {you have/SP has} used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist.

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

\_\_\_\_\_  
ENTER MEDICATION NAME

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

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 18.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION  
FROM LIST.

IF MEDICATION **NOT**  
ON LIST – PRESS BS  
TO DELETE ENTRY.

TYPE **\*\*\***.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:

DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN **\*\*\***. THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}  
GENERIC NAME {60}  
THERAPEUTIC CLASS CODE {6}  
GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

<p align="center"><b>BOX 10B</b></p> <p><b>CHECK ITEM RXQ.243:</b>  IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN  ‘OTC’ DESIGNATION, CONTINUE WITH RXQ.245.  OTHERWISE, GO TO RXQ.250.</p>
---

RXQ.245      YOU HAVE SELECTED

{DISPLAY FULL PRODUCT VARIABLE NAME}.

YOU HAVE SELECTED THIS PRODUCT IN AN ‘OVER THE COUNTER’ FORM. IS THIS CORRECT?

YES .....	1	
NO .....	2	DISPLAY HARD ERROR

CAPI INSTRUCTION:  
DISPLAY SCREEN RXQ.240s – ENTRY FIELD SHOULD BE BLANK. INTERVIEWER SHOULD PRESS  
THE ‘BACKSPACE’ KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

<p align="center"><b>BOX 11</b></p> <p align="center">OMITTED</p>
---

RXQ.250      INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:  
DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN.....	1
CONTAINER NOT SEEN .....	2

RXQ.260      For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?  
Q/U

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|\_|\_|\_|\_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

DAYS ..... 1

WEEKS ..... 2

MONTHS ..... 3

YEARS ..... 4

**BOX 13**

OMITTED

RXQ.290      What is the **main** reason for which {you use/SP uses} {PRODUCT NAME}?

ENTER TEXT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFUSED ..... 7

DON'T KNOW ..... 9

RXQ.294      CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:

[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES ..... 1

NO ..... 2

**BOX 14**

**CHECK ITEM RXQ.294A:**

ASK RXQ.250 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294). IF NO NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH RXQ.295.

RXQ.295 REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

**BOX 18**

**CHECK ITEM DSQ.332:**

IF PROXY INTERVIEW IN RPQ, CONTINUE.

IF NOT PROXY INTERVIEW IN RPQ, GO TO DSQ.335.

DSQ.334 INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES ..... 1

NO ..... 2

DSQ.335 PRESS F10 TO EXIT BLAISE.

## 2005-06 Questionnaire

### DIET BEHAVIOR AND NUTRITION - DBQ

Target Group: SPs Birth + (Questions grouped by age categories)

#### BOX 1

##### CHECK ITEM DBQ.005:

IF SP AGE <= 6, CONTINUE.

OTHERWISE, GO TO BOX 2.

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits.

Was {SP} ever breastfed or fed breastmilk?

YES ..... 1  
NO ..... 2 (DBQ.040)  
REFUSED ..... 7 (DBQ.040)  
DON'T KNOW ..... 9 (DBQ.040)

DBQ.020 How old was {SP} when {he/she} was **first** fed something other than breastmilk or water?  
G/Q/U

INCLUDE FORMULA, JUICE, SOLID FOODS

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ..... 2 (BOX 2)  
REFUSED ..... 777 (BOX 2)  
DON'T KNOW ..... 999 (BOX 2)

ENTER UNIT

DAYS..... 1  
WEEKS ..... 2  
MONTHS..... 3  
YEARS ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

DBQ.030 How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk?  
G/Q/U

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL BREASTFEEDING ..... 6666  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

ENTER UNIT

DAYS..... 1  
WEEKS ..... 2  
MONTHS..... 3  
YEARS ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

DBQ.040  
G/Q/U

How old was {SP} when {he/she} was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK  
AT THE SAME TIME

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..... 2 (DBQ.060)

REFUSED ..... 7777

DON'T KNOW ..... 9999

ENTER UNIT

DAYS..... 1

WEEKS ..... 2

MONTHS..... 3

YEARS ..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

DBQ.050  
G/Q/U

How old was {SP} when {he/she} **completely stopped** drinking formula?

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL DRINKING FORMULA ..... 6666

REFUSED ..... 7777

DON'T KNOW ..... 9999

ENTER UNIT

DAYS..... 1

WEEKS ..... 2

MONTHS..... 3

YEARS ..... 4

REFUSED ..... 7

DON'T KNOW ..... 9



DBQ.060      How old was {SP} when {he/she} was first fed **milk** on a daily basis?  
G/Q/U

INCLUDE LACTAID AS MILK  
DO NOT INCLUDE BREASTMILK OR FORMULA

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..... 2 (DBQ.080)

REFUSED ..... 7777

DON'T KNOW ..... 9999

ENTER UNIT

DAYS..... 1

WEEKS ..... 2

MONTHS..... 3

YEARS ..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

DBQ.072      What type of milk was {SP} **first** fed on a daily basis? Was it . . .

CODE ALL THAT APPLY

whole or regular, ..... 10

2% fat or reduced-fat milk..... 11

1% fat or low-fat milk (includes 0.5% fat milk or  
"low-fat milk" not further specified),..... 12

fat-free, skim or nonfat milk or ..... 13

another type?..... 30

REFUSED ..... 77

DON'T KNOW ..... 99

DBQ.080      How old was {SP} when {he/she} **started** eating solid foods [such as strained foods like baby food or any other  
G/Q/U      non-liquid foods] on a daily basis?

|\_|\_|\_|\_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..... 2

REFUSED ..... 7777

DON'T KNOW ..... 9999

ENTER UNIT

DAYS..... 1

WEEKS ..... 2

MONTHS..... 3

YEARS ..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

BOX 2

CHECK ITEM DBQ.085:  
IF SP AGE >= 16, CONTINUE.  
IF SP AGE <16 BUT >= 1, GO TO DBQ.197.  
OTHERWISE, GO TO FSQ.651.

DBQ.700      Next I have some questions about {your/SP's} eating habits.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

- excellent, .....

very good, .....

good, .....

fair, or .....

poor? .....

REFUSED .....

DON'T KNOW .....
- 1

2

3

4

5

7

9

BOX 3

OMITTED

BOX 4

OMITTED

DBQ.197 {Next I have some questions about {SP's} eating habits.}

{First/Next} I'm going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

HAND CARD DBQ1

CAPI INSTRUCTION:

THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.

CAPI DISPLAY INSTRUCTIONS: IF SP AGE 7-15 YEARS OLD, DISPLAY "{Next I have some questions about {SP's} eating habits.} First, I'm going to ask about milk products. Do not include their use in cooking. IF SP AGE <= 6 OR >= 16 YEARS OLD. DISPLAY "Next I'm going to ask a few questions about milk products. Do not include their use in cooking."

never, .....	0 (BOX 6)
rarely – less than once a week, .....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more? .....	3
VARIED .....	4
REFUSED .....	7 (BOX 6)
DON'T KNOW .....	9 (BOX 6)

DBQ.222 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

whole or regular, .....	10
2% fat or reduced-fat milk.....	11
1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified),.....	12
fat-free, skim or nonfat milk or .....	13
another type? .....	30
REFUSED .....	77
DON'T KNOW .....	99

**BOX 6**

**CHECK ITEM DBQ.225:**

IF SP AGE >= 20, CONTINUE.

OTHERWISE, GO TO BOX 9.

DBQ.229      The next question is about **regular** milk use.

A regular milk drinker is someone who uses any type of milk at **least 5 times a week**. Using this definition, which statement best describes {you/SP}?

HAND CARD DBQ2

- |   |            |
|---|------------|
| {I've/He's/She's} been a <b>regular</b> milk drinker for <b>most</b> or <b>all</b> of {my/his/her} life, including {my/his/her} childhood; .....  | 1          |
| {I've/He's/She's} <b>never</b> been a <b>regular</b> milk drinker; .....  | 2 (BOX 8A) |
| {My/His/Her} milk drinking has <b>varied</b> over {my/his/her} life – sometimes {I've/he's/she's} been a <b>regular</b> milk drinker and sometimes {I have/he has/she has} <b>not</b> been a regular milk drinker ..... | 3          |
| REFUSED .....   | 7 (BOX 8A) |
| DON'T KNOW .....  | 9 (BOX 8A) |

DBQ.235  
a/b/c

Now, I'm going to ask you how often {you/SP} drank **milk** at different times in {your/his/her} **life**.

How often did {you/SP} drink any type of milk, including milk added to cereal, when {you were/s/he was} . . .

HAND CARD DBQ3

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD

CAPI INSTRUCTION:

THESE (A-C) SHOULD **NOT** BE GATE QUESTIONS ANYMORE.

a. **a child between the ages of 5 and 12 years old? Would you say . . .**

never, .....	0
rarely – less than once a week, .....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more? .....	3
VARIED .....	4
REFUSED .....	7
DON'T KNOW .....	9

b. **a teenager between the ages of 13 and 17 years old? Would you say . . .**

never, .....	0
rarely – less than once a week, .....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more? .....	3
VARIED .....	4
REFUSED .....	7
DON'T KNOW .....	9

c. **a young adult between the ages of 18 and 35 years old? Would you say . . .**

never, .....	0
rarely – less than once a week, .....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more? .....	3
VARIED .....	4
REFUSED .....	7
DON'T KNOW .....	9

**BOX 8A**

**CHECK ITEM DBQ.265A:**

IF SP AGE >= 60, CONTINUE.

OTHERWISE, GO TO BOX 11.

DBQ.301 The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?

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

DBQ.330 In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

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

**BOX 8B**

**CHECK ITEM DBQ.335:**  
GO TO BOX 11.

**BOX 9**

**CHECK ITEM DBQ.355:**  
IF SP AGE 4-19, CONTINUE.  
OTHERWISE, GO TO BOX 10.

DBQ.360 During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

YES .....	1
NO .....	2 (BOX 10)
REFUSED .....	7 (BOX 10)
DON'T KNOW .....	9 (BOX 10)

DBQ.370 Does {your/SP's} school serve school lunches? These are **complete** lunches that cost **the same every day**.

YES .....	1
NO .....	2 (DBQ.400)
REFUSED .....	7 (DBQ.400)
DON'T KNOW .....	9 (DBQ.400)

DBQ.381 During the **school year**, about how many times a week {do you/does SP} usually get a complete school  
G/Q lunch?

|\_|

ENTER NUMBER OF TIMES

NONE ..... 2 (DBQ.400)  
REFUSED ..... 7 (DBQ.400)  
DON'T KNOW ..... 9 (DBQ.400)

DBQ.390 {Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?

FREE ..... 1  
REDUCED PRICE ..... 2  
FULL PRICE ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

DBQ.400 Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

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

DBQ.411 During the **school year**, about how many times a week {do you/does SP} usually get a complete breakfast at  
G/Q school?

|\_|

ENTER NUMBER OF TIMES

NONE ..... 2 (BOX 9A)  
REFUSED ..... 7 (BOX 9A)  
DON'T KNOW ..... 9 (BOX 9A)

DBQ.421 {Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

FREE ..... 1  
REDUCED PRICE ..... 2  
FULL PRICE ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 9A**

**CHECK ITEM DBQ.422:**

IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2,  
CONTINUE.  
OTHERWISE, GO TO BOX 10.

DBQ.424 {Do you/Does SP} get a free or reduced price meal at any summer program {you/he/she} attends?

YES .....	1
NO .....	2
DID NOT ATTEND SUMMER PROGRAM ....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 10**

**CHECK ITEM DBQ.425A:**  
IF SP AGE >= 6, GO TO BOX 11.  
OTHERWISE, CONTINUE.

FSQ.651 Next are a few questions about the WIC program.

Did {SP} receive benefits from WIC, that is, the Women, Infants, and Children program, in the **past 12 months?**

YES .....	1
NO .....	2 (BOX 11)
REFUSED .....	7 (BOX 11)
DON'T KNOW .....	9 (BOX 11)

**BOX 10A**

**CHECK ITEM DBQ.701:**  
IF SP AGE > 5, GO TO FSQ.671.  
OTHERWISE, CONTINUE.

FSQ.661 Is {SP} **now** receiving benefits from the WIC program?

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



FSQ.671      How long {did SP receive/has SP been receiving} benefits from the WIC program?  
Q/U

CAPI INSTRUCTION:

HARD EDIT: NUMBER SHOULD NOT BE HIGHER THAN SP'S AGE.

|\_|\_|

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED ..... 77

DON'T KNOW ..... 99

ENTER UNIT

MONTHS ..... 1

YEARS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 11**

**CHECK ITEM DBQ.709:**

IF SP AGE < 1 OR SP AGE 12-15, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DBQ.091      Next, I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. On average, how many  
G/Q      meals per week {do you/does SP} get that were not prepared at a home? Please include meals from both  
dine-in and carry out restaurants, restaurants that deliver food to your home, cafeterias, fast-food places, food  
courts, food stands, meals prepared at a grocery store, and meals from vending machines.

{Please do not include meals provided as part of the school lunch or school breakfast./ Please do not include  
meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:

IF DBQ381G=1 OR DBQ.411G=1, DISPLAY {Please do not include meals provided as part of the school  
lunch or school breakfast.}

IF DBQ.301=1 OR DBQ.330=1, DISPLAY {Please do not include meals provided as part of the community  
programs you reported earlier.}

|\_|\_|

ENTER NUMBER PER WEEK

NEVER ..... 2

LESS THAN WEEKLY ..... 666

REFUSED ..... 777

DON'T KNOW ..... 999

**BOX 12**

**CHECK ITEM DBQ.719:**

IF SP AGE <= 15 OR IF SP AGE => 16 AND PROXY INTERVIEW, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DBQ.720 Have you heard of "The Dietary Guidelines for Americans"?

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

DBQ.730 [Have you heard of] "The Food Guide Pyramid"?

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

DBQ.740 [Have you heard of] "The 5-A-Day [for Better Health] Program"?

