

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: Computer-Assisted  
Personal Interview (CAPI) Questionnaire

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Political and Social Research  
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**NHANES**

**MEC Questionnaire Hand Cards**

**2005-2006**



## 2006 Calendar

<b>January</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>February</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>March</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>April</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>May</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>June</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>July</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>August</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>September</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>October</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>November</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>December</b> <u>S</u> <u>M</u> <u>Tu</u> <u>W</u> <u>Th</u> <u>F</u> <u>S</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

## **DPQ 1**

Not at all

Several days

More than half the days

Nearly every day

## **BHQ 1**

2 or more times a day

Once a day



2 or more times a week

Once a week

1-3 times a month

Never

## BHQ 2

THE BRISTOL STOOL FORM SCALE		
Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

# **PAQ2**

## **VIGOROUS ACTIVITIES**

Aerobics (High Impact, e.g., Step, Taebo)  
Basketball  
Bicycling  
Boxing  
Football  
Hiking  
Hockey  
Jogging  
Kayaking  
Martial Arts (Karate, Judo)  
Raquetball  
Rollerblading  
Rowing  
Running  
Skating  
Skiing – Cross Country (Including Nordic Track)  
Skiing - Downhill  
Soccer  
Stair Climbing  
Swimming  
Tennis  
Treadmill  
Volleyball  
Wrestling  
Other (Specify)



# PAQ3

## MODERATE ACTIVITIES

Aerobics (Low Impact)  
Baseball  
Basketball  
Bicycling  
Bowling  
Dance  
Fishing  
Football  
Frisbee  
Golf  
Hiking  
Hockey  
Horseback Riding  
Hunting  
Jogging  
Kayaking  
Martial Arts (Karate, Judo)  
Rollerblading  
Rowing  
Skating  
Skiing – Downhill  
Soccer  
Softball  
Stair Climbing  
Stretching  
Swimming  
Tennis  
Treadmill  
Volleyball  
Walking  
Weight Lifting  
Yoga  
Other (Specify)

# WHQ1

I want to look better

I want to be healthier

I want to be better at sports and other physical activities

I get teased about my weight

I think my clothes will fit better

I think boys will like me better

I think girls will like me better

My friends are trying to lose weight

Someone in my family is trying to lose weight

My mother or father wants me to lose weight

My teacher or coach wants me to lose weight

A doctor, nurse, or other health professional wants me to lose weight

Other (specify)

6/18/04

Questionnaire: MEC

**ALCOHOL USE – ALQ**  
**Target Group:** SPs 20+ (CAPI)

ALQ.101 The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage.

In **any one year**, {have you/has SP} had at least 12 drinks of any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and half ounces of liquor.

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

ALQ.110 In {your/SP's} **entire life**, {have you/has he/has she} had at least 12 drinks of any type of alcoholic beverage?

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

ALQ.120 In the **past 12 months**, how often did {you/SP} drink any type of alcoholic beverage?  
 Q/U

PROBE: How many days per week, per month, or per year did {you/SP} drink?

ENTER '0' FOR NEVER.

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

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

ENTER UNIT

WEEK.....	1
MONTH .....	2
YEAR.....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1**

**CHECK ITEM ALQ.125:**

IF SP DIDN'T DRINK (CODED '0') IN ALQ.120, GO TO ALQ.150.

OTHERWISE, CONTINUE WITH ALQ.130.

ALQ.130 In the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on the average, how many drinks did {you/he/she} have?

IF LESS THAN 1 DRINK, ENTER '1'.  
IF 95 DRINKS OR MORE, ENTER '95'.

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

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

ALQ.140 In the **past 12 months**, on how many **days** did {you/SP} have 5 or more drinks of any alcoholic beverage?  
Q/U

PROBE: How many days per week, per month, or per year did {you/SP} have 5 or more drinks in a single day?

ENTER '0' FOR NONE.

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

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

ENTER UNIT

WEEK ..... 1  
MONTH ..... 2  
YEAR ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

ALQ.150 Was there ever a time or times in {your/SP's} life when {you/he/she} **drank 5 or more drinks** of any kind of alcoholic beverage **almost every day**?

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

## 2005-06 Questionnaire

### BOWEL HEALTH – BHQ

Target Group: SPs 20+

#### BOX 1

##### CHECK ITEM BHQ.005:

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE WITH BHQ.010.
- OTHERWISE, GO TO NEXT SECTION.

BHQ.010 Next, we'd like to talk to you about bowel health. We'll start with accidental bowel leakage. There are four types of bowel leakage that can happen: leakage (passing) of gas, leakage of mucus, leakage of liquid stool, and leakage of solid stool. We will ask you about leakage of each of these one at a time.

How often during the **past 30 days** have you had any amount of accidental bowel leakage that consisted of gas? Would you say . . .

HAND CARD BHQ1

##### CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: The **bowel** is another name for the intestines. Other names for the bowel include guts or innards. **Accidental bowel leakage** is leaking from the bowel or intestines that can't be controlled. **Leakage of gas** is also called passing gas, passing wind, or farting.

2 or more times a day, .....	1
once a day, .....	2
2 or more times a week, .....	3
once a week, .....	4
1-3 times a month, or.....	5
never? .....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.020 How often during the **past 30 days** have you had any amount of accidental bowel leakage that consisted of mucus?

HAND CARD BHQ1

##### CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: Mucus is a thick, jelly-like substance made by the intestines that helps coat and protect the lining of the intestine. Mucus also helps stool pass through the large intestine and rectum more easily.

2 OR MORE TIMES A DAY.....	1
ONCE A DAY .....	2
2 OR MORE TIMES A WEEK .....	3
ONCE A WEEK .....	4
1-3 TIMES A MONTH.....	5
NEVER .....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.030 How often during the **past 30 days** have you had any amount of accidental bowel leakage that consisted of liquid stool?

HAND CARD BHQ1

CAPI INSTRUCTION:

HELP SCREEN SHOULD READ: Stool is also called a bowel movement, BM, or poop.

2 OR MORE TIMES A DAY .....	1
ONCE A DAY .....	2
2 OR MORE TIMES A WEEK .....	3
ONCE A WEEK .....	4
1-3 TIMES A MONTH.....	5
NEVER .....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.040 How often during the **past 30 days** have you had any amount of accidental bowel leakage that consisted of solid stool?