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

DBQ.750 Here is an example of a food label. [HAND CARD DBQ4]

This part of the food label is called the "Nutrition Facts" panel. How often do you use the **Nutrition Facts panel** when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD DBQ5

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
NEVER SEEN .....	6
REFUSED .....	77
DON'T KNOW .....	99

DBQ.760      How about the **list of ingredients**?  
 [How often do you use the list of ingredients when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ5

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
NEVER SEEN .....	6
REFUSED .....	77
DON'T KNOW .....	99

DBQ.770      How about the information on **the size of a serving**?  
 [How often do you use information on the size of a serving when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ5

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
NEVER SEEN .....	6
REFUSED .....	77
DON'T KNOW .....	99

DBQ.780      Some food packages contain health claims about the benefits of nutrients or foods like the examples on this card. [HAND CARD DBQ6] How often do you use this kind of **health claim** when deciding to buy a product?

Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
NEVER SEEN .....	6
REFUSED .....	77
DON'T KNOW .....	99

**BOX 13**

**CHECK ITEM DBQ.789:**

IF (DBQ.750 = 1-4) OR (DBQ.760 = 1-4) OR (DBQ.770 = 1-4) OR (DBQ.780 = 1-4),  
CONTINUE.  
OTHERWISE, GO TO DBQ.890.

DBQ.790 When you use the food label to decide about a food product, how often do you look for information about **calories**? Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.800 [When you use the food label to decide about a food product, how often do you look for information about] **calories from fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.810 [When you use the food label to decide about a food product, how often do you look for information about] **total fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.820 [When you use the food label to decide about a food product, how often do you look for information about] **trans fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.830 [When you use the food label to decide about a food product, how often do you look for information about] **saturated fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.840 [When you use the food label to decide about a food product, how often do you look for information about] **cholesterol**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.850 [When you use the food label to decide about a food product, how often do you look for information about] **sodium**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.860 [When you use the food label to decide about a food product, how often do you look for information about] **carbohydrates**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.870 [When you use the food label to decide about a food product, how often do you look for information about] **fiber**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.880 [When you use the food label to decide about a food product, how often do you look for information about] **sugars**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .....	1
MOST OF THE TIME .....	2
SOMETIMES .....	3
RARELY .....	4
NEVER .....	5
REFUSED .....	7
DON'T KNOW .....	9

DBQ.890      Would you say you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement: "Some people are born to be fat and some thin; there is not much you can do to change this"?

HAND CARD DBQ8

STRONGLY AGREE .....	1
SOMEWHAT AGREE .....	2
NEITHER AGREE NOR DISAGREE .....	3
SOMEWHAT DISAGREE .....	4
STRONGLY DISAGREE .....	5
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### EARLY CHILDHOOD – ECQ Target Group: SPs Birth to 15 Years

ECQ.010 First I have some questions about {SP NAME's} birth.

How old was {SP NAME's} biological mother when {s/he} was born?

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

CAPI INSTRUCTION:  
HARD EDIT 10-59, SOFT EDIT <13

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

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

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

ECQ.030 At any time during the pregnancy, did {SP NAME's} biological mother quit or refrain from smoking for the rest of the pregnancy?

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

ECQ.040 About what month of the pregnancy did {SP NAME's} biological mother stop smoking?  
USE ROUNDING RULE IF NECESSARY.

FIRST MONTH ..... 1  
SECOND MONTH ..... 2  
THIRD MONTH ..... 3  
FOURTH MONTH ..... 4  
FIFTH MONTH ..... 5  
SIXTH MONTH ..... 6  
SEVENTH MONTH ..... 7  
EIGHTH MONTH ..... 8  
NINTH MONTH ..... 9  
REFUSED ..... 77  
DON'T KNOW ..... 99



ECQ.060 Did {SP NAME} receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?

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

ECQ.071/ How much did {SP NAME} weigh at birth?  
L/O/K/M

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.  
IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

|\_|\_|  
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:  
SOFT EDIT 3-13, HARD EDIT 0-20

AND

|\_|\_|  
ENTER NUMBER OF OUNCES

CAPI INSTRUCTION:  
HARD EDIT 0-15, NO SOFT EDIT

OR

|\_|\_|\_|  
ENTER NUMBER IN KILOGRAMS

CAPI INSTRUCTION:  
SOFT EDIT 1.5-6, HARD EDIT 0-9

OR

|\_|\_|\_|  
ENTER NUMBER IN GRAMS

CAPI INSTRUCTION:  
SOFT EDIT 1,500-6,000, HARD EDIT 0-9,000

OR

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

**BOX 1**

**CHECK ITEM ECQ.075:**

IF REFUSED (CODE 7) OR DON'T KNOW (CODE 9), CONTINUE.  
OTHERWISE, GO TO BOX 2.

ECQ.080 Did {SP NAME} weigh . . .

more than 5-1/2 lbs. (2500 g), or ..... 1  
less than 5-1/2 lbs. (2500 g)? ..... 2 (BOX 2)  
REFUSED ..... 7 (BOX 2)  
DON'T KNOW ..... 9 (BOX 2)

ECQ.090 Did {SP NAME} weigh . . .

more than 9 lbs. (4100 g), or ..... 1  
less than 9 lbs. (4100 g)? ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 2**

**CHECK ITEM ECQ.095:**

IF SP AGE = 2-15 YEARS, CONTINUE.  
OTHERWISE, GO TO BOX 4.

WHQ.030e Do you consider {SP} now to be . . .

overweight, ..... 1  
underweight, or ..... 2  
about the right weight? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

MCQ.080e Has a doctor or health professional **ever** told you that {SP} was overweight?

YES ..... 1  
NO ..... 2 (BOX 4)  
REFUSED ..... 7 (BOX 4)  
DON'T KNOW ..... 9 (BOX 4)

ECQ.150 Are you now doing anything to help {SP} control {his/her} weight?

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

<p style="text-align: center;"><b>BOX 4</b></p> <p><b>CHECK ITEM ECQ.115:</b> IF SP AGE = 0-5, CONTINUE. OTHERWISE, GO TO END OF SECTION.</p>
---

FSQ.121      Is {SP} **now** attending {Head Start/Early Head Start}?

CAPI INSTRUCTIONS:  
IF SP AGE = 0-3, DISPLAY "EARLY HEAD START".  
IF SP AGE = 4-5, DISPLAY "HEAD START".

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

<p style="text-align: center;"><b>BOX 5</b></p> <p style="text-align: center;"><b>OMITTED</b></p>
---

## 2005-06 Questionnaire

### HEALTH INSURANCE – HIQ

Target Group: All Ages

HIQ.011 The next questions are about health insurance.

Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

{Are you/Is SP} covered by health insurance or some other kind of health care plan?

YES .....	1
NO .....	2 (BOX 12)
REFUSED .....	7 (BOX 12)
DON'T KNOW .....	9 (BOX 12)

HIQ.031 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/s/he has} more than one kind of health insurance, tell me all plans that {you have/s/he has}.

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:

DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

PRIVATE HEALTH INSURANCE .....	14
MEDICARE.....	15
MEDI-GAP.....	16
MEDICAID ({DISPLAY STATE PLAN NAME}).....	17
SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM).....	18
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) .....	19
INDIAN HEALTH SERVICE.....	20
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}) .....	21
OTHER GOVERNMENT PROGRAM.....	22
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) .....	23
NO COVERAGE OF ANY TYPE .....	40
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2**

OMITTED

**BOX 3**

OMITTED

BOX 4

OMITTED

BOX 5

OMITTED

BOX 10

OMITTED

BOX 11

OMITTED

BOX 12

CHECK ITEM HIQ.065:  
IF AGE => 65 AND HIQ.031 = CODE 14 OR CODE 16-99 OR HIQ.031 IS EMPTY, GO TO HIQ.260.  
IF AGE => 65 AND HIQ.031 = CODE 15, GO TO HIQ.500.  
OTHERWISE, CONTINUE.

BOX 13

CHECK ITEM HIQ.259:  
IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.031 NOT = 40 (NO COVERAGE), GO TO HIQ.270.  
IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.031 = 40), GO TO END OF SECTION.

HIQ.260

{Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

- YES .....

NO .....

REFUSED .....

DON'T KNOW .....
- 1

2 (BOX 14)

7 (BOX 14)

9 (BOX 14)

HIQ.500

May I please see {your/SP's} Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?  
This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it

CAPI INSTRUCTION:  
 REQUIRE DOUBLE ENTRY OF NUMBER.  
 ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

REFUSED ..... 77777777 (BOX 14)  
DON'T KNOW ..... 99999999 (BOX 14)

CARD AVAILABLE .....	1
CARD NOT AVAILABLE .....	2 (BOX 14)

**BOX 9**  
OMITTED

HIQ.270 {Does this plan/Do any of these plans} cover any part of the cost of prescriptions?

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

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

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

## 2005-06 Questionnaire

### HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ

Target Group: SPs Birth +

HUQ.010 {First/Next} I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

CAPI INSTRUCTION:

DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

excellent, .....	1
very good, .....	2
good, .....	3
fair, or .....	4
poor? .....	5
REFUSED .....	7
DON'T KNOW .....	9

#### BOX 1

##### CHECK ITEM HUQ.015:

IF SP AGE >= 1, CONTINUE.

OTHERWISE, GO TO HUQ.030.

HUQ.020 Compared with **12 months ago**, would you say {your/SP's} health is now . . .

better, .....	1
worse, or .....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

HUQ.030 Is there a place that {you/SP} **usually** {go/goes} when {you are/he/she is} sick or {you/s/he} need{s} advice about {your/his/her} health?

CAPI INSTRUCTION:

IF SP AGE < 12, DISPLAY "YOU" IN THE FOURTH DISPLAY AND DON'T DISPLAY THE "S" IN THE FIFTH DISPLAY.

YES .....	1
THERE IS <b>NO</b> PLACE .....	2 (HUQ.050)
THERE IS <b>MORE THAN ONE</b> PLACE .....	3
REFUSED .....	7 (HUQ.050)
DON'T KNOW .....	9 (HUQ.050)



HUQ.040 What kind of place {do you/does SP} go to most often: is it a clinic, doctor's office, emergency room, or some other place?

CLINIC OR HEALTH CENTER.....	1
DOCTOR'S OFFICE OR HMO .....	2
HOSPITAL EMERGENCY ROOM.....	3
HOSPITAL OUTPATIENT DEPARTMENT ...	4
SOME OTHER PLACE.....	5
REFUSED .....	7
DON'T KNOW .....	9

HUQ.050 {During the **past 12 months**, how/How} many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic, hospital emergency room, at home or some other place? **Do not include** times {you were/s/he was} hospitalized overnight.

CAPI INSTRUCTION:

DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

NONE .....	0
1 .....	1 (HUQ.071)
2 TO 3 .....	2 (HUQ.071)
4 TO 9 .....	3 (HUQ.071)
10 TO 12 .....	4 (HUQ.071)
13 OR MORE .....	5 (HUQ.071)
REFUSED .....	7 (HUQ.071)
DON'T KNOW .....	9 (HUQ.071)

HUQ.060 About how long has it been since {you/SP} **last** saw or talked to a doctor or other health care professional about {your/his/her} health? **Include** doctors seen while {you were} {he/she was} a patient in a hospital. Has it been . . .

6 months or less, .....	1
more than 6 months, but not more than 1 year ago,.....	2
more than 1 year, but not more than 3 years ago,.....	3
more than 3 years, or.....	4
never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

HUQ.071 {During the **past 12 months**, were you/{Was/was} SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.

CAPI INSTRUCTION:

DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

DISPLAY "WAS SP" WITH LEADING CAPS, IF SP'S AGE IS <1.

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

HUQ.080      How many different times did {you/SP} stay in any hospital overnight or longer {during the **past 12 months**}?

CAPI INSTRUCTION:

DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

HARD EDIT: 1-366.

ENTER NUMBER

REFUSED ..... 77777

DON'T KNOW ..... 99999

**BOX 1A**

**OMITTED**

**BOX 2**

**CHECK ITEM 085:**

IF SP AGE >= 4, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

HUQ.090      During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

## 2005-06 Questionnaire

### IMMUNIZATION – IMQ Target Group: SPs Birth +

#### BOX 0

**CHECK ITEM IMQ.005:**  
IF SP AGE  $\geq$  2, CONTINUE.  
OTHERWISE, GO TO IMQ.020.

#### BOX 1

OMITTED

IMQ.011      Hepatitis A vaccine is given as a two dose series to some children older than 2 years and also to some adults, especially people who travel outside the United States. It has only been available since 1995. {Have you/Has SP} **ever** received hepatitis A vaccine?

CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT

YES AT LEAST 2 DOSES .....	1
LESS THAN 2 DOSES .....	2
NO DOSES.....	3
REFUSED .....	7
DON'T KNOW .....	9

IMQ.020      Hepatitis B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine. {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine?

CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT

YES AT LEAST 3 DOSES .....	1
LESS THAN 3 DOSES .....	2
NO DOSES.....	3
REFUSED .....	7
DON'T KNOW .....	9

### ***Introduction and Verification (IVQ)***

DMQ.010 [You have been chosen to participate in the National Health and Nutrition Examination Survey conducted by the U.S. Public Health Service. All the information that you give us will be kept in the strictest of confidence. Your name will not be attached to any of your answers without your specific permission. HAND RESPONDENT THE ADVANCE LETTER.] I would like to begin the health interview by verifying some information about {you/SP}.

VERIFY OR ASK DATE OF BIRTH AND AGE.

CAPI INSTRUCTION:

DISPLAY DATE OF BIRTH AND SP AGE FROM SCREENER.

IF AGE OR ALL OR PART OF DATE OF BIRTH NOT AVAILABLE, FILL CORRESPONDING FIELDS WITH 'DK' OR 'REF' AS APPROPRIATE.

IF AGE IS A RANGE, DISPLAY THE RANGE FOR AGE.

IF AGE IS LESS THAN 1 YEAR, DISPLAY AGE IN MONTHS.

IF AGE IS CHANGED, DISPLAY MESSAGE TO CORRECT DOB.

IF DOB IS CHANGED, RECALCULATE AGE.

{ | | | | | | | | } { | | | | }  
DATE OF BIRTH (MONTH, DAY, YEAR) AGE

REFUSED .....77777777

DON'T KNOW .....99999999

DMQ.020 VERIFY GENDER.

CAPI INSTRUCTION:

DISPLAY SP GENDER FROM SCREENER. IF GENDER NOT AVAILABLE, DISPLAY DK OR REF AS APPROPRIATE.

{ | | }  
GENDER

#### **BOX 1**

##### **CHECK ITEM DMQ.025:**

RUN SAMPLING ALGORITHM. IF PERSON NO LONGER IN THE SAMPLE DUE TO UPDATED AGE OR GENDER INFORMATION, CONTINUE.

OTHERWISE, GO TO BOX 4.

DMQ.030 Thank you for your participation in the study. Our scientific, random selection process indicates that {you/SP} {have/has} not been selected for the next part of the study.

**BOX 2**

**CHECK ITEM DMQ.035:**  
GO TO END OF INTERVIEW.

DMQ.040 What is {your/SP's} **full** name, including middle name?

What is your **first** name?

VERIFY SPELLING

USE F1 FOR HELP RECORDING FIRST NAME

|\_|\_|\_|\_|  
ENTER PREFIX (MS, MR, MRS, DR)

REFUSED ..... 7777

DON'T KNOW ..... 9999

\_\_\_\_\_  
ENTER FIRST NAME

REFUSED ..... 7

DON'T KNOW ..... 9

DMQ.050 What is {your/SP's} **middle** name?

VERIFY SPELLING

USE F1 FOR HELP RECORDING MIDDLE NAME(S)

IF NO MIDDLE NAME, MARK CHECK BOX

\_\_\_\_\_  
ENTER MIDDLE NAME #1

REFUSED ..... 7

DON'T KNOW ..... 9

\_\_\_\_\_  
ENTER MIDDLE NAME #2

REFUSED ..... 7

DON'T KNOW ..... 9

DMQ.060 What is {your/SP's} **last** name?

VERIFY SPELLING

USE F1 FOR HELP RECORDING LAST NAME(S)

\_\_\_\_\_

ENTER LAST NAME #1

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

ENTER LAST NAME #2

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

DMQ.070 {Do you/Does SP} have a suffix? [What is it?]

ENTER SUFFIX (JR, SR, III)  
or

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

## 2005-06 Questionnaire

### KIDNEY CONDITIONS – KIQ

Target Group: SPs 20+

KIQ.022 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

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

KIQ.025 In the **past 12 months**, {have you/has SP} received dialysis (either hemodialysis or peritoneal dialysis)?

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

## 2005-06 Questionnaire

### MEDICAL CONDITIONS – MCQ

Target Group: SPs 1+

MCQ.010 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} asthma?

CAPI INSTRUCTION:

IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE":

IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.

YES .....	1
NO .....	2 (MCQ.053)
REFUSED .....	7 (MCQ.053)
DON'T KNOW .....	9 (MCQ.053)

MCQ.025 How old {were you/was SP} when {you were/s/he was} **first** told {he/she} had asthma?

IF LESS THAN 1 YEAR, ENTER 1

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE".

IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE WAS".

IF SP AGE < 12, DISPLAY "WAS {SP}" AND "YOU WERE".

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

CAPI INSTRUCTION:

HARD EDIT: 1-120

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

MCQ.035 {Do you/Does SP} still have asthma?

YES .....	1
NO .....	2 (MCQ.053)
REFUSED .....	7 (MCQ.053)
DON'T KNOW .....	9 (MCQ.053)

MCQ.040 During the **past 12 months**, {have you/has SP} had an episode of asthma or an asthma attack?

YES .....	1
NO .....	2 (MCQ.053)
REFUSED .....	7 (MCQ.053)
DON'T KNOW .....	9 (MCQ.053)



MCQ.050 [During the **past 12 months**], {have you/has SP} had to visit an emergency room or urgent care center because of asthma?

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

MCQ.053 During the **past 3 months**, {have you/has SP} been on treatment for anemia, sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

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

<p style="text-align: center;"><b>BOX 2</b></p> <p><b>CHECK ITEM MCQ.055:</b>          IF SP AGE &lt; 2, GO TO END OF SECTION.          IF SP AGE 2-15, GO TO BOX 3.          IF SP AGE 16+, CONTINUE.          OTHERWISE, CONTINUE.</p>
--

MCQ.080 Has a doctor or other health professional **ever** told {you/SP} that {you were/s/he/SP was} overweight?

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

<p style="text-align: center;"><b>BOX 2A</b></p> <p style="text-align: center;">OMITTED</p>
---

<p style="text-align: center;"><b>BOX 3</b></p> <p><b>CHECK ITEM MCQ.085:</b>          IF SP'S AGE &gt;= 6, CONTINUE.          OTHERWISE, GO TO MCQ.140.</p>
--

MCQ.092 {Have you/Has SP} **ever** received a blood transfusion?

YES ..... 1  
 NO ..... 2 (MCQ.140)  
 REFUSED ..... 7 (MCQ.140)  
 DON'T KNOW ..... 9 (MCQ.140)

MCQ.093 In what year did {you/SP} receive {your/his/her} **first** transfusion?

|\_|\_|\_|\_|  
ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:  
HARD EDIT: 1900-2006

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

**BOX 4**

OMITTED

**BOX 6**

OMITTED

MCQ.140 {Do you/Does SP} have trouble seeing, even when wearing glasses or contact lenses, if {you/he/she} wear{s} them?

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

**BOX 7**

**CHECK ITEM MCQ.145:**

IF SP'S AGE 6-19, CONTINUE.  
IF SP'S AGE >= 20, GO TO MCQ.160.  
OTHERWISE, GO TO END OF SECTION.

**BOX 7A**

**CHECK ITEM MCQ.146:**

IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.  
OTHERWISE, GO TO MCQ.150.

MCQ.149 Have {SP's} periods or menstrual cycles started yet?

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

MCQ.150      During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, about  
G/Q            how many days did {you/SP} miss school because of an illness or injury?

IF NONE, ENTER 0

ENTER NUMBER OF DAYS

DID NOT GO TO SCHOOL ..... 666  
REFUSED ..... 777  
DON'T KNOW ..... 999

**BOX 8**

**CHECK ITEM MCQ.155:**

IF SP AGE >= 16, GO TO MCQ.245.

OTHERWISE, GO TO END OF SECTION.

MCQ.160 Has a doctor or other health professional <b>ever</b> told {you/SP} that {you/s/he} . . .  CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.	MCQ.170 {Do you/Does SP} still . . . ?	MCQ.180 How old {were you/was SP} when {you were/s/he was} <b>first</b> told {you/s/he} . . .	MCQ.190 Which type of arthritis was it?
<b>a. had arthritis?</b>  YES..... 1 → NO..... 2 (b) REFUSED..... 7 (b) DON'T KNOW..... 9 (b)		had arthritis?  _ _ _  ENTER AGE IN YEARS  REFUSED ..... DON'T KNOW ..... 777999	RHEUMATOID ARTHRITIS ..... 1 OSTEOARTHRITIS ..... OTHER..... 2 REFUSED ..... 3 DON'T KNOW ..... 7 9
<b>b. had congestive heart failure?</b>  YES..... 1 → NO..... 2 (c) REFUSED..... 7 (c) DON'T KNOW..... 9 (c)		had congestive heart failure?  _ _ _  ENTER AGE IN YEARS  REFUSED ..... DON'T KNOW ..... 777999	
<b>c. had coronary heart disease?</b>  YES..... 1 → NO..... 2 (d) REFUSED..... 7 (d) DON'T KNOW..... 9 (d)		had coronary heart disease?  _ _ _  ENTER AGE IN YEARS  REFUSED ..... DON'T KNOW ..... 777999	
<b>d. had angina, also called angina pectoris?</b>  YES..... 1 → NO..... 2 (e) REFUSED..... 7 (e) DON'T KNOW..... 9 (e)		had angina, also called agina pectoris?  _ _ _  ENTER AGE IN YEARS  REFUSED ..... DON'T KNOW ..... 777999	
<b>e. had a heart attack (also called myocardial infarction)?</b>  YES..... 1 → NO..... 2 (f) REFUSED..... 7 (f) DON'T KNOW..... 9 (f)		had a heart attack (also called myocardial infarction)?  _ _ _  ENTER AGE IN YEARS  REFUSED ..... DON'T KNOW ..... 777999	

SP\_ECQ

<p>f. <b>had a stroke?</b></p> <p>YES..... 1 →</p> <p>NO..... 2 (g)</p> <p>REFUSED..... 7 (g)</p> <p>DON'T KNOW..... 9 (g)</p>		<p>had a stroke?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED ..... 777</p> <p>DON'T KNOW ..... 999</p>	
<p>g. <b>had emphysema?</b></p> <p>YES..... 1 →</p> <p>NO..... 2 (m)</p> <p>REFUSED..... 7 (m)</p> <p>DON'T KNOW..... 9 (m)</p>		<p>had emphysema?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED ..... 777</p> <p>DON'T KNOW ..... 999</p>	
<p>m. <b>had a thyroid problem?</b></p> <p>YES..... 1 →</p> <p>NO..... 2 (k)</p> <p>REFUSED..... 7 (k)</p> <p>DON'T KNOW..... 9 (k)</p>	<p>have a thyroid problem?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>	<p>had a thyroid problem?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED ..... 777</p> <p>DON'T KNOW ..... 999</p>	
<p>k. <b>had chronic bronchitis?</b></p> <p>YES..... 1 →</p> <p>NO..... 2 (l)</p> <p>REFUSED..... 7 (l)</p> <p>DON'T KNOW..... 9 (l)</p>	<p>have chronic bronchitis?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>	<p>had chronic bronchitis?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED ..... 777</p> <p>DON'T KNOW ..... 999</p>	
<p>l. <b>had any kind of liver condition?</b></p> <p>→</p> <p>YES..... 1</p> <p>NO..... 2 (MCQ.220)</p> <p>REFUSED..... 7 (MCQ.220)</p> <p>DON'T KNOW... 9 (MCQ.220)</p>	<p>have this liver condition?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>	<p>had this liver condition?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED ..... 777</p> <p>DON'T KNOW ..... 999</p>	

MCQ.220 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy of any kind?

YES ..... 1  
 NO ..... 2 (MCQ.245)  
 REFUSED ..... 7 (MCQ.245)  
 DON'T KNOW ..... 9 (MCQ.245)

MCQ.230 What kind of cancer was it?

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

CAPI INSTRUCTIONS:

ALLOW UP TO 3 ENTRIES.

ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

( ) ( ) ( ) ( )

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

#### BOX 9

##### LOOP 1:

ASK MCQ.240 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99)  
 ENTERED IN MCQ.230.

MCQ.240 How old {were you/was SP} when {TYPE OF CANCER/cancer} was **first** diagnosed?

CAPI INSTRUCTIONS:

DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230.

DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.

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

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

**BOX 9A**

**END LOOP 1:**

ASK MCQ.240 FOR NEXT TYPE OF CANCER (CODES 10-39 AND CODE 99)  
ENTERED IN MCQ.230.  
IF NO NEXT TYPE, CONTINUE WITH MCQ.245.

MCQ.245  
G/Q

During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of last year, about how many days did {you/SP} miss work at a job or business because of an illness or injury {do not include maternity leave}?

CAPI INSTRUCTION:

DISPLAY "DO NOT INCLUDE MATERNITY LEAVE" ONLY IF SP IS FEMALE.

|\_|\_|\_|

ENTER NUMBER OF DAYS

DOES NOT WORK..... 666  
REFUSED ..... 777  
DON'T KNOW ..... 999

**BOX 10**

**CHECK ITEM MCQ.247:**

IF SP AGE >= 20, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

MCQ.300  
a/b/c

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

CAPI INSTRUCTION:

TEXT OF QUESTION SHOULD BE OPTIONAL, "[ ]'S, AFTER FIRST TIME.

a. **a heart attack or angina before the age of 50?**

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

b. **asthma?**

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

c. **diabetes?**

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

**BOX 11**

**CHECK ITEM MCQ.252:**

IF SP IS MALE AGE >= 40, CONTINUE.

OTHERWISE, GO TO END OF SECTION

MCQ.265 Including living and deceased, **were any of {SP's/your} biological** that is, blood **relatives** including grandfathers, fathers, brothers, **ever told by a health professional that they had** prostate cancer?

YES ..... 1  
NO ..... 2 (MCQ.310)  
REFUSED ..... 7 (MCQ.310)  
DON'T KNOW ..... 9 (MCQ.310)

MCQ.268 Which biological [blood] family members?  
CODE ALL THAT APPLY.

FATHER ..... 1  
MOTHER'S FATHER ..... 2  
FATHER'S FATHER..... 3  
BROTHER ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

MCQ.310 {Have you/Has SP} ever had a blood test that {your/his} doctor told {you/him} was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

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

MCQ.320 How old {were you/was SP} when {you/he} first had {your/his} PSA test?

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

CAPI INSTRUCTION:  
HARD EDIT: 1-120

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



MCQ.330      How long ago was {your/his} last PSA test?  
Q/U

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

CAPI INSTRUCTION:  
HARD EDITS: 0-366.

ENTER UNIT

DAYS..... 1  
WEEKS ..... 2  
MONTHS..... 3  
YEARS ..... 4  
REFUSED ..... 777  
DON'T KNOW ..... 999

MCQ.340      How many PSA tests {have you/has SP} had in the last 5 years?

|\_|\_|  
ENTER NUMBER

CAPI INSTRUCTION:  
SOFT EDIT: 0-20

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

MCQ.350      Has a doctor or other health care professional ever told {you/SP} that {your/his} PSA test was not normal?

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

## 2005-06 Questionnaire

### OCCUPATION – OCQ Target Group: SPs 16+

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

working at a job or business, .....	1 (OCQ.180)
with a job or business but not at work, .....	2 (OCQ.210)
looking for work, or .....	3 (OCQ.385G/Q)
not working at a job or business? .....	4 (OCQ.380)
REFUSED .....	7 (OCQ.385G/Q)
DON'T KNOW .....	9 (OCQ.385G/Q)

OCQ.180 How many hours did {you/SP} work **last week** at **all** jobs or businesses?

|\_|\_|\_|  
ENTER NUMBER OF HOURS

CAPI INSTRUCTION:  
HARD EDIT 1-168.