HAND CARD BHQ1

2 OR MORE TIMES A DAY .....	1
ONCE A DAY .....	2
2 OR MORE TIMES A WEEK .....	3
ONCE A WEEK .....	4
1-3 TIMES A MONTH.....	5
NEVER .....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.050 How often do you usually have bowel movements?

Q/U

PROBE: How many times per day or per week do you usually have a bowel movement?

|\_|\_|  
ENTER NUMBER OF TIMES (PER DAY OR PER WEEK)

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

ENTER UNIT

DAY .....	1
WEEK.....	2
REFUSED .....	7
DON'T KNOW .....	9

BHQ.060 Please look at this card and tell me the number that corresponds to your usual or most common stool type.

HAND CARD BHQ2

TYPE 1 (SEPARATE HARD LUMPS, LIKE NUTS) .....	1
TYPE 2 (SAUSAGE-LIKE, BUT LUMPY) .....	2
TYPE 3 (LIKE A SAUSAGE BUT WITH CRACKS IN THE SURFACE) .....	3
TYPE 4 (LIKE A SAUSAGE OR SNAKE, SMOOTH AND SOFT) .....	4
TYPE 5 (SOFT BLOBS WITH CLEAR-CUT EDGES) .....	5
TYPE 6 (FLUFFY PIECES WITH RAGGED EDGES, A MUSHY STOOL) .....	6
TYPE 7 (WATERY, NO SOLID PIECES) .....	7
REFUSED .....	77
DON'T KNOW .....	99

6/16/04

Questionnaire: MEC

**CURRENT HEALTH STATUS – HSQ****Target Group:** SPs 12+

HUU.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 &gt;= 16 YEARS.

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

HSQ.470 The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Thinking about {your/SP's} physical health, which includes physical illness and injury, for how many days during the past 30 days was {your/his/her} physical health not good?

HAND CARD HSQ1

ENTER # OF DAYS
-----------------

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

HSQ.480 Now thinking about {your/SP's} mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was {your/his/her} mental health not good?

ENTER # OF DAYS
-----------------

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

HSQ.490 During the past 30 days, for about how many days did poor physical or mental health keep {you/SP} from doing {your/his/her} usual activities, such as self-care, work, school or recreation?

ENTER # OF DAYS
-----------------

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



HSQ.500 Did {you/SP} have a head cold or chest cold that started during those 30 days?

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

HSQ.510 Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

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

HSQ.520 Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?

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

**BOX 1**

**CHECK ITEM HSQ.560:**

IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.570.  
OTHERWISE, GO TO END OF SECTION.

HSQ.571 During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, {have you/has SP} donated blood?

YES ..... 1  
NO ..... 2 (HSQ.590)  
REFUSED ..... 7 (HSQ.590)  
DON'T KNOW ..... 9 (HSQ.590)

HSQ.580 How long ago was {your/SP's} last blood donation?

IF LESS THAN ONE MONTH, ENTER '1'.

|\_|\_|  
ENTER # OF MONTHS

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

HSQ.590      Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever had  
{your/his/her} blood tested for the AIDS virus infection?

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

4/20/05

Questionnaire: MEC

**DEPRESSION SCREEN – DPQ****Target Group: SPs 12+****05BOX 1****CHECK ITEM 05DPQ.001:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE.
- OTHERWISE, GO TO NEXT SECTION.

05DPQ.010 Over the **last 2 weeks**, how often have you been bothered by the following problems:

little interest or pleasure in doing things? Would you say . . .

HANDCARD DPQ1

Not at all, .....	0
several days, .....	1
more than half the days, or .....	2
nearly every day? .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.020 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

feeling down, depressed, or hopeless?

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.030 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

trouble falling or staying asleep, or sleeping too much?

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.040 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

feeling tired or having little energy?

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.050 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

poor appetite or overeating?

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.060 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

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

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.070 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

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

HANDCARD DPQ1

NOT AT ALL .....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS .....	2
NEARLY EVERY DAY .....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.080 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	7
DON'T KNOW .....	9

05DPQ.090 Over the last 2 weeks, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

INTERVIEWER INSTRUCTION: IF DPQ.090 CODED 1, 2, OR 3, PLEASE COMPLETE MENTAL HEALTH OBSERVATION FOR PHYSICIAN REVIEW AT CONCLUSION OF INTERVIEW.

NOT AT ALL.....	0
SEVERAL DAYS .....	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	7
DON'T KNOW .....	9

**05BOX 2**

**CHECK ITEM 05DPQ.095:**

- IF RESPONSE TO ANY OF QUESTIONS 05DPQ.010 – 05DPQ.090 = 1, 2, OR 3, GO TO 05DPQ.100.
- OTHERWISE, GO TO NEXT SECTION.

05DPQ.100 How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with people?

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

8/16/05

Questionnaire: MEC

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

05KIQ.005 Many people have leakage of urine. The next few questions ask about urine leakage.

How often {do you/does SP} have urinary leakage? Would {you/s/he} say . . .

CAPI INSTRUCTION:

HELP SCREEN: Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

never, .....	1 (KIQ.042)
less than once a month,.....	2
a few times a month,.....	3
a few times a week, or .....	4
every day and/or night? .....	5
REFUSED .....	7 (KIQ.042)
DON'T KNOW .....	9 (KIQ.042)

05KIQ.010 How much urine {do you/does SP} lose each time? Would {you/s/he} say . . .

drops, .....	1
small splashes, or .....	2
more? .....	3
REFUSED .....	7
DON'T KNOW .....	9

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

YES .....	1
NO .....	2 (KIQ.044)
REFUSED .....	7 (KIQ.044)
DON'T KNOW .....	9 (KIQ.044)

05KIQ.430 How frequently does this occur? Would {you/s/he} say this occurs . . .

less than once a month,.....	1
a few times a month,.....	2
a few times a week, or .....	3
every day and/or night? .....	4
REFUSED .....	7
DON'T KNOW .....	9

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

YES ..... 1  
 NO ..... 2 (KIQ.046)  
 REFUSED ..... 7 (KIQ.046)  
 DON'T KNOW ..... 9 (KIQ.046)

05KIQ.450 How frequently does this occur? Would {you/s/he} say this occurs. . .

less than once a month,..... 1  
 a few times a month,..... 2  
 a few times a week, or ..... 3  
 every day and/or night? ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

KIQ.046 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine **without** an activity like coughing, lifting, or exercise, or an urge to urinate?