REFUSED .....	77777
DON'T KNOW .....	99999

#### BOX 1

##### CHECK ITEM OCQ.200:

IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE.

OTHERWISE, GO TO OCQ.220.

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at all jobs or businesses?

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

OCQ.220 For whom did {you/SP} work at {your/his/her} main job or business? (What is the name of the company, business, organization or employer?)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** JOB.

\_\_\_\_\_  
ENTER NAME OF EMPLOYER

REFUSED .....	7---77
DON'T KNOW .....	9---99

OCQ.230      What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.)

\_\_\_\_\_  
ENTER NAME OF BUSINESS, JOB, OR INDUSTRY

REFUSED ..... 7---77

DON'T KNOW ..... 9---99

OCQ.240      What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)

\_\_\_\_\_  
ENTER NAME OF OCCUPATION

REFUSED ..... 7---77

DON'T KNOW ..... 9---99

OCQ.250      What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

\_\_\_\_\_  
ENTER NAME OF DUTIES

REFUSED ..... 7---77

DON'T KNOW ..... 9---99

OCQ.260      Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR.

HAND CARD OCQ1

AN EMPLOYEE OF A **PRIVATE** COMPANY,  
BUSINESS, OR INDIVIDUAL FOR WAGES,  
SALARY, OR COMMISSION..... 1  
A **FEDERAL** GOVERNMENT EMPLOYEE ... 2  
A **STATE** GOVERNMENT EMPLOYEE ..... 3  
A **LOCAL** GOVERNMENT EMPLOYEE..... 4  
SELF-EMPLOYED IN **OWN** BUSINESS,  
PROFESSIONAL PRACTICE OR FARM .... 5  
WORKING **WITHOUT PAY** IN FAMILY  
BUSINESS OR FARM..... 6  
REFUSED ..... 77  
DON'T KNOW ..... 99

OCQ.265 Which of the following best describes the hours {you/SP} **usually** {work/works} at {your/his/her} main job or business?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS "FLEXTIME", ETC., PROBE TO DETERMINE WHETHER THE SHIFT THAT IS WORKED ACTUALLY FALLS IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE."

HELP AVAILABLE:

Standard Shift Definitions are:

A regular daytime schedule: this is work anytime between 6am and 6pm.

A regular evening shift: this is work anytime between 2pm and midnight.

A regular night shift: this is work anytime between 9pm and 8am.

A rotating shift: a work shift that changes periodically from days to evenings or nights.

Another schedule includes: a split shift (consisting of two distinct work periods each day), an irregular schedule arranged by the employer, or any other schedule.

A regular daytime schedule .....	1
A regular evening shift .....	2
A regular night shift.....	3
A rotating shift.....	4
Another schedule.....	5
REFUSED .....	7
DON'T KNOW .....	9

OCQ.270 About how long {have you/has SP} worked for {EMPLOYER} as a(n) {OCCUPATION}?  
Q/U

CAP I INSTRUCTIONS:

DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.

DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY "AT YOUR MAIN JOB." IF PROXY, DISPLAY {HIS/HER MAIN JOB}.

DO NOT ALLOW LESS THAN SP'S AGE OR <90 DAYS OR <104 WEEKS OR LESS THAN 48 MONTHS OR LESS THAN 60 YEARS.

|\_|\_|\_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED .....	777777
DON'T KNOW .....	999999

ENTER UNIT

DAYS.....	1
WEEKS .....	2
MONTHS.....	3
YEARS .....	4
REFUSED .....	7
DON'T KNOW .....	9

OCQ.290G/ Q The next questions are about conditions {you/SP} may experience at {EMPLOYER} as a(n) {OCCUPATION}.

At this job or business, how many hours per day can {you/SP} smell the smoke from other people's cigarettes, cigars, and/or pipes?

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.

DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY "AT YOUR MAIN JOB."

HARD EDIT 0-24.

|\_|\_|

ENTER NUMBER OF HOURS

NEVER .....	66
REFUSED .....	7777
DON'T KNOW .....	9999

**BOX 3**

**CHECK ITEM OCQ.370:**  
GO TO OCQ.392G/Q.

OCQ.380 What is the **main** reason {you/SP} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY .....	1
GOING TO SCHOOL .....	2
RETIRED .....	3
UNABLE TO WORK FOR HEALTH REASONS .....	4
ON LAYOFF .....	5
DISABLED .....	6
OTHER .....	7
REFUSED .....	77
DON'T KNOW .....	99

OCQ.385 G/Q Thinking of all the **paid** jobs or businesses {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTION:

IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER "CURRENT OCCUPATION: {OCQ.240}".

\_\_\_\_\_  
ENTER OCCUPATION (OCQ.393)

or

ARMED FORCES.....	3 (OCQ.393)
NEVER WORKED .....	4 (END OF SECTION)
REFUSED .....	7 (OCQ.393)
DON'T KNOW .....	9 (OCQ.393)

OCQ.392 Thinking of all the **paid** jobs or businesses {you/SP} **ever** had, what kind of work {were you/was s/he} doing the  
G/Q longest? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTION:

IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER  
"CURRENT OCCUPATION: {OCQ.240}".

\_\_\_\_\_  
ENTER OCCUPATION

or

SAME AS CURRENT OCCUPATION ..... 2 (END OF SECTION)  
ARMED FORCES..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

OCQ.393 What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps  
account books, operates printing press.)

\_\_\_\_\_  
ENTER NAME OF DUTIES

REFUSED ..... 7---77  
DON'T KNOW ..... 9---99

OCQ.395 About how long did {you/SP} work at that job or business?  
Q/U

CAPI INSTRUCTION:

DISPLAY "LONGEST OCCUPATION: {OCQ.385G/Q or OCQ.392G/Q}" AS LEFT HEADER.

DO NOT ALLOW LESS THAN SP'S AGE OR <90 DAYS OR <104 WEEKS OR <48 MONTHS OR <60  
YEARS.

|\_|\_|\_|  
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED ..... 77777  
DON'T KNOW ..... 99999

ENTER UNIT

DAYS..... 1  
WEEKS ..... 2  
MONTHS..... 3  
YEARS ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4**

OMITTED

**BOX 4A**

OMITTED

**BOX 5A**

OMITTED

**BOX 5B**

OMITTED

## 2005-06 Questionnaire

### ORAL HEALTH – OHQ New Target Group: 18+

OHQ.011 Now I have some questions about the condition of your teeth and gums.

How would you describe the condition of {your/SP's} teeth? Would you say . . .

excellent, .....	11
very good, .....	12
good, .....	13
fair, or .....	14
poor? .....	15
REFUSED .....	7
DON'T KNOW .....	9

OHQ.620 How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her} mouth?  
Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

OHQ.630 How often during the last year {have you/has SP} felt that life in general was less satisfying because of  
problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9



OHQ.640 How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

OHQ.650 How often during the last year {has your/has SP's} sense of taste been affected by problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

OHQ.660 How often during the last year {have you/has SP} avoided particular foods because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

OHQ.670 How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

OHQ.680      How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

Very often, .....	1
Fairly often, .....	2
Occasionally, .....	3
Hardly ever, or .....	4
Never? .....	5
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### OSTEOPOROSIS – OSQ

Target Group: SPs 20+

<p>OSQ.010      Has a doctor <b>ever</b> told {you/SP} that a/b/c           {you/SP} had broken or fractured                      {your/his/her} . . .</p> <p>a.    hip?           YES ..... 1 —————→                          NO ..... 2 (b)                          REFUSED ..... 7 (b)                          DON'T KNOW ... 9 (b)</p> <p>CAPI INSTRUCTION: HELP SCREEN SHOULD READ: If surgery had been conducted on the hip, but the doctor did not say the hip had been fractured, the response should be coded as “no.”</p>	<p>OSQ.020      How many times {have you/has SP}                      broken or fractured {your/his/her}                      {hip/wrist/spine}?</p> <p>                                                ENTER NUMBER OF TIMES</p> <p>CAPI INSTRUCTION: HARD EDIT: 1-33.</p> <p>REFUSED ..... 77 DON'T KNOW .... 99</p>
<p>b.    wrist?           YES ..... 1 —————→ DO NOT           NO ..... 2 (c) INCLUDE           REFUSED ..... 7 (c) FOREARM OR      DON'T KNOW ... 9 (c) HAND</p>	<p>                                                ENTER NUMBER OF TIMES</p> <p>CAPI INSTRUCTION: HARD EDIT: 1-33.</p> <p>REFUSED ..... 77 DON'T KNOW .... 99</p>
<p>c.    spine?           YES ..... 1 —————→                          NO ..... 2 (BOX 1)                          REFUSED ..... 7 (BOX 1)                          DON'T KNOW ... 9 (BOX 1)</p> <p>CAPI INSTRUCTION: HELP SCREEN SHOULD READ: If surgery had been conducted on the spine, but the doctor did not say the spine had been fractured, the response should be coded as “no.” A ruptured disc should not be coded as a fractured spine.</p>	<p>                                                ENTER NUMBER OF TIMES</p> <p>CAPI INSTRUCTION: HARD EDIT: 1-33.</p> <p>REFUSED ..... 77 DON'T KNOW .... 99</p>

#### BOX 1

##### CHECK ITEM OSQ.025:

IF 'YES' (CODE 1) IN OSQ.010 a, b, OR c, CONTINUE WITH LOOP 1.  
OTHERWISE, GO TO OSQ.080.

##### LOOP 1:

ASK OSQ.030 - OSQ.051 FOR EACH **TYPE** AND EACH **INCIDENT** OF FRACTURE.  
(EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE  
**FIRST TIME?**)

OSQ.030      How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or  
a/b/c           more recent time . . .} time)?

CAPI INSTRUCTION:

IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND . . .} TIME".

IF 10TH TIME, DISPLAY {10TH OR MOST RECENT TIME}.

|\_|\_|\_| (BOX 2)  
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 1-120.

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

OSQ.040      {Were you/Was SP} . . .  
a/b/c

under 50 years old, or ..... 1  
50 years old or older? ..... 2  
REFUSED ..... 7 (BOX 3)  
DON'T KNOW ..... 9 (BOX 3)

**BOX 2**

**CHECK ITEM OSQ.045:**

IF AGE IS >= 50 IN OSQ.030 OR OSQ.040, CONTINUE.

OTHERWISE, GO TO BOX 3.

OSQ.051      Did that fracture occur as a result of . . .

a fall from **standing height or less**, for  
example, tripped, slipped, fell out of bed ... 4  
**a hard fall**, such as falling off a ladder or  
step stool, down stairs, or ..... 5  
**a car accident** or other severe trauma? ..... 6  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

HELP SCREEN SHOULD READ: Additional examples for "a fall from standing height or less" include leg gave way, was dizzy, bent over, fell out of a chair, lifted something heavy.

Additional examples for "a hard fall" include being forcibly knocked down by another person or bicycle.

Fractures found during an x-ray should be coded as "Don't know."

**BOX 3**

**END LOOP1:**

- ASK OSQ.030 - OSQ.051 FOR NEXT INCIDENT OF FRACTURE.
- IF NO NEXT INCIDENT, CONTINUE.

OSQ.080 Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bone **after** {you were/s/he was} 20 years of age?

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

OSQ.090 Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?

YES .....	1 (OSQ.120)
NO .....	2
REFUSED .....	7 (OSQ.120)
DON'T KNOW .....	9 (OSQ.120)

**CAP I INSTRUCTION:**

**HELP SCREEN SHOULD READ:**

**Do not include** a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, bent over, fell out of a chair, lifted something heavy.

Additional examples for "a hard fall" include being forcibly knocked down by another person or bicycle.

Fractures found during an x-ray should be coded as "Don't know."

OSQ.100 Please look at this card and tell me where the fracture occurred.

HAND CARD OSQ 1

HEAD/FACE .....	10
UPPER ARM (HUMERUS) .....	11
LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST) .....	12
ELBOW .....	13
HAND .....	14
FINGERS .....	15
SHOULDER .....	16
COLLAR BONE .....	17
RIBS (EITHER SIDE) .....	18
PELVIS (NOT HIP) .....	19
UPPER LEG (THIGH EXCLUDING HIP) .....	20
LOWER LEG (BETWEEN ANKLE AND KNEE) .....	21
KNEE (PATELLA) .....	22
ANKLE .....	23
HEEL .....	24
FOOT .....	25
TOES .....	26
OTHER (DO NOT SPECIFY) .....	27
REFUSED .....	77
DON'T KNOW .....	99

OSQ.110 How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ.100) for the **first** time after age 20?

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

CAPI INSTRUCTION: HARD EDIT: 20-120.

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

OSQ.120 Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured **any other bones after** {you were/s/he was} 20 years of age?

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

**BOX 4**

**CHECK ITEM OSQ.129:**

IF OSQ120 = 1 (YES), CONTINUE WITH LOOP 2. OTHERWISE, GO TO OSQ.060.

**LOOP 2:**

ASK OSQ.090 – OSQ.120 FOR NEXT INCIDENT OF FRACTURE. IF NO NEXT INCIDENT, CONTINUE.

OSQ.060 Has a doctor **ever** told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?

YES ..... 1  
NO ..... 2 (OSQ.130)  
REFUSED ..... 7 (OSQ.130)  
DON'T KNOW ..... 9 (OSQ.130)

OSQ.070 {Were you/Was SP} ever treated for osteoporosis?

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

**CAP I INSTRUCTION:**

HELP SCREEN SHOULD READ: Hip replacement is not considered a treatment for osteoporosis.

OSQ.130 {Have you/has SP} **ever** taken **any** prednisone or cortisone pills **nearly every day for a month or longer?**  
[Prednisone and cortisone are types of steroids.]

YES ..... 1  
NO ..... 2 (OSQ.150)  
REFUSED ..... 7 (OSQ.150)  
DON'T KNOW ..... 9 (OSQ.150)

OSQ.140 Please think about {your/SP's} use of prednisone or cortisone during {your/his/her} lifetime. For how long did  
Q/U {you/s/he} use prednisone or cortisone **nearly every day**? Do not count the months or years when {you  
were/s/he was} not taking the medicine.

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

CAP I INSTRUCTION: SOFT EDIT: 19 OR HIGHER.

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

ENTER UNIT

MONTH ..... 1  
YEAR..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

OSQ.150 Including living and deceased, were either of {your/SP's} biological parents ever told by a health professional  
that they had osteoporosis or brittle bones?

YES ..... 1  
NO ..... 2 (OSQ.170)  
REFUSED ..... 7 (OSQ.170)  
DON'T KNOW ..... 9 (OSQ.170)

OSQ.160 Which biological [blood] parent?

CODE ALL THAT APPLY

MOTHER ..... 1  
FATHER ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

OSQ.170 Did {your/SP's} biological mother **ever** fracture her hip?

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

OSQ.180 About how old was she when she fractured her hip (the **first** time)?

\_\_\_\_ (OSQ.200)  
ENTER AGE IN YEARS

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



OSQ.190      Was she. . .

under 50 years old, or.....	1
50 years old or older? .....	2
REFUSED .....	7
DON'T KNOW .....	9

OSQ.200      Did {your/SP's} biological father **ever** fracture his hip?

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

OSQ.210      About how old was he when he fractured his hip (the **first** time)?

|\_|\_|\_| (END OF SECTION)  
ENTER AGE IN YEARS

CAP I INSTRUCTION: HARD EDIT: 20-120.

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

OSQ.220      Was he . . .

under 50 years old, or.....	1
50 years old or older? .....	2
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ

Target Group: SPs 2+

#### BOX 1A

**CHECK ITEM PAQ.005:**

IF SP AGE >= 16, CONTINUE.

OTHERWISE, GO TO BOX 6.

PAQ.020 The next series of questions are about physical activities that {you/SP} {have/has} done over the **past 30 days**. First I will ask about activities that are related to transportation. Then I'll ask about {your/his/her} daily activities, and finally, about physical activities that {you do/he/she does} in {your/his/her} leisure time.

Over the **past 30 days**, {have/has} {you/SP} walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES .....	1
NO .....	2 (PAQ.100)
UNABLE TO DO ACTIVITY.....	3 (PAQ.100)
REFUSED .....	7 (PAQ.100)
DON'T KNOW .....	9 (PAQ.100)

PAQ.050 [Over the **past 30 days**], how often did {you/SP} do this? [Walk or bicycle as part of getting to and from work, or school, or to do errands.]

Q/U

**PROBE:** How many times per day, per week, or per month did {you/s/he} do these activities?

|\_|\_|\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED .....	777 (PAQ.100)
DON'T KNOW .....	999 (PAQ.100)

ENTER UNIT

DAY .....	1
WEEK.....	2
MONTH .....	3
REFUSED .....	7 (PAQ.100)
DON'T KNOW .....	9 (PAQ.100)

PAQ.080 Q/U On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

\_\_\_\_|\_\_\_\_|\_\_\_\_|

ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTES ..... 1

HOURS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.100 Over the **past 30 days**, did {you/SP} do any tasks in or around {your/his/her} home or yard for **at least 10 minutes** that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused **light** sweating or a **slight to moderate increase** in {your/his/her} heart rate or breathing. such as raking leaves, mowing the lawn or heavy cleaning.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES ..... 1

NO ..... 2 (PAQ.180)

UNABLE TO DO ACTIVITY ..... 3 (PAQ.180)

REFUSED ..... 7 (PAQ.180)

DON'T KNOW ..... 9 (PAQ.180)

PAQ.120 Q/U [Over the **past 30 days**], how often did {you/SP} do **these tasks** in or around {your/his/her} home or yard, that is tasks requiring at least moderate effort? [Such as raking leaves, mowing the lawn or heavy cleaning]  
**PROBE:** How many times per day, per week, or per month did {you/s/he} do these activities?

\_\_\_\_|\_\_\_\_|\_\_\_\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ..... 777 (PAQ.180)

DON'T KNOW ..... 999 (PAQ.180)

ENTER UNIT

DAY ..... 1

WEEK ..... 2

MONTH ..... 3

REFUSED ..... 7 (PAQ.180)

DON'T KNOW ..... 9 (PAQ.180)

PAQ.160      About how long did {you/SP} do these tasks **each time**?  
Q/U

IF MORE THAN 1 TASK, ASK FOR TASK DONE MOST OFTEN

|\_|\_|\_|

ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTES ..... 1

HOURS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.180      Please tell me which of these four sentences **best** describes {your/SP's} usual daily activities? [Daily activities may include {your/his/her} work, housework if {you are/s/he is} a homemaker, going to and attending classes if {you are/s/he is} a student, and what {you/s/he} normally {do/does} throughout a typical day if {you are/he/she is} a retiree or unemployed.] . . .

HAND CARD PAQ1

{You sit/He/She sits} during the day and  
{do/does} not walk about very much; ..... 1

{You stand or walk/He/She stands or walks}  
about quite a lot during the day, but  
{do/does} not have to carry or lift  
things very often; ..... 2

{You lift or carry/He/She lifts or carries} light  
loads, or {have/has} to climb stairs or  
hills often; or ..... 3

{You do/He/She does} heavy work or {carry/  
carries} heavy loads..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.206      The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time or at school over the **past 30 days**.

First I will ask you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will ask you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did {you/SP} do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about.

HAND CARD PAQ2

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES .....	1
NO .....	2 (PAQ.326)
UNABLE TO DO ACTIVITY .....	3 (PAQ.326)
REFUSED .....	7 (PAQ.326)
DON'T KNOW .....	9 (PAQ.326)

PAQ.221 [Over the **past 30 days**], what **vigorous** activities did {you/SP} do?  
O1/O2/O3

CODE ALL THAT APPLY

AEROBICS (HIGH IMPACT, E.G., STEP, TAEBO).....	10
BASKETBALL.....	12
BICYCLING .....	13
FOOTBALL.....	17
HIKING .....	20
HOCKEY .....	21
JOGGING .....	23
KAYAKING .....	24
RACQUETBALL .....	26
ROLLERBLADING .....	27
ROWING .....	28
RUNNING .....	29
SKATING.....	31
SKIING – CROSS COUNTRY (INCLUDING NORDIC TRACK).....	32
SKIING – DOWNHILL .....	33
SOCCER .....	34
STAIR CLIMBING.....	36
SWIMMING .....	38
TENNIS .....	39
TREADMILL .....	40
VOLLEYBALL.....	41
BOXING .....	50
MARTIAL ARTS (KARATE, JUDO) .....	53
WRESTLING .....	54
OTHER (SPECIFY) .....	71
OTHER (SPECIFY) .....	72
OTHER (SPECIFY) .....	73
REFUSED .....	77 (PAQ.326)
DON'T KNOW .....	99 (PAQ.326)

**BOX 1B**

**LOOP 1:**

ASK PAQ.281 AND PAQ.300 FOR EACH ACTIVITY ENTERED IN PAQ.221.

PAQ.281 [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?  
Q/U **PROBE:** How many times per day, per week, or per month?

**CAP I INSTRUCTION:**

FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 12. play basketball, 13. bicycle, 17. play football, 20. hike, 21. play hockey, 23. jog, 24. kayak, 26. play racquetball, 27. rollerblade, 28. row, 29. run, 31. skate, 32. cross country ski (use the Nordic Track), 33. downhill ski, 34. play soccer, 36. climb stairs, 38. swim, 39. play tennis, 40. use a treadmill, 41. play volleyball, 50. box, 53. practice martial arts, 54. wrestle, 71. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 72. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 73. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

|\_|\_|\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

DAY ..... 1

WEEK ..... 2

MONTH ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.300 [Over the **past 30 days**], on average about how long did {you/SP} {ACTIVITY} **each time**?  
Q/U

|\_|\_|\_|

ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTES ..... 1

HOURS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 2**

**END LOOP 1:**

ASK PAQ.281 AND PAQ.300 FOR NEXT ACTIVITY.

IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.326.

PAQ.326 [Over the **past 30 days**], did {you/SP} do **moderate** activities for **at least 10 minutes** that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about.

HAND CARD PAQ3

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES .....	1
NO .....	2 (PAQ.441)
UNABLE TO DO ACTIVITY.....	3 (PAQ.441)
REFUSED .....	7 (PAQ.441)
DON'T KNOW .....	9 (PAQ.441)

PAQ.341 [Over the past 30 days], what **moderate** activity or activities did {you/SP} do?  
O1/O2/O3

CODE ALL THAT APPLY

AEROBICS (LOW IMPACT).....	10
BASEBALL .....	11
BASKETBALL.....	12
BICYCLING .....	13
BOWLING .....	14
DANCE .....	15
FISHING .....	16
FOOTBALL.....	17
GOLF .....	19
HIKING .....	20
HOCKEY .....	21
HUNTING .....	22
JOGGING .....	23
KAYAKING .....	24
ROLLERBLADING .....	27
ROWING .....	28
SKATING.....	31
SKIING – DOWNHILL .....	33
SOCCER .....	34
SOFTBALL .....	35
STAIR CLIMBING.....	36
STRETCHING .....	37
SWIMMING .....	38
TENNIS .....	39
TREADMILL .....	40
VOLLEYBALL.....	41
WALKING .....	42
WEIGHT LIFTING .....	43
FRISBEE .....	51
HORSEBACK RIDING .....	52
MARTIAL ARTS (KARATE, JUDO) .....	53
YOGA .....	55
OTHER (SPECIFY) _____...	71
OTHER (SPECIFY) _____...	72
OTHER (SPECIFY) _____...	73
REFUSED .....	77 (PAQ.441)
DON'T KNOW .....	99 (PAQ.441)



**BOX 3**

**LOOP 2:**

ASK PAQ.401 AND PAQ.420 FOR EACH ACTIVITY ENTERED IN PAQ.341.

PAQ.401 [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?  
Q/U **PROBE:** How many times per day, per week, or per month?

**CAP I INSTRUCTION:**

FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 11. play baseball, 12. play basketball, 13. bicycle, 14. bowl, 15. dance, 16. fish, 17. play football, 19. play golf, 20. hike, 21. play hockey, 22. hunt, 23. jog, 24. kayak, 27. rollerblade, 28. row, 31. skate, 33. downhill ski, 34. play soccer, 35. play softball, 36. climb stairs, 37. stretch, 38. swim, 39. play tennis, 40. use a treadmill, 41. play volleyball, 42. walk, 43. lift weights, 51. play frisbee, 52. horseback ride, 53. practice martial arts, 55. do yoga, 71. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 72. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 73. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

|\_|\_|\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

DAY ..... 1

WEEK ..... 2

MONTH ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.420 [Over the **past 30 days**], on average about how long did {you/SP} {ACTIVITY} **each time**?  
Q/U

|\_|\_|\_|

ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTES ..... 1

HOURS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 4**

**END LOOP 2:**

ASK PAQ.401 AND PAQ.420 FOR NEXT ACTIVITY.

IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.441.

PAQ.441 Over the **past 30 days**, did {you/SP} do any physical activities specifically designed to **strengthen** {your/his/her} muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES .....	1
NO .....	2 (PAQ.500)
UNABLE TO DO ACTIVITY .....	3 (PAQ.500)
REFUSED .....	7 (PAQ.500)
DON'T KNOW .....	9 (PAQ.500)

PAQ.460 [Over the **past 30 days**], how often did {you/SP} do these physical activities? [Activities designed to  
Q/U strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups.]

|\_|\_|\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

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

ENTER UNIT

PER DAY .....	1
PER WEEK.....	2
PER MONTH .....	3
REFUSED .....	7
DON'T KNOW .....	9

PAQ.500 How does the amount of activity that you reported {for SP} for the **past 30 days** compare with {your/his/her} physical activity for the **past 12 months**? Over the **past 30 days**, {were you/was he/she}. . .

more active, .....	1
less active, or.....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

PAQ.520 Compared with most {men/boys/women/girls} {your/SP's} age, would you say that {you are/s/he is} . . .

more active, .....	1
less active, or.....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 5**

**CHECK ITEM PAQ.530:**

IF SP AGE  $\geq$  30, CONTINUE WITH PAQ.540.  
OTHERWISE, GO TO BOX 6.

PAQ.540 Compared with {yourself/himself/herself} **10 years ago**, would you say that {you are/SP is} . . .

more active now, .....	1
less active now, or .....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 6**

**CHECK ITEM PAQ.550A:**

IF SP AGE = 2-11, CONTINUE.  
IF SP AGE =  $>$ 16, GO TO PAQ.591.  
OTHERWISE, GO TO END OF SECTION.

PAQ.560 Now I'd like to ask you some questions about {SP's} activities.

How many times per week {does SP} play or exercise enough to make {him/her} **sweat** and **breathe hard**?

IF NEVER, ENTER 0

IF LESS THAN ONCE PER WEEK, ENTER 1

|\_|\_|

ENTER NUMBER OF TIMES

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

PAQ.591 Now I will ask you about TV watching and computer use.

Over the **past 30 days**, on average how many hours per day did {you/SP} sit and watch TV or videos {outside of work}? Would you say . . .

less than 1 hour, .....	0
1 hour, .....	1
2 hours, .....	2
3 hours, .....	3
4 hours, or .....	4
5 hours or more, or .....	5
{none/you do/SP does not watch TV or videos} .....	8
REFUSED .....	77
DON'T KNOW .....	99

CAPI INSTRUCTION:

{outside of work} {you do/SP does not watch TV or videos outside of work} = SP AGE =>16

{none} = SP AGE = 2-11

PAQ.601 Over the **past 30 days**, on average how many hours per day did {SP} use a computer or play computer games {outside of work}? Would you say . . .

less than 1 hour, .....	0
1 hour, .....	1
2 hours, .....	2
3 hours, .....	3
4 hours, or .....	4
5 hours or more, or .....	5
{none/you do/SP does not use a computer outside of work} .....	8
REFUSED .....	77
DON'T KNOW .....	99

CAPI INSTRUCTION:

{outside of work} {you do/SP does not use a computer outside of work} = SP AGE =>16

{none} = SP AGE = 2-11

## 2005-06 Questionnaire

### PHYSICAL FUNCTIONING - PFQ

Target Group: SPs 1+

#### BOX 1A

**CHECK ITEM PFQ.001:**

IF AGE OF SP IS  $\geq 20$ , GO TO PFQ.049

OTHERWISE, CONTINUE WITH BOX 1B.