YES ..... 1  
 NO ..... 2 (05BOX 1)  
 REFUSED ..... 7 (05BOX 1)  
 DON'T KNOW ..... 9 (05BOX 1)

05KIQ.470 How frequently does this occur? Would {you/s/he} say this occurs . . .

less than once a month,..... 1  
 a few times a month,..... 2  
 a few times a week, or ..... 3  
 every day and/or night? ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

**05BOX 1**

**CHECK ITEM KIQ.048A:**

- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
- OTHERWISE, GO TO 05KIQ.480.

KIQ.050 During the **past 12 months**, how much did {your/her/his} leakage of urine bother {you/her/him}? Please select one of the following choices:

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

KIQ.052 During the **past 12 months**, how much did {your/his/her} leakage of urine affect {your/his/her} day-to-day activities? Please select one of the following choices:

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

05KIQ.480 During the **past 30 days**, how many times per night did {you/SP} most typically get up to urinate, from the time {you/s/he} went to bed at night until the time {you/he/she} got up in the morning. Would {you/s/he} say .  
..

0, .....	1
1, .....	2
2, .....	3
3, .....	4
4, .....	5
5 or more? .....	6
REFUSED .....	7
DON'T KNOW .....	9

**05BOX 2**

**CHECK ITEM KIQ.070:**

- IF SP FEMALE, GO TO END OF SECTION.
- IF SP MALE AGE 20-39, GO TO 05KIQ.490.
- OTHERWISE, CONTINUE WITH KIQ.080.

KIQ.080 {Do you/Does SP} **usually** have trouble starting to urinate (pass water)?

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



KIQ.100 After urinating (passing water), does {your/his} bladder feel empty?

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

05KIQ.490 The next set of questions is about men's health including urinary and prostate problems. The prostate is a gland located just below the bladder.

{Have you/Has SP} **ever** been told by a doctor or health professional that {you have/he has} any disease of the prostate? This includes an enlarged prostate.

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

**05BOX 3**

**CHECK ITEM KIQ.170:**

- IF SP AGE IS 20-39, GO TO END OF SECTION.
- OTHERWISE, CONTINUE WITH KIQ.120.

KIQ.120 {Have you/Has SP} **ever** been told by a doctor or health professional that {you/he} had an enlarged prostate gland?

YES ..... 1  
NO ..... 2 (KIQ.360)  
REFUSED ..... 7 (KIQ.360)  
DON'T KNOW ..... 9 (KIQ.360)

KIQ.140 Was it a benign enlargement – that is, not cancerous, also called benign prostatic hypertrophy?

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

KIQ.160 How old {were you/was SP} when {you were/he was} first told that {you/he} had benign enlargement of the prostate gland?

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

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

05BOX 4

**CHECK ITEM KIQ.230:**

■ GO TO KIQ.360.

KIQ.180      Was the enlargement due to cancer?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7

KIQ.360      {Have you/Has SP} ever had a rectal examination to check for prostate cancer? A rectal examination is usually done by a doctor who inserts a finger in the rectum to check for problems.

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

**PESTICIDE USE – PUQ****Target Group: SPs 8+**

05PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

## CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ REPORT AND ENTER IT IN PUQ.100"

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

05PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

## CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ REPORT AND ENTER IT IN PUQ.110."

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

5/5/05

Questionnaire: MEC

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

PAQ.040 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 physical activities that {you/he/she} {do/does} at school or 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.206)
UNABLE TO DO ACTIVITY .....	3 (PAQ.206)
REFUSED .....	7 (PAQ.206)
DON'T KNOW .....	9 (PAQ.206)

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.206)
DON'T KNOW .....	999 (PAQ.206)

ENTER UNIT

DAY .....	1
WEEK .....	2
MONTH .....	3
REFUSED .....	7 (PAQ.206)
DON'T KNOW .....	9 (PAQ.206)

PAQ.080 On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

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

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.

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  
01/02/03

[Over the **past 30 days**], what **vigorous** activities did {you/SP} do?

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 1**

**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?

**CAPI 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.

HAND CARD PAQ3

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES .....	1
NO .....	2 (PAQ.440)
UNABLE TO DO ACTIVITY .....	3 (PAQ.440)
REFUSED .....	7 (PAQ.440)
DON'T KNOW .....	9 (PAQ.440)



PAQ.341  
01/02/03

[Over the past 30 days], what **moderate** activity or activities did {you/SP} do?

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.440)
DON'T KNOW .....	99 (PAQ.440)

**BOX 3**

**LOOP 2:**

ASK PAQ.401 AND PAQ.420 FOR EACH ACTIVITY ENTERED IN PAQ.340.

PAQ.401  
Q/U

[Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?  
**PROBE:** How many times per day, per week, or per month?

CAPI 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  
Q/U

[Over the **past 30 days**], on average about how long did {you/SP} {ACTIVITY} **each time**?

|\_|\_|\_|

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.440.

PAQ.440 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

DAY .....	1
WEEK .....	2
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**? During the **past 30 days**, {were you/was s/he} . . .

more active, .....	1
less active, or .....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

PAQ.520 Compared with most {boys/girls} {your/SP's} age, would you say that {you are/SP is} . . .

more active, .....	1
less active, or .....	2
about the same? .....	3
REFUSED .....	7
DON'T KNOW .....	9

PAQ.591 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 . . .

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "{**outside of work**}?" IN THE QUESTION AND "{you do/s/he does} not watch TV or videos or use a computer outside of work?" FOR OPTION "6".