#### BOX 1B

**CHECK ITEM PFQ.002:**

IF SP  $\leq 4$ , CONTINUE.

OTHERWISE, GO TO PFQ.020.

PFQ.010      The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold.

Is {SP} limited in the kind or amount of play activities {he/she} can do because of a physical, mental or emotional problem?

YES .....	1
NO .....	2 (PFQ.020)
REFUSED .....	7 (PFQ.020)
DON'T KNOW .....	9 (PFQ.020)

PFQ.015      Is {SP} able to take part **at all** in the usual kinds of play activities done by most children {his/her} age?

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

PFQ.020      {Do you/Does SP} have an impairment or health problem that limits {your/his/her} ability to {crawl, walk or play} {walk, run or play} {walk or run}?

CAPI INSTRUCTION:

IF CHILD'S AGE = 1-4, DISPLAY "CRAWL, WALK OR PLAY". IF CHILD'S AGE = 5-15, DISPLAY "WALK, RUN OR PLAY". IF SP'S AGE = 16-19, DISPLAY "WALK OR RUN".

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

PFQ.030 Is this an impairment or health problem that has lasted, or is expected to last **12 months or longer**?

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

**BOX 1BB**

**CHECK ITEM PFQ.035A:**  
IF SP AGE <= 17, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

PFQ.041 Does {SP} receive Special Education or Early Intervention Services?

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

**BOX 1C**

**CHECK ITEM PFQ.045:**  
GO TO END OF SECTION.

PFQ.049 The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

Does a physical, mental or emotional problem **now** keep {you/SP} from working at a job or business?

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

PFQ.051 {Are you/Is SP} limited in the kind **or** amount of work {you/s/he} can do because of a physical, mental or emotional problem?

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

PFQ.054 Because of a health problem, {do you/does SP} have difficulty walking **without** using any **special equipment**?

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

PFQ.057 {Are you/Is SP} **limited in any way** because of difficulty remembering or because {you/s/he} experience{s} periods of confusion?

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

**BOX 1D**

**CHECK ITEM PFQ.058:**

IF 'YES' (CODE 1) IN PFQ.049, PFQ.051, PFQ.054, OR PFQ.057, GO TO PFQ.061.  
OTHERWISE, CONTINUE.

PFQ.059 {Are you/Is SP} **limited in any way** in any activity because of a physical, mental or emotional problem?

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

**BOX 1E**

**CHECK ITEM PFQ.059A:**

IF SP AGE IS <=59 AND 'NO' (CODE 2) ENTERED IN PFQ.049, PFQ.057 **AND** PFQ.059, GO TO PFQ.090.  
OTHERWISE, CONTINUE.

PFQ.061  
a-t

The next questions ask about difficulties {you/SP} may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental or emotional problem or illness {not including pregnancy}.

By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have . . .

HAND CARD PFQ1

DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

CAPI INSTRUCTION:

IF PFQ.054 = '1' (YES), DO NOT DISPLAY 'B' OR 'C'.

IF SP FEMALE, DISPLAY 'NOT INCLUDING PREGNANCY'.

RESPONSES: NO DIFFICULTY = 1, SOME DIFFICULTY = 2, MUCH DIFFICULTY = 3,  
UNABLE TO DO = 4, DO NOT DO THIS ACTIVITY = 5, REFUSED = 7, DON'T KNOW = 9.

- a. **managing {your/his/her} money [such as keeping track of {your/his/her} expenses or paying bills]?** \_\_\_\_\_
- b. **walking for a quarter of a mile [that is about 2 or 3 blocks]?** \_\_\_\_\_
- c. **walking up 10 steps without resting?** \_\_\_\_\_
- d. **stooping, crouching, or kneeling?** \_\_\_\_\_
- e. **lifting or carrying something as heavy as 10 pounds [like a sack of potatoes or rice]?** \_\_\_\_\_
- f. **doing chores around the house [like vacuuming, sweeping, dusting, or straightening up]?** \_\_\_\_\_
- g. **preparing {your/his/her} own meals?** \_\_\_\_\_
- h. **walking from one room to another on the same level?** \_\_\_\_\_
- i. **standing up from an armless straight chair?** \_\_\_\_\_
- j. **getting in or out of bed?** \_\_\_\_\_
- k. **eating, like holding a fork, cutting food or drinking from a glass?** \_\_\_\_\_
- l. **dressing {yourself/himself/herself}, including tying shoes, working zippers, and doing buttons?** \_\_\_\_\_
- m. **standing or being on {your/his/her} feet for about 2 hours?** \_\_\_\_\_
- n. **sitting for about 2 hours?** \_\_\_\_\_
- o. **reaching up over {your/his/her} head?** \_\_\_\_\_
- p. **using {your/his/her} fingers to grasp or handle small objects?** \_\_\_\_\_
- q. **going out to things like shopping, movies, or sporting events?** \_\_\_\_\_
- r. **participating in social activities [visiting friends, attending clubs or meetings or going to parties]?** \_\_\_\_\_
- s. **doing things to relax at home or for leisure [reading, watching TV, sewing, listening to music]?** \_\_\_\_\_
- t. **pushing or pulling large objects like a living room chair?** \_\_\_\_\_



**BOX 1F**

**CHECK ITEM PFQ.066A:**

IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.061 A THROUGH T, CONTINUE.  
OTHERWISE, GO TO PFQ.090.

PFQ.063 What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?

HAND CARD PFQ2

ENTER ALL THAT APPLY UP TO 5 BUT DO NOT PROBE.

DO NOT ENTER 'OLD AGE' AS CONDITION -- IF OLD AGE IS REPORTED, PROBE FOR ANY **OTHER** CONDITION.

CAP I INSTRUCTION:

IF THE TOTAL NUMBER OF ITEMS CODED 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.061 A THROUGH T  $\leq 3$ , DISPLAY EACH ITEM NAME IN THE TEXT OF QUESTION. IF MORE THAN 3 ITEMS ARE CODED IN THIS MANNER DISPLAY "THESE ACTIVITIES" IN THE TEXT OF QUESTION.

ARTHRITIS/RHEUMATISM .....	10
BACK OR NECK PROBLEM .....	11
BIRTH DEFECT .....	12
CANCER .....	13
DEPRESSION/ANXIETY/EMOTIONAL PROBLEM.....	14
OTHER <b>DEVELOPMENTAL</b> PROBLEM (SUCH AS CEREBRAL PALSY) .....	15
DIABETES.....	16
FRACTURES, BONE/JOINT INJURY .....	17
HEARING PROBLEM.....	18
HEART PROBLEM.....	19
HYPERTENSION/HIGH BLOOD PRESSURE.....	20
LUNG/BREATHING PROBLEM .....	21
MENTAL RETARDATION .....	22
OTHER INJURY .....	23
SENILITY .....	24
STROKE PROBLEM .....	25
VISION/PROBLEM SEEING .....	26
WEIGHT PROBLEM.....	27
OTHER IMPAIRMENT/PROBLEM .....	28
REFUSED .....	77
DON'T KNOW .....	99

BOX 2

CHECK ITEM PFQ.068A:

IF CODE 10-11 OR 13-28 IN PFQ.063, CONTINUE WITH LOOP 1.  
OTHERWISE, GO TO PFQ.090.

LOOP 1:

ASK QUESTION PFQ.069 FOR EACH CONDITION MENTIONED IN PFQ.063  
(CONDITION: 10-11 OR 13-28).

PFQ.069  
G/Q/U  
a-r

How long {have you/has SP} had {CONDITION 10-11 or 13-28}?  
  
CAPI INSTRUCTION:  
IF CODE 28 IN PFQ.063, THE FILL SHOULD BE {THE OTHER CONDITION YOU MENTIONED}.

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

SINCE BIRTH.....

REFUSED .....

DON'T KNOW .....

666

777

999

ENTER UNIT

DAYS.....

WEEKS .....

MONTHS .....

YEARS .....

REFUSED .....

DON'T KNOW .....

1

2

3

4

7

9

BOX 3

END LOOP 1:

CYCLE ON NEXT CONDITION.  
IF NO NEXT CONDITION, GO TO PFQ.090.

PFQ.090

{Do you/Does SP} now have any health problem that requires {you/him/her} to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

YES .....

NO .....

REFUSED .....

DON'T KNOW .....

1

2

7

9

## 2005-06 Questionnaire

### RESPIRATORY HEALTH AND DISEASE – RDQ

Target Group: SPs 1+

#### BOX 1

**CHECK ITEM RDQ.005A:**

IF SP AGE < 40, GO TO RDQ.070.

OTHERWISE, CONTINUE

RDQ.031 {Do you/Does SP} usually cough on most days for **3 consecutive months or more** during the year?

YES ..... 1  
NO ..... 2 (RDQ.050)  
REFUSED ..... 7 (RDQ.050)  
DON'T KNOW ..... 9 (RDQ.050)

RDQ.040 For how many years {have you/has SP} had this cough?

IF LESS THAN 1 YEAR, ENTER 1

|\_|\_|\_|

ENTER NUMBER OF YEARS

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

RDQ.050 {Do you/Does SP} bring up phlegm on most days for **3 consecutive months or more** during the year?

YES ..... 1  
NO ..... 2 (RDQ.070)  
REFUSED ..... 7 (RDQ.070)  
DON'T KNOW ..... 9 (RDQ.070)

RDQ.060 For how many years, {have you/has SP} had trouble with phlegm?

IF LESS THAN 1 YEAR, ENTER 1

|\_|\_|

ENTER NUMBER OF YEARS

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

RDQ.070 In the **past 12 months** {have you/has SP} had wheezing or whistling in {your/his/her} chest?

YES ..... 1  
NO ..... 2 (RDQ.140)  
REFUSED ..... 7 (RDQ.140)  
DON'T KNOW ..... 9 (RDQ.140)

RDQ.080 [In the **past 12 months**], how many attacks of wheezing or whistling {have you/has SP} had?

IF 12 OR MORE EPISODES, ENTER 12

CAPI INSTRUCTION:

HARD EDIT: RANGE EQUALS 1 TO 12.

|\_|\_|

ENTER NUMBER OF EPISODES

REFUSED ..... 77

DON'T KNOW ..... 99

RDQ.090 [In the **past 12 months**], how often, **on average**, has {your/SP's} sleep been disturbed because of wheezing? Would you say this happens . . .

never, ..... 0

1 or more nights per week, or ..... 1

less than 1 night per week? ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

RDQ.100 [In the **past 12 months**], has {your/SP's} chest sounded wheezy during or after exercise or physical activity?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 3**

OMITTED

RDQ.120 [In the **past 12 months**], how many times {have you/has SP} gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

IF NEVER, ENTER 0

|\_|\_|

ENTER NUMBER

CAPI INSTRUCTION:

SOFT EDIT: IF RESPONSE >20, THEN DISPLAY "UNLIKELY RESPONSE. PLEASE VERIFY. (RDQ.150)."

HARD EDIT: CHECK: RDQ.120 – RANGE ERROR, THE VALID RANGE IS 0-50.

REFUSED ..... 77

DON'T KNOW ..... 99

RDQ.134 [In the **past 12 months**], {have you/has SP} taken any medication, prescribed by a doctor, for wheezing or whistling?

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

RDQ.135 During the **past 12 months**, how much did {you/SP} limit {your/his/her} usual activities due to wheezing or whistling? Would you say...

not at all, ..... 1  
 a little, ..... 2  
 a fair amount, ..... 3  
 a moderate amount, or ..... 4  
 a lot? ..... 5  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM RDQ.136:**  
 IF SP AGE = 6-69 YEARS, CONTINUE.  
 OTHERWISE, GO TO RDQ.140.

RDQ.137 During the **past 12 months**, how many days of work or school did {you/SP} miss due to wheezing or whistling?

NONE ..... 0  
 1 TO 7 ..... 1  
 8 TO 30 ..... 2  
 31 PLUS ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

RDQ.140 [In the **past 12 months**], {have you/has SP} had a dry cough at night **not counting** a cough associated with a cold or chest infection lasting **14 days** or more?

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

## 2005-06 Questionnaire

### SLEEP DISORDERS – SLQ

Target Group: 16+

SLQ.010      The next set of questions are about your sleeping habits.

H/M

How much sleep {do you/does SP} usually get at night on weekdays or workdays?

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|\_|\_|\_|

ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

|\_|\_|\_|

ENTER MINUTES

CAPI INSTRUCTION: HARD EDIT: MINUTES MUST EQUAL 0-59.

OR

REFUSED.....777

DON'T KNOW .....999

SLQ.020      How long does it usually take {you/SP} to fall asleep at bedtime?

Q/U

INTERVIEWER INSTRUCTION: ENTER HOURS AND MINUTES.

|\_|\_|\_|

ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

|\_|\_|\_|

ENTER MINUTES

CAPI INSTRUCTION: HARD EDIT: MINUTES MUST EQUAL 0-59.

OR

REFUSED.....777

DON'T KNOW .....999

SLQ.030      **In the past 12 months**, how often did {you/SP} snore while {you were/s/he was} sleeping?

Never .....	0
Rarely (1-2 nights/week) .....	1
Occasionally (3-4 nights/week) .....	2
Frequently (5 or more nights/week) .....	3
REFUSED .....	7
DON'T KNOW .....	9

SLQ.040      **In the past 12 months**, how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?

Never .....	0
Rarely (1-2 nights/week) .....	1
Occasionally (3-4 nights/week) .....	2
Frequently (5 or more nights/week) .....	3
REFUSED .....	7
DON'T KNOW .....	9

SLQ.050      {Have **you**/Has SP} **ever told** a doctor or other health professional that {you have/s/he has} trouble sleeping?

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

SLQ.060      {Have **you**/Has SP} **ever been told** by a doctor or other health professional that {you have/s/he has} a sleep disorder?

YES .....	1
NO .....	2 (SLQ.080)
REFUSED .....	7 (SLQ.080)
DON'T KNOW .....	9 (SLQ.080)

SLQ.070      What was the sleep disorder?

CODE ALL THAT APPLY.

SLEEP APNEA.....	1
INSOMNIA.....	2
RESTLESS LEGS .....	3
OTHER.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.080 This next set of questions is about {your/SP's} sleeping habits **in the past month**.

In the past month, how often did {you/SP} have trouble falling asleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.090 [In the past month, how often did {you/SP}] wake up during the night and had trouble getting back to sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.100 [In the past month, how often did {you/SP}] wake up too early in the morning and {were/was} unable to get back to sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9



SLQ.110 [In the past month, how often did {you/SP}] feel unrested during the day, no matter how many hours of sleep {you have/s/he has} had?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.120 [In the past month, how often did {you/SP}] feel excessively or overly sleepy during the day?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.130 [In the past month, how often did {you/SP}] not get enough sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.140 [In the past month, how often did {you/SP}] take sleeping pills or other medication to help {you/him/her} sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.150 [In the past month, how often did {you/SP}] have leg jerks while trying to sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.160 [In the past month, how often did {you/SP}] have leg cramps while trying to sleep?

HAND CARD SLQ1

NEVER .....	0
RARELY – 1 TIME A MONTH .....	1
SOMETIMES – 2-4 TIMES A MONTH .....	2
OFTEN – 5-15 TIMES A MONTH.....	3
ALMOST ALWAYS – 16-30 TIMES A MONTH.....	4
REFUSED .....	7
DON'T KNOW .....	9

SLQ.170      The purpose of this next set of questions is to find out if {you generally have/SP generally has} difficulty carrying out certain activities because {you are/s/he is} too sleepy or tired. When the words “sleepy” or “tired” are used, it means the feeling that {you/s/he} can't keep {your/his/her} eyes open, {your/his/her} head is droopy, that {you/s/he} want to “nod off” or that {you feel/s/he feels} the urge to take a nap. The words do not refer to the tired or fatigued feeling {you/she} may have after {you have/s/he has} exercised.

{Do you/Does SP} have difficulty concentrating on the things {you do/s/he does} because {you feel/s/he feels} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.180      {Do you/Does SP} generally have difficulty remembering things, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.190      {Do you/Does SP} have difficulty finishing a meal because {you become/s/he becomes} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.200 {Do you/Does SP} have difficulty working on a hobby, for example, sewing, collecting, gardening, because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.210 {Do you/Does SP} have difficulty getting things done because {you are/s/he is} too sleepy or tired to drive or take public transportation?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.220 {Do you/Does SP} have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:

DISPLAY IF AGE 16-19: "{Do you/Does s/he} have difficulty doing **homework** or paperwork, for example paying bills or keeping financial records, because {you are/s/he is} sleepy or tired?"

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.230 {Do you/Does SP} have difficulty performing employed or volunteer work because {you are/s/he is} sleepy or tired?

HAND CARD SLQ2

CAPI INSTRUCTION:

DISPLAY IF SP AGE 16-19: "{Do you/Does SP} have difficulty performing employed or volunteer work **or attending school** because {you are/s/he is} sleepy or tired?"

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

SLQ.240 {Do you/Does SP} have difficulty maintaining a telephone conversation because {you become/s/he becomes} sleepy or tired?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER	
REASONS.....	1
NO DIFFICULTY .....	2
YES, A LITTLE DIFFICULTY .....	3
YES, MODERATE DIFFICULTY .....	4
YES, EXTREME DIFFICULTY .....	5
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### SMOKING AND TOBACCO USE – SMQ

Target Group: SPs 20+

These next questions are about cigarette smoking.

SMQ.020 {Have you/Has SP} smoked at least 100 **cigarettes** in {your/his/her} entire life?

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

SMQ.030 How old {were you/was SP} when {you/s/he} first started to smoke cigarettes fairly regularly?  
G/Q

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

NEVER SMOKED CIGARETTES	
REGULARLY .....	666
REFUSED .....	77777
DON'T KNOW .....	99999

SMQ.040 {Do you/Does SP} **now** smoke cigarettes . . .

every day, .....	1 (SMQ.070)
some days, or .....	2 (SMQ.641)
not at all? .....	3 (SMQ.050Q/U)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)

SMQ.050 How long has it been since {you/SP} quit smoking cigarettes?  
Q/U

|\_|\_|\_|  
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED .....	77777
DON'T KNOW .....	99999

ENTER UNIT

DAYS.....	1
WEEKS .....	2
MONTHS.....	3
YEARS .....	4
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1A**

**CHECK ITEM SMQ.053:**

IF SMQ.050Q/U >= 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR),  
CONTINUE.  
OTHERWISE, GO TO END.

SMQ.055      How old {were you/was SP} when {you/s/he} **last** smoked cigarettes {fairly regularly}?

CAPI INSTRUCTION:

DISPLAY "FAIRLY REGULARLY" EXCEPT WHEN SMQ.030G/Q = 666 (NEVER SMOKED CIGARETTES  
REGULARLY).

|\_|\_|\_|

ENTER AGE IN YEARS

REFUSED ..... 77777

DON'T KNOW ..... 99999

SMQ.057      At that time, about how many cigarettes did {you/SP} **usually** smoke per day?

1 PACK EQUALS 20 CIGARETTES

IF LESS THAN 1 PER DAY, ENTER 1

IF 95 OR MORE PER DAY, ENTER 95

|\_|\_|\_|

ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED ..... 7777

DON'T KNOW ..... 9999

**BOX 1B**

**CHECK ITEM SMQ.060:**

GO TO END.

SMQ.070 On average, how many cigarettes {do you/does SP} **now** smoke per day?

1 PACK EQUALS 20 CIGARETTES  
IF LESS THAN 1 PER DAY, ENTER 1  
IF 95 OR MORE PER DAY, ENTER 95

ENTER NUMBER OF CIGARETTES (PER DAY)  
  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

SMQ.075 For about how many years {have you/has SP} smoked this amount?

IF LESS THAN 1 YEAR, ENTER 1

ENTER NUMBER OF YEARS  
  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

SMQ.077 How soon after {you/SP} wake{s} up {do you/does s/he} smoke? Would you say . . .

within 5 minutes, ..... 1  
from 6 to 30 minutes, ..... 2  
from more than 30 minutes to 1 hour, or..... 3  
more than 1 hour? ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.641 During the past **30 days**, on how many days did {you/SP} smoke cigarettes?

ENTER NUMBER OF DAYS  
  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CAPI INSTRUCTION:  
ALLOW '0' AS AN ENTRY. IF '0' DK OR RF ENTERED, SKIP TO QUESTION SMQ.093.



SMQ.650 During the **past 30 days**, on the days that {you/SP} smoked, how many cigarettes did {you/s/he} smoke per day?

1 PACK EQUALS 20 CIGARETTES  
IF LESS THAN 1 PER DAY, ENTER 1  
IF 95 OR MORE PER DAY, ENTER 95

|\_|\_|\_|  
ENTER NUMBER OF CIGARETTES (PER DAY)  
  
REFUSED .....7777  
DON'T KNOW .....9999

SMQ.093 May I please see the pack for the brand of cigarettes {you **usually** smoke/SP **usually** smokes}.

TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK.

PACK SEEN..... 1  
PACK NOT SEEN ..... 2 (SMQ.100k)  
REFUSED ..... 7 (SMQ.100k)

SMQ.310 ENTER THE UNIVERSAL PRODUCT CODE FROM THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

ENTERING 8 DIGIT UPC..... 1  
ENTERING 12 DIGIT UPC..... 2 (SMQ.330)  
UNABLE TO READ CODE-PACK DAMAGED 3 (SMQ.100k)

SMQ.320 ENTER THE 8 DIGIT UPC CODE.

|\_|\_|\_|\_|\_|\_|\_|

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE:  
ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS  
'ENTER' TO CHANGE.

**BOX 2B**

**CHECK ITEM SMQ.329:**  
GO TO END.

SMQ.330 ENTER THE 12 DIGIT UPC CODE.

--	--	--	--	--	--	--	--	--	--	--	--

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE:  
ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS  
'ENTER' TO CHANGE.

<p style="text-align: center;"><b>BOX 3</b></p> <p><b>CHECK ITEM SMQ.096A:</b> IF <u>INVALID</u> CODE OR CODE NOT ON FILE, GO TO SMQ.099. OTHERWISE, CONTINUE.</p>
--

SMQ.098 YOU HAVE SELECTED

{DISPLAY BRAND ASSOCIATED WITH CODE}

CORRECT.....	1 (END OF SECTION)
NOT CORRECT .....	2 (SMQ.100k)

CAPI INSTRUCTION:

DISPLAY BRAND NAME WITH ALL QUALIFIERS – NAME, SIZE (REGULAR, KING, 100, 120),  
FILTERED/NONFILTERED, MENTHOLATED/NONMENTHOLATED, OTHER QUALIFIERS (DELUXE,  
HARD PACK, LIGHTS, ETC.)

SMQ.099 CODE NOT ON FILE – PRESS 'ENTER' TO CONTINUE

SMQ.100k What brand of cigarettes {do you/does SP} **usually** smoke?

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER  
TO ENTER 1 BRAND OF CIGARETTES OR 'NO USUAL BRAND'. ALLOW ENTRY OF DON'T KNOW  
AND REFUSED.

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

IF NO USUAL BRAND, TYPE 'NO USUAL BRAND'.

SMQ.111 PRESS BS TO START THE LOOKUP.

SELECT PRODUCT FROM  
LIST OR TYPE  
'NO USUAL BRAND.'

IF PRODUCT **NOT** ON LIST.  
PRESS BS TO  
DELETE ENTRY.

TYPE **'\*\*'**.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE  
PRODUCT NAME FROM LIST OR 'NO USUAL BRAND'. IN ADDITION, INTERVIEWER SHOULD BE  
ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100K BY TYPING IN **'\*\*\*'**.

**BOX 4A**

**CHECK ITEM SMQ.112:**

IF **'\*\*'** PRODUCT NOT ON LIST' SELECTED AT SMQ.111, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

SMQ.110a ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT FILTERED OR NON-FILTERED?

ENTER '1' FOR **FILTERED**  
ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED .....	1
NON-FILTERED .....	0

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED?

ENTER '1' FOR **MENTHOLATED**  
ENTER '0' FOR **NON-MENTHOLATED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOLATED .....	1
NON-MENTHOLATED .....	0
REFUSED .....	7
DON'T KNOW .....	9

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAP I INSTRUCTION:

THIS ITEM IS STORED IN SMQ.110f IN THE DATA BASE.

REGULARS.....	1
KINGS .....	2
100S .....	3
120S .....	4
REFUSED .....	77
DON'T KNOW .....	99

SMQ.110g REFER TO PRODUCT LABEL, IF AVAILABLE – ASK IF NECESSARY.

WHAT ARE THE OTHER NAME BRAND QUALIFIERS FOR THE CIGARETTE PRODUCT?

CAP I INSTRUCTION:

SHOULD BE A 'CODE ALL THAT APPLY' EXCEPT IF "REF", "DK" OR "NONE" SELECTED. NO OTHER RESPONSE OPTION SHOULD BE ALLOWED. THE "OTHER SPECIFY" RESPONSE SHOULD REQUIRE A TEXT ENTRY.

DELUXE .....	10
HARD PACK.....	11
LIGHTS .....	12
MILDS .....	13
SLIMS.....	14
SPECIALS .....	15
SUPER .....	16
ULTRA LIGHTS.....	17
OTHER (SPECIFY) .....	18
NONE .....	19
REF .....	77
DK .....	99

## 2005-06 Questionnaire

### SOCIAL SUPPORT – SSQ

Target Group: SPs >= 40

SSQ.011 Now I would like to ask a few questions about {your/SP's} friends and family.

Can {you/SP} count on anyone to provide {you/him/her} with **emotional** support such as talking over problems or helping {you/him/her} make a difficult decision?

YES .....	1
NO .....	2 (SSQ.044)
SP DOESN'T NEED HELP .....	3 (SSQ.044)
REFUSED .....	7 (SSQ.044)
DON'T KNOW .....	9 (SSQ.044)

SSQ.021 In the **last 12 months**, who was most helpful in providing {you/SP} with **emotional** support?

CODE ALL THAT APPLY

SPOUSE .....	10
DAUGHTER .....	11
SON.....	12
SISTER/BROTHER .....	13
PARENT .....	14
OTHER RELATIVE.....	15
NEIGHBORS .....	16
CO-WORKERS .....	17
CHURCH MEMBERS.....	18
CLUB MEMBERS.....	19
PROFESSIONALS .....	20
FRIENDS.....	21
OTHER .....	22
NO ONE .....	23
REFUSED .....	77
DON'T KNOW .....	99

SSQ.031 [In the **last 12 months**], could {you/SP} have used more **emotional** support than {you/s/he} received?

YES .....	1
NO .....	2 (SSQ.044)
REFUSED .....	7 (SSQ.044)
DON'T KNOW .....	9 (SSQ.044)

SSQ.041 Would you say that {you/SP} could have used . . .

a lot more.....	1
some, or .....	2
a little more emotional support?.....	3
REFUSED .....	7
DON'T KNOW .....	9

SSQ.044      How often {do you/does SP} attend church or religious services?  
Q/U

|\_|\_|\_|

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

DAYS..... 1

WEEKS ..... 2

MONTHS..... 3

YEAR..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

SSQ.051      If {you/SP} need{s} some extra help financially, could {you/s/he} count on anyone to help {you/him/her}; for example, by paying any bills, housing costs, hospital visits, or providing {you/him/her} with food or clothes?