OTHERWISE, DO NOT DISPLAY "{**outside of work**}?" IN THE QUESTION AND DISPLAY "{NONE}" FOR OPTION "6".

less than 1 hour, .....	0
1 hour, .....	1
2 hours, .....	2
3 hours, .....	3
4 hours, .....	4
5 hours or more, or .....	5
{you do/s/he does} not watch TV or videos or use a computer outside of work?/NONE} .....	8
REFUSED .....	77
DON'T KNOW .....	99

PAQ.601 Over the **past 30 days**, on average how many hours per day did {you/SP} use a computer or play computer games {**outside of work**}? Would you say . . .

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "{**outside of work**}?" IN THE QUESTION AND "{you do/s/he does} not watch TV or videos or use a computer outside of work?" FOR OPTION "6".

OTHERWISE, DO NOT DISPLAY "{**outside of work**}?" IN THE QUESTION AND DISPLAY "{NONE}" FOR OPTION "6".

less than 1 hour, .....	0
1 hour, .....	1
2 hours, .....	2
3 hours, .....	3
4 hours, .....	4
5 hours or more, or .....	5
{you do/s/he does} not watch TV or videos or use a computer outside of work?/NONE} .....	8
REFUSED .....	77
DON'T KNOW .....	99

11/28/05

Questionnaire: MEC

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

RHQ.010 The next series of questions are about {your/SP's} reproductive history. I will begin by asking some questions about {your/SP's} period or menstrual cycle.

How old {were you/was SP} when {you/she} had {your/her} **first** menstrual period?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:

SOFT EDIT VALUES: 8-25 YEARS.

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

\_\_\_\_

ENTER AGE IN YEARS

REFUSED ..... 77

DON'T KNOW ..... 99

**05SBOX 1**

**CHECK ITEM RHQ.015:**

- IF PERIODS HAVEN'T STARTED (CODED '0') IN RHQ.010 AND SP 12-13 YEARS OLD OR 50 YEARS OR OLDER, GO TO END OF SECTION.
- IF PERIODS HAVEN'T STARTED (CODED '0') IN RHQ.010 AND SP 14-49 YEARS OLD, GO TO RHQ.740.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020 {Were you/Was SP} . . .

younger than 10, ..... 1  
 10 to 12, ..... 2  
 13 to 15, or ..... 3  
 16 or older? ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

RHQ.031 {Have you/Has SP} had **at least one menstrual period** in the **past 12 months**? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

SOFT EDIT: Display edit when age of SP is greater than or equal to 60 and RHQ.031 is coded yes.

Error message: "It is unlikely that SPs aged 60 years or older will still be menstruating. Please verify."

YES ..... 1 (RHQ.051)

NO ..... 2

REFUSED ..... 7 (RHQ.060)

DON'T KNOW ..... 9 (RHQ.060)

RHQ.042 What is the reason that {you have/SP has} not had **a period** in the past 12 months?

PREGNANCY .....	1 (BOX 3)
BREAST FEEDING .....	2 (BOX 3)
MENOPAUSE/HYSTERECTOMY .....	7 (RHQ.060)
MEDICAL CONDITIONS/TREATMENTS .....	8 (RHQ.060)
OTHER .....	9 (RHQ.060)
REFUSED .....	77
DON'T KNOW .....	99

RHQ.051 When did {you/SP} have {your/her} **last** period?

PROBE: How many months ago was {your/SP's} last period?

HAVING IT NOW .....	1 (BOX 3)
LESS THAN 2 MONTHS AGO .....	2 (BOX 3)
3-5 MONTHS AGO .....	3 (BOX 3)
6-8 MONTHS AGO .....	4 (BOX 3)
9-11 MONTHS AGO .....	5 (BOX 3)
REFUSED .....	77 (BOX 3)
DON'T KNOW .....	99 (BOX 3)

RHQ.060 About how old {were you/was SP} when {you/she} had {your/her} **last** menstrual period?

SOFT EDIT: Display edit when RHQ.060 is greater than 59.

Error message: "It is unlikely that an SP will have her last menstrual period after age 59. Please verify."

ENTER AGE IN YEARS

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

#### BOX 2

##### CHECK ITEM RHQ.065:

- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO BOX 3.

RHQ.070 {Were you/Was SP} . . .

younger than 30, .....	1
30 to 34, .....	2
35 to 39, .....	3
40 to 44, .....	4
45 to 49, .....	5
50 to 54, or .....	6
55 or older? .....	7
REFUSED .....	77
DON'T KNOW .....	99

**BOX 3**

**CHECK ITEM RHQ.075A:**

- IF SP HAD LAST PERIOD BETWEEN 0-2 MONTHS AGO (CODED 1-2 IN RHQ.051) AND 12-59 YEARS OLD, CONTINUE WITH RHQ.081.
- OTHERWISE, GO TO RHQ.131.

RHQ.081      What was the date that {your/SP's} last period started?  
M/D

|\_|\_|/|\_|\_|

ENTER DATE OF LAST PERIOD (MONTH, DAY)

REFUSED ..... 77-77

DON'T KNOW ..... 99-99

RHQ.131      The next questions are about {your/SP's} pregnancy history.

{Have you/Has SP} **ever** been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1

NO ..... 2 (BOX 12)

REFUSED ..... 7 (BOX 12)

DON'T KNOW ..... 9 (BOX 12)

**BOX 6**

**CHECK ITEM RHQ.135C:**

- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031) OR SP HAS NOT EXPERIENCED MENOPAUSE/HYSTERECTOMY (NOT CODED 7 IN RHQ.042), CONTINUE WITH RHQ.143.
- OTHERWISE, GO TO RHQ.160.

RHQ.143      {Are you/Is SP} pregnant **now**?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1

NO ..... 2 (RHQ.160)

REFUSED ..... 7 (RHQ.160)

DON'T KNOW ..... 9 (RHQ.160)

RHQ.152 Which month of pregnancy {are you/is she} in?

|\_|\_|

ENTER NUMBER OF MONTHS

REFUSED ..... 77

DON'T KNOW ..... 99

RHQ.160 How many times {have you/has SP} been pregnant? ({Again, be/Be} sure to count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

|\_|\_|

ENTER NUMBER OF PREGNANCIES

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7**

**CHECK ITEM RHQ.165:**

- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.143, SKIP TO RHQ.300.
- OTHERWISE CONTINUE WITH 05RHQ.166.

05RHQ.166 How many vaginal deliveries {have you/has SP} had? {Please count stillbirths as well as live births}

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: 05RHQ.166 must be equal to or less than RHQ.160.

Error message: "Number of vaginal deliveries cannot be greater than the number of pregnancies."

|\_|\_|

ENTER NUMBER

REFUSED ..... 77

DON'T KNOW ..... 99

**05BOX 7A**

**CHECK ITEM 05RHQ.168:**

- IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.171.
- OTHERWISE, CONTINUE WITH 05RHQ.169.



05RHQ.169 How many cesarean deliveries {have you/has SP} had? (Cesarean deliveries are also known as C-sections.) (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: Sum of 05RHQ.166 and 05RHQ.169 must be equal to or less than RHQ.160.

Error message: "It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify."

HARD EDIT: 05RHQ.169 must be equal to or less than RHQ.160.

Error message: "Number of cesarean deliveries cannot be greater than the number of pregnancies."

|\_|\_|  
ENTER NUMBER

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

**05BOX 7B**

**CHECK ITEM RHQ.170A:**

- IF THE NUMBER OF DELIVERIES IN 05RHQ.166 AND 05RHQ.169 EQUALS ZERO, GO TO BOX 12.
- OTHERWISE, CONTINUE WITH 05RHQ.171.

05RHQ.171 How many of {your/her} deliveries resulted {Did {your/her} delivery result} in a live birth?

CAP I INSTRUCTION:

IF SP HAD ONE DELIVERY (SUM OF 05RHQ.166 AND 05RHQ.169 = 1), REPLACE {How many of {your/her} deliveries resulted} WITH {Did {your/her} delivery result}.

FOR SINGLE DELIVERIES:

Yes = 1

No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

|\_|\_|  
ENTER NUMBER OF DELIVERIES

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

**BOX 8**

**CHECK ITEM RHQ.175:**

- IF SP HAD NO DELIVERIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN 05RHQ.171, GO TO BOX 12.
- IF SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN 05RHQ.171, GO TO 05RHQ.190.
- OTHERWISE, CONTINUE WITH RHQ.180.

RHQ.180      How old {were you/was SP} at the time of {your/her} **first** live birth?

CAPI INSTRUCTION:

HARD EDIT: RHQ.180 must be equal to or less than age of SP.

Error message: "Age of SP at first delivery cannot be greater than age of SP."

|\_|\_|  
ENTER AGE IN YEARS

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

05RHQ.190      How old {were you/was SP} at the time of {your/her} **{last}** live birth?

CAPI INSTRUCTION:

IF SP HAD MORE THAN 1 LIVE BIRTH (CODED  $\geq 2$ ) IN 05RHQ.171, DISPLAY {LAST}.

HARD EDIT: 05RHQ190 must be equal to or less than age of SP.

Error message: "Age of SP at last delivery cannot be greater than age of SP."

|\_|\_|  
ENTER AGE IN YEARS

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

**BOX 9**

**CHECK ITEM RHQ.195:**

- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN 05RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE WITH RHQ.200.
- OTHERWISE, GO TO RHQ.210.

RHQ.200      {Are you/Is SP} **now** breast feeding a child?

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

RHQ.210 Did {you/SP} breast feed {your/her} child/any of {your/her} children?

CAPI INSTRUCTION:

IF SP HAD ONE LIVE BIRTH (CODED '1') IN 05RHQ.171, DISPLAY {YOUR CHILD}.

IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN 05RHQ.171, DISPLAY {ANY OF YOUR CHILDREN}.

YES .....	1 (BOX 10)
NO .....	2 (RHQ.250)
REFUSED .....	7 (BOX 11)
DON'T KNOW .....	9 (BOX 11)

**05BOX 10**

**CHECK ITEM RHQ.215:**

- IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN 05RHQ.171, CONTINUE WITH RHQ.220.
- OTHERWISE, GO TO RHQ.230.

RHQ.220 Did {you/SP} breast feed {your/her} child for **at least 1 month**?

YES .....	1 (BOX 11)
NO .....	2 (RHQ.250)
REFUSED .....	7 (BOX 11)
DON'T KNOW .....	9 (BOX 11)

RHQ.230 How many of {your/SP's} children did {you/she} breast feed for **at least 1 month**?

|\_|\_|

ENTER NUMBER OF CHILDREN

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

**05BOX 11**

**CHECK ITEM RHQ.245:**

- IF SP HAD AT LEAST ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (**NOT** CODED '0') IN 05RHQ.171, CONTINUE WITH RHQ.250.
- OTHERWISE, GO TO BOX 12.

RHQ.250 {Did {your/SP's} child/Did any of {your/SP's} children} weigh **less than 5 ½ pounds** (2500 g) at birth?

CAPI INSTRUCTION:

IF SP HAD ONE LIVE BIRTH (CODED '1') IN 05RHQ.171, DISPLAY {YOUR CHILD}.

IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN 05RHQ.171, DISPLAY {DID ANY OF YOUR CHILDREN}.

CAPI INSTRUCTION:

IF YES (CODED '1') IN RHQ.250 AND SP HAD ONLY ONE LIVE BIRTH (CODED '1') IN 05RHQ.171, ENTER '1' IN RHQ.260.

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

RHQ.260 How many of {your/her} children weighed less than **5 ½ pounds (2500 g)** at birth?

|\_|\_|  
ENTER NUMBER OF CHILDREN

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

**05BOX 11A**

**CHECK ITEM RHQ.262:**

- IF SP HAD ONLY ONE LIVE BIRTH (CODED '1') IN 05RHQ.171, CONTINUE WITH RHQ.264.
- OTHERWISE, GO TO RHQ.270.

RHQ.264 Was this baby born preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

CAPI INSTRUCTION:

IF YES (CODED '1') IN RHQ.264, ENTER 1 IN RHQ.270.

YES .....	1 (BOX 12)
NO .....	2 (BOX 12)
REF .....	7 (BOX 12)
DK .....	9 (BOX 12)

RHQ.270 How many of these babies were born preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

|\_|\_|  
ENTER NUMBER OF CHILDREN

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

**BOX 12**

**CHECK ITEM RHQ.275A:**

- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, GO TO RHQ.300.
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031), GO TO RHQ.300.
- OTHERWISE, CONTINUE WITH RHQ.281.