YES ..... 1

NO ..... 2

OFFERED HELP BUT WOULDN'T

  ACCEPT IT..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

SSQ.061      In general, how many close friends {do you/does SP} have?  
PROBE: By "close friends" I mean relatives or non-relatives that {you s/he} feel{s} at ease with, can talk to about private matters, and can call on for help.

|\_|\_|

ENTER NUMBER OF CLOSE FRIENDS

REFUSED ..... 777

DON'T KNOW ..... 999

## 2005-06 Questionnaire

### VISION – VIQ Target Group: SPs 12+ (NEW)

BOX 1

OMITTED

VIQ.010      Next I have some questions about {your/SP's} **ability to see**.

With both eyes open, can {you/he/she} see light?

YES .....	1 (VIQ.031)
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**CAPI INSTRUCTION:**

IF VIQ.010 = 2 AND MCQ.140 = 1, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT – PLEASE VERIFY BY REENTERING THE RESPONSE." CAPI SHOULD DISPLAY VIQ.010 AGAIN WITH BLANK ENTRY.

IF VIQ.010 = 2 AND MCQ.140 = 2, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT. EARLIER SP REPORTED NO TROUBLE SEEING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW." DISPLAY RESPONSES TO BOTH – WITH LABELS. MCQ.140 – TROUBLE SEEING, VIQ.010 – SEE LIGHT, HIGHLIGHT MUST BE ON VIQ.010.

VIQ.017      {Are you/Is SP} blind in both eyes?

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

**CAPI INSTRUCTION:**

IF VIQ.010 = 2 (NO) AND VIQ.017 = 2 (NO), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP IS **NOT** BLIND. EARLIER SP REPORTED THAT HE/SHE **CANNOT SEE LIGHT**. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE QUESTION BELOW:" DISPLAY RESPONSES TO BOTH VIQ.010 AND VIQ.017 WITH LABELS. PLACE HIGHLIGHT ON VIQ.010.

BOX 1A

**CHECK ITEM VIQ.024:**

IF VIQ.017 = 1, GO TO VIQ.071.  
OTHERWISE, CONTINUE.

**BOX 1A**  
**OMITTED**

**BOX 2**  
**OMITTED**

VIQ.031      At the **present time**, would you say {your/SP's} eyesight, with glasses or contact lenses if {you/s/he} wear them, is . . .

- excellent, ..... 1
- good, ..... 2
- fair, ..... 3
- poor, or ..... 4
- very poor?..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

CAPI INSTRUCTION:  
IF VIQ.010 = 2 AND VIQ.031 = 1 (EXCELLENT vision), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT. SP REPORTED EXCELLENT VISION. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."  
DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT  
VIQ.031 = 1 (EXCELLENT vision)

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.041      How much of the time {do you/does SP} worry about {your/his/her} eyesight? Would you say . . .

- none of the time, ..... 0
- a little of the time, ..... 1
- some of the time, ..... 2
- most of the time, or..... 3
- all of the time? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 3**

**CHECK ITEM VIQ.049:**  
IF SP AGE < 20, GO TO END OF SECTION.  
OTHERWISE, CONTINUE.



VIQ.051

The next questions are about how much difficulty, if any, {you have/SP has} doing certain activities, such as reading ordinary newsprint or going down steps. If {you/s/he} usually wear{s} glasses or contact lenses to do these activities, please rate {your/his/her} ability to do them while wearing {your/his/her} glasses or contacts.

How much difficulty {do you/does SP} have . . .

HAND CARD VIQ1.

READ CATEGORIES TO RESPONDENT IF NECESSARY.

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

- a. **reading ordinary print in newspapers?** ..... \_\_\_\_\_
- b. **doing work or hobbies that require {you/him/her} to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?** ..... \_\_\_\_\_
- c. **going down steps, stairs, or curbs in dim light or at night?**..... \_\_\_\_\_
- d. **noticing objects off to the side while {you are/s/he is} walking?**..... \_\_\_\_\_
- e. **finding something on a crowded shelf?**..... \_\_\_\_\_

VIQ.056 How much difficulty {do you/does SP} have driving during the daytime in familiar places?

HAND CARD VIQ2

NO DIFFICULTY .....	1
A LITTLE DIFFICULTY.....	2
MODERATE DIFFICULTY .....	3
EXTREME DIFFICULTY .....	4
UNABLE TO DO BECAUSE OF EYESIGHT .....	5
DOES NOT DO THIS FOR OTHER REASONS .....	6
NEVER DROVE .....	7
REFUSED .....	77
DON'T KNOW .....	99

CAPI INSTRUCTION:

IF VIQ.010 = 2 AND VIQ.056 = 1 (NO DIFFICULTY), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE REPORTED THAT SP CANNOT SEE LIGHT. SP REPORTED NO DIFFICULTY DRIVING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."

DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT

VIQ.056 = 1 (NO DIFFICULTY),

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.061 How limited {are you/is SP} in how long {you/s/he} can work or do other daily activities such as housework, child care, school, or community activities because of {your/his/her} vision? Would you say {you are/s/he is} limited . . .

none of the time,.....	0
a little of the time, .....	1
some of the time, .....	2
most of the time, or.....	3
all of the time? .....	4
REFUSED .....	7
DON'T KNOW .....	9

VIQ.071 {Have you/Has SP} **ever** had a cataract operation?

YES .....	1
NO .....	2 (BOX 4)
REFUSED .....	7 (BOX 4)
DON'T KNOW .....	9 (BOX 4)

VIQ.081 Was the operation in {your/SPs} right eye, left eye, or both eyes?

RIGHT EYE .....	1
LEFT EYE .....	2
BOTH .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

**CHECK ITEM VIQ.089:**

IF SP AGE < 40, GO TO END OF SECTION.  
OTHERWISE, CONTINUE.

VIQ.090 {Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} glaucoma, sometimes called high pressure in {your/his/her} eyes?

YES .....	1
NO .....	2 (VIQ.110)
REFUSED .....	7 (VIQ.110)
DON'T KNOW .....	9 (VIQ.110)

VIQ.100 Was the glaucoma in {your/his/her} right eye, left eye, or both eyes?

RIGHT EYE .....	1
LEFT EYE .....	2
BOTH .....	3
REFUSED .....	7
DON'T KNOW .....	9

VIQ.110 {Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} age-related macular degeneration?

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

VIQ.120 Was the age-related macular degeneration in {your/his/her} right eye, left eye, or both eyes?

RIGHT EYE .....	1
LEFT EYE .....	2
BOTH .....	3
REFUSED .....	7
DON'T KNOW .....	9

## 2005-06 Questionnaire

### WEIGHT HISTORY – WHQ

Target Group: SPs 16+

WHQ.010      These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life.  
G/F/I/M/C

How tall {are you/is SP} without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

|\_|\_|

ENTER NUMBER OF FEET

AND

|\_|\_|

ENTER NUMBER OF INCHES

OR

|\_|\_|

ENTER NUMBER OF METERS

AND

|\_|\_|\_|

ENTER NUMBER OF CENTIMETERS

OR

REFUSED ..... 7777

DON'T KNOW ..... 9999

WHQ.025/ L/K How much {do you/does SP} weigh without clothes or shoes? [If {you are/she is} currently pregnant, how much did {you/she} weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT  
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:  
DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

|\_|\_|\_|  
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:  
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|\_|\_|\_|  
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:  
SOFT EDIT 34-225, HARD EDIT 23-338

OR

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

WHQ.030 {Do you/Does SP} consider {your/his/her}self now to be . . .

overweight, ..... 1  
underweight, or ..... 2  
about the right weight? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

WHQ.040 Would {you/SP} like to weigh . . .

more, ..... 1  
less, or ..... 2  
stay about the same? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

WHQ.053/ L/K How much did {you/SP} weigh **a year ago**? [If {you were/she was} pregnant a year ago, how much did {you/she} weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} pregnant . . .] **ONLY** IF SP IS FEMALE **AND** SP AGE IS 17 THROUGH 60.

|\_|\_|\_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

|\_|\_|\_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED ..... 777

DON'T KNOW ..... 999

**BOX 1**

**CHECK ITEM WHQ.055:**

IF WEIGHT IN WHQ.053/L/K IS 10 POUNDS, 4.55 KILOGRAMS, OR MORE THAN WEIGHT IN WHQ.025/L/K (E.G., WHQ.053/L/K = 150 LBS AND WHQ.025/L/K = 135 LBS), CONTINUE.

OTHERWISE, GO TO WHQ.070.

WHQ.061 Was the change between {your/SP's} **current** weight and {your/his/her} weight **a year ago because you tried to lose weight**?

YES ..... 1 (WHQ.088/OS)

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

WHQ.070 During the **past 12 months**, {have you/has SP} tried to lose weight?

YES ..... 1

NO ..... 2 (WHQ.090)

REFUSED ..... 7 (WHQ.090)

DON'T KNOW ..... 9 (WHQ.090)

WHQ.088/ OS      How did {you/SP} try to lose weight?

HAND CARD WHQ1  
CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT) .....	10
SWITCHED TO FOODS WITH LOWER CALORIES .....	15
ATE LESS FAT .....	20
ATE FEWER CARBOHYDRATES .....	25
EXERCISED.....	30
SKIPPED MEALS.....	35
ATE "DIET" FOODS OR PRODUCTS.....	40
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST .....	45
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS.....	50
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, ZONE, GRAPEFRUIT, PRITIKIN .....	55
TOOK DIET PILLS PRESCRIBED BY A DOCTOR.....	60
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....	65
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN .....	70
TOOK LAXATIVES OR VOMITED .....	75
DRANK A LOT OF WATER.....	80
OTHER (SPECIFY) .....	85
REFUSED .....	777
DON'T KNOW .....	999

WHQ.270      In the **past 12 months**, {did you/did SP} seek help from a personal trainer, dietitian, nutritionist, doctor or other health professional to lose weight?

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

WHQ.280 Was that a . . .

CODE ALL THAT APPLY

personal trainer,.....	1
dietitian, .....	2
nutritionist, .....	3
doctor, or .....	4
other health professional? .....	5
REFUSED .....	7
DON'T KNOW .....	9

**BOX 2A**

**CHECK ITEM WHQ.185:**

IF WHQ.061 = CODE 1 OR WHQ.070 = CODE 1, GO TO WHQ.220/L/K.

WHQ.090 During the **past 12 months**, {have you/has SP} done anything to keep from gaining weight?

YES .....	1
NO .....	2 (WHQ.210)
REFUSED .....	7 (WHQ.210)
DON'T KNOW .....	9 (WHQ.210)



WHQ.103/ What did {you/SP} do to keep from gaining weight?  
OS

CODE ALL THAT APPLY.

HAND CARD WHQ1

ATE LESS FOOD (AMOUNT) .....	10
SWITCHED TO FOODS WITH LOWER CALORIES .....	15
ATE LESS FAT .....	20
ATE FEWER CARBOHYDRATES .....	25
EXERCISED.....	30
SKIPPED MEALS.....	35
ATE "DIET" FOODS OR PRODUCTS.....	40
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST .....	45
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS.....	50
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, ZONE, GRAPEFRUIT, PRITIKIN .....	55
TOOK DIET PILLS PRESCRIBED BY A DOCTOR.....	60
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....	65
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN .....	70
TOOK LAXATIVES OR VOMITED .....	75
DRANK A LOT OF WATER.....	80
OTHER (SPECIFY) .....	85
REFUSED .....	777
DON'T KNOW .....	999

WHQ.210 {Have you/Has SP} **ever** tried to lose weight?

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

WHQ.220/ L/K      How much weight {did you/did SP} lose in {your/his/her} most successful attempt **ever** to lose weight?

HELP SCREEN: This question refers only to deliberate attempts to lose weight; it does **not** refer to weight loss because of illness, side effects of medication, stress, or other unintended causes.

ENTER WEIGHT IN POUNDS OR KILOGRAMS

|\_|\_|\_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:  
SOFT EDIT OVER 100 POUNDS

OR

|\_|\_|\_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:  
SOFT EDIT OVER 45 KILOGRAMS

OR

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

**BOX 2**

**CHECK ITEM WHQ.105:**  
IF SP AGE >= 36, CONTINUE.  
OTHERWISE, GO TO BOX 3.

WHQ.111/ L/K How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before {your/her} pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE AND AGE IS LESS THAN OR EQUAL TO 69.

|\_|\_|\_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

|\_|\_|\_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED ..... 77777

DON'T KNOW ..... 99999

**BOX 3**

**CHECK ITEM WHQ.115A:**

IF SP AGE >= 27, CONTINUE.

OTHERWISE, GO TO WHQ.147/L/K.

WHQ.121/ L/K How much did {you/SP} weigh at **age 25**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE.

|\_|\_|\_|

ENTER NUMBER OF POUNDS

OR

|\_|\_|\_|

ENTER NUMBER OF KILOGRAMS

OR

REFUSED ..... 77777

DON'T KNOW ..... 99999

**BOX 3A**

**CHECK ITEM WHQ.125:**

IF SP AGE >= 50, CONTINUE.

OTHERWISE, GO TO WHQ.147/L/K.

WHQ.130/ F/I/M/C      How tall {were you/was SP} at **age 25**? [If you don't know {your/his/her} exact height, please make your best guess.]

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

|\_|\_|

ENTER NUMBER OF FEET

CAPI INSTRUCTION: HARD EDIT 2-8

AND

|\_|\_|

ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11

OR

|\_|\_|

ENTER NUMBER OF METERS

CAPI INSTRUCTION: HARD EDIT 0-3

AND

|\_|\_|\_|

ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 0-99

OR

REFUSED ..... 7777

DON'T KNOW ..... 9999

**BOX 4**

OMITTED

WHQ.147/ L/K      What is the most {you have/SP has} **ever** weighed? [Do not include any times when {you were/she was} pregnant.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

|\_|\_|\_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:

SOFT EDIT 75-500, HARD EDIT 50-750

OR

|\_|\_|\_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:

SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED ..... 777 (END OF SECTION)

DON'T KNOW ..... 999 (END OF SECTION)

WHQ.150      How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

|\_|\_|\_|

ENTER AGE IN YEARS

REFUSED ..... 77777

DON'T KNOW ..... 99999

**BOX 5**

OMITTED