RHQ.281 {Have you/Has SP} had a hysterectomy, that is, surgery to **remove** {your/her} uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1  
NO ..... 2 (RHQ.300)  
REFUSED ..... 7 (RHQ.300)  
DON'T KNOW ..... 9 (RHQ.300)

RHQ.291 How old {were you/was SP} when {you/she} had {your/her} (hysterectomy/uterus removed/womb removed)?

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

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

RHQ.300 {Have you/Has SP} had at least one of {your/her} ovaries removed (either when {you/she} had {your/her} uterus removed or at another time)?

YES ..... 1  
NO ..... 2 (BOX 15)  
REFUSED ..... 7 (BOX 15)  
DON'T KNOW ..... 9 (BOX 15)

RHQ.310 Were both ovaries removed or only one?

BOTH ..... 1  
ONE ..... 2 (RHQ.330)  
REFUSED ..... 7 (BOX 15)  
DON'T KNOW ..... 9 (BOX 15)

RHQ.320 Were both of {your/SP's} ovaries removed at the same time or at different times?

SAME TIME ..... 1  
DIFFERENT TIMES ..... 2 (RHQ.340)  
REFUSED ..... 7 (BOX 15)  
DON'T KNOW ..... 9 (BOX 15)

RHQ.330 How old {were you/was SP} when {you/she} had {your/her} {ovary/ovaries} removed?

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

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

**BOX 13**

**CHECK ITEM RHQ.335:**  
GO TO BOX 15.

RHQ.340 How old {were you/was SP} when {you/she} had the second ovary removed?

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

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

**BOX 15**

**CHECK ITEM RHQ.355:**  
■ IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.  
■ OTHERWISE, GO TO RHQ.395.

RHQ.360 Has a doctor or other health professional **ever** told {you/SP} that {you/she} had endometriosis?  
(Endometriosis is a disease in which the tissue that forms the lining of the uterus/womb attaches to other places, such as the ovaries, fallopian tubes, or abdominal cavity.)

YES ..... 1  
NO ..... 2 (RHQ.380)  
REFUSED ..... 7 (RHQ.380)  
DON'T KNOW ..... 9 (RHQ.380)

RHQ.370 How old {were you/was SP} when {you were/she was} **first** told {you/she} had endometriosis?

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

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

RHQ.380 Has a doctor or other health professional **ever** told {you/SP} that {you/she} had uterine fibroids? (Uterine fibroids are benign (not cancerous) tumors growing in various locations on or within the uterus/womb.)

YES ..... 1  
 NO ..... 2 (05RHQ.395)  
 REFUSED ..... 7 (05RHQ.395)  
 DON'T KNOW ..... 9 (05RHQ.395)

RHQ.390 How old {were you/was SP} when {you were/she was} **first** told {you/she} had uterine fibroids?

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

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

05RHQ.395 {Do you/Does SP} experience bulging or something falling out that {you/she} can see or feel in the vaginal area?

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

RHQ.420 Now I am going to ask you about {your/SP's} birth control history.

{Have you/Has SP} **ever** taken birth control pills for any reason?

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

RHQ.430 How old {were you/was SP} when {you/she} began using birth control pills?

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

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

**BOX 18**

**CHECK ITEM RHQ.435B:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.442.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.281) AND SP HAS AT LEAST ONE OVARY (CODED '2', '7', '9' IN RHQ.300 OR CODED '2', '7', '9' IN RHQ.310) AND SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042, CONTINUE WITH RHQ.442.
- OTHERWISE, GO TO RHQ.451.

RHQ.442 {Are you/Is SP} taking birth control pills **now**?

YES ..... 1 (RHQ.460)  
NO ..... 2  
REFUSED ..... 7 (RHQ.510)  
DON'T KNOW ..... 9 (RHQ.510)

RHQ.451 How old {were you/was SP} when {you/she} stopped taking birth control pills?

|\_|\_|  
ENTER AGE IN YEARS

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

RHQ.460 Not counting any time when {you/SP} stopped taking them, for how long **altogether** {have you taken/did you  
Q/U take/has she taken/did she take} birth control pills?

CODE "1" FOR LESS THAN ONE MONTH.

|\_|\_|  
ENTER NUMBER

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

ENTER UNIT

MONTHS ..... 1  
YEARS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9



RHQ.510 {Have you/Has SP} **ever** used Depo-Provera or injectables to prevent pregnancy?

YES ..... 1  
NO ..... 2 (BOX 20)  
REFUSED ..... 7 (BOX 20)  
DON'T KNOW ..... 9 (BOX 20)

**BOX 19**

**CHECK ITEM RHQ.519:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.520.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.281) AND SP HAS AT LEAST ONE OVARY (CODED '2', '7', '9' IN RHQ.300 OR CODED '2', '7', '9' IN RHQ.310) AND SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042, CONTINUE WITH RHQ.520.
- OTHERWISE, GO TO BOX 20.

RHQ.520 {Are you/Is SP} **now** using Depo-Provera or injectables to prevent pregnancy?

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

**BOX 20**

**CHECK ITEM RHQ.535:**

- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO 05SBOX 24.

RHQ.540 {Have you/Has SP} **ever** used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but **do not** include birth control methods or use for infertility.

YES ..... 1  
NO ..... 2 (05SBOX 24)  
REFUSED ..... 7 (05SBOX 24)  
DON'T KNOW ..... 9 (05SBOX 24)

RHQ.541 Which forms of female hormones {have you/has SP} used?

CODE ALL THAT APPLY

PILLS.....	10
PATCHES .....	11
CREAM/SUPPOSITORY/INJECTION.....	12
REFUSED .....	77
DON'T KNOW .....	99

RHQ.550 At the time {you/SP} started using female hormones or hormone replacement therapy, {were you/was she} still having {your/her} periods or had {you/she} completely stopped having {your/her} periods?

STILL HAVING PERIODS .....	1
COMPLETELY STOPPED HAVING PERIODS .....	2
REFUSED .....	7
DON'T KNOW .....	9

RHQ.551 What are {your/SP's} reasons for having used estrogen or progesterone?

CODE ALL THAT APPLY

MENOPAUSE-RELATED SYMPTOMS (HOT FLASHES, SWEATING, VAGINAL DRYNESS, BLADDER PROBLEMS .....	10
DEPRESSION, ANXIETY, EMOTIONAL DISTRESS .....	11
HYSTERECTOMY OR OOPHORECTOMY (OVARY REMOVAL).....	12
OSTEOPOROSIS, BONE LOSS/THINNING, FRACTURE PREVENTION.....	13
CARDIOVASCULAR DISEASE PREVENTION .....	14
IRREGULAR MENSTRUAL PERIODS, TO REGULATE PERIODS .....	15
OTHER REASONS .....	16
REFUSED .....	77
DON'T KNOW .....	99

**BOX 21**

**CHECK ITEM RHQ.552:**

IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.541, CONTINUE WITH RHQ.554.

OTHERWISE, GO TO BOX 22.

RHQ.554 {Have you/Has SP} **ever** taken female hormone **pills** containing **estrogen only** (like Premarin)? (Do not include birth control pills.)

YES ..... 1  
NO ..... 2 (RHQ.562)  
REFUSED ..... 7 (RHQ.562)  
DON'T KNOW ..... 9 (RHQ.562)

RHQ.556 How old {were you/was SP} when {you/she} **first** started taking pills containing estrogen only?

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

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

RHQ.558 {Are you/Is SP} taking pills containing estrogen only **now**?

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

RHQ.560 Not counting any time when {you/SP} stopped taking them, for how long **altogether** {have you taken/did you take/has she taken/did she take} pills containing estrogen only?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

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

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

ENTER UNIT

MONTHS ..... 1  
YEARS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

RHQ.562 {Have you/Has SP} taken female hormone **pills** containing **progestin only** (like Provera)? (Do not include birth control pills.)

YES ..... 1  
NO ..... 2 (RHQ.570)  
REFUSED ..... 7 (RHQ.570)  
DON'T KNOW ..... 9 (RHQ.570)

RHQ.564 How old {were you/was SP} when {you/she} **first** started taking pills containing progestin only?

ENTER AGE IN YEARS

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

RHQ.566 {Are you/Is SP} taking pills containing progestin only **now**?

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

RHQ.568 Not counting any time when {you/SP} stopped taking them, for how long **altogether** {have you taken/did you take/has she taken/did she take} pills containing progestin only?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

ENTER NUMBER

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

ENTER UNIT

MONTHS ..... 1  
YEARS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

RHQ.570 {Have you/Has SP} taken female hormone **pills** containing **both estrogen and progestin** (like Prempro, Premphase)? (Do not include birth control pills.)

YES ..... 1  
NO ..... 2 (BOX 22)  
REFUSED ..... 7 (BOX 22)  
DON'T KNOW ..... 9 (BOX 22)

RHQ.572 How old {were you/was SP} when {you/she} **first** started taking pills containing both estrogen and progestin?

ENTER AGE IN YEARS

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

RHQ.574 {Are you/Is SP} taking pills containing both estrogen and progestin **now**?

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

RHQ.576 Not counting any time when {you/SP} stopped taking them, for how long **altogether** {have you taken/did you take/has she taken/did she take} pills containing both estrogen and progestin?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

ENTER NUMBER

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

ENTER UNIT

MONTHS .....	1
YEARS .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 22**

**CHECK ITEM RHQ.578:**

IF SP USED PATCHES (CODE '11') IN RHQ.541, CONTINUE WITH RHQ.580.  
OTHERWISE, GO TO 05SBOX 24.

RHQ.580 {Have you/Has SP} **ever** used female hormone **patches** containing **estrogen only**?

YES .....	1
NO .....	2 (RHQ.596)
REFUSED .....	7 (RHQ.596)
DON'T KNOW .....	9 (RHQ.596)

RHQ.582 How old {were you/was SP} when {you/she} **first** started using patches containing estrogen only?

ENTER AGE IN YEARS

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

RHQ.584 {Are you/Is SP} using patches containing estrogen only **now**?

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

RHQ.586 Not counting any time when {you/SP} stopped using them, for how long **altogether** {have you used/did you use/has she used/did she use} patches containing estrogen only?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

ENTER NUMBER

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

ENTER UNIT

MONTHS .....	1
YEARS .....	2
REFUSED .....	7
DON'T KNOW .....	9

RHQ.596 {Have you/Has SP} used female hormone **patches** containing **both estrogen and progestin**?

YES .....	1
NO .....	2 (05SBOX 24)
REFUSED .....	7 (05SBOX 24)
DON'T KNOW .....	9 (05SBOX 24)

RHQ.598 How old {were you/was SP} when {you/she} **first** started using patches containing both estrogen and progestin?

ENTER AGE IN YEARS

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

RHQ.600 {Are you/Is SP} using patches containing both estrogen and progestin **now**?

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

RHQ.602 Not counting any time when {you/SP} stopped using them, for how long **altogether** {have you used/did you  
Q/U use/has she used/did she use} patches containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

\_\_\_\_

ENTER NUMBER

REFUSED ..... 77

DON'T KNOW ..... 99

ENTER UNIT

MONTHS ..... 1

YEARS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**05SBOX 24**

**CHECK ITEM RHQ.640A:**

- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.651.
- IF THE AGE DIFFERENCE BETWEEN SP's CURRENT AGE AND AGE AT LAST LIVE BIRTH IN RHQ.190 IS ZERO OR 1, CONTINUE WITH FSQ.651.
- IF SP CURRENTLY LACTATING (CODED '1') IN RHQ.200, CONTINUE WITH FSQ.651.
- IF SP 14-49 YEARS OLD, GO TO RHQ.740.
- OTHERWISE, GO TO END OF SECTION.

FSQ.651 These next questions are about participation in programs for women with young children.

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

YES ..... 1

NO ..... 2 (05SBOX 25)

REFUSED ..... 7 (05SBOX 25)

DON'T KNOW ..... 9 (05SBOX 25)

FSQ.660 {Are you/Is SP} **now** receiving benefits from the WIC Program?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

FSQ.670      Thinking about {your/SP's} most recent pregnancy or delivery, how long {did you receive/have you been  
Q/U            receiving/did she receive/has she been receiving} benefits from the WIC Program?

CAPI INSTRUCTION:

IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.660, DISPLAY {HAVE YOU BEEN RECEIVING/HAS SHE BEEN RECEIVING}.

OTHERWISE, DISPLAY {DID YOU RECEIVE/DID SHE RECEIVE}.

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

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

ENTER UNIT

MONTHS ..... 1  
YEARS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**05SBOX 25**

**CHECK ITEM RHQ.690:**

- IF SP 14-49 YEARS OLD, CONTINUE WITH RHQ.740.
- OTHERWISE, GO TO END OF SECTION.

RHQ.740      During the **past month**, did {you/SP} have any of the following problems: vaginal itching, an unpleasant vaginal odor, or an unusual vaginal discharge?

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

RHQ.750      Which of these problems did {you/SP} have?

CODE ALL THAT APPLY.

VAGINAL ITCHING ..... 1  
UNPLEASANT VAGINAL ODOR ..... 2  
UNUSUAL VAGINAL DISCHARGE ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9



4/6/05

Questionnaire: MEC

**RESPONDENT SELECTION SECTION - RIQ - MEC****Target Group:** SPs 12+

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

SP.....	1 (RIQ.090)
MOTHER.....	2
FATHER.....	3
SPOUSE.....	4
SISTER OR BROTHER.....	5
CHILD.....	6
GRANDPARENT.....	7
LEGAL GUARDIAN.....	8
OTHER (SPECIFY).....	9

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS.....	1
SP HAS PHYSICAL PROBLEMS (SPECIFY).....	2
OTHER (SPECIFY).....	3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

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

RIQ.090 INTERPRETER USED FOR THIS INTERVIEW?

YES.....	1
NO.....	2 (END OF SECTION)

RIQ.100 CODE TYPE OF INTERPRETER.

RELATIVE.....	1
NEIGHBOR OR FRIEND.....	2
PAID INTERPRETER.....	3

RIQ.140 LANGUAGE OF INTERVIEW.

CHINESE.....	1
FRENCH.....	2
GERMAN.....	3
ITALIAN.....	4
JAPANESE.....	5
RUSSIAN.....	6
VIETNAMESE.....	8
SPANISH.....	9
OTHER (SPECIFY).....	10

**BOX 1**

**CHECK ITEM RIQ.149:**

- IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT:  
"During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?"
- IF SP 12 YEARS OR OLDER AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions on your current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?"
- OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about {SP}'s current health status, and on other health behaviors."

6/16/04

Questionnaire: MEC

**TOBACCO – SMQ****Target Group:** SPs 20+ (CAPI)SMQ.680 The following questions ask about use of tobacco or nicotine products in the past **5 days**.

During the past **5 days**, did {you/he/she} use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

VERBAL INSTRUCTIONS TO SP:

Please select yes, no.

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

SMQ.690 Which of these products did {you/he/she} use? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:

Please select all that you used.

Cigarettes .....	1
Pipes .....	2
Cigars .....	3
Chewing tobacco .....	4
Snuff .....	5
Nicotine patches, gum, or other nicotine product .....	6
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2****CHECK ITEM SMQ.700:**

IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.

IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.710.

SMQ.710 During the past **5 days** (including today), on how many days did {you/he/she} smoke cigarettes?

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| |

ENTER NUMBER OF DAYS

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.720 During the past **5 days**, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| | | |

ENTER NUMBER OF CIGARETTES

REFUSED ..... 777

DON'T KNOW ..... 999

SMQ.725 When did {you/he/she} smoke {your/his/her} last cigarette? Was it . . .

today, ..... 1

yesterday, or ..... 2

3 to 5 days ago? ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

### BOX 3

#### CHECK ITEM SMQ.730:

IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.740.

SMQ.740 During the past **5 days** (including today), on how many days did {you/he/she} smoke a pipe?

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| |

ENTER NUMBER OF DAYS

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.750 During the past **5 days**, on the days {you/he/she} smoked a pipe, how many pipes did {you/he/she} smoke each day?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| | |

ENTER NUMBER OF PIPES

REFUSED ..... 77

DON'T KNOW ..... 99

SMQ.755 When did {you/he/she} smoke {your/his/her} last pipe? Was it . . .

today, ..... 1

yesterday, or ..... 2

3 to 5 days ago? ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

#### BOX 4

##### **CHECK ITEM SMQ.760:**

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.770.

SMQ.770 During the past **5 days** (including today), on how many days did {you/he/she} smoke cigars?

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| |

ENTER NUMBER OF DAYS

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.780 During the past **5 days**, on the days {you/he/she} smoked cigars, how many cigars did {you/he/she} smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

| | |

ENTER NUMBER OF CIGARS

REFUSED ..... 77

DON'T KNOW ..... 99

SMQ.785 When did {you/he/she} smoke {your/his/her} last cigar? Was it . . .

today, ..... 1

yesterday, or ..... 2

3 to 5 days ago? ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

#### BOX 5

**CHECK ITEM SMQ.790:**

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.800.

SMQ.800 During the past **5 days** (including today), on how many days did {you/he/she} use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

VERBAL INSTRUCTIONS TO SP:  
Please enter a number.

ENTER NUMBER OF DAYS

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

SMQ.815 When did {you/he/she} last use chewing tobacco? Was it . . .

today, ..... 1  
yesterday, or ..... 2  
3 to 5 days ago? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM SMQ.816:**

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.817.

SMQ.817 During the past **5 days** (including today), on how many days did {you/he/she} use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

VERBAL INSTRUCTIONS TO SP:  
Please enter a number.

ENTER NUMBER OF DAYS

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

SMQ.819 When did {you/he/she} last use snuff? Was it . . .

today, ..... 1  
yesterday, or ..... 2  
3 to 5 days ago? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM SMQ.820:**

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.830.

OTHERWISE, GO TO END OF SECTION.

SMQ.830 During the past **5 days** (including today), on how many days did {you/he/she} use any product containing nicotine to help {you/him/her} stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

**VERBAL INSTRUCTIONS TO SP:**

Please enter a number.

|\_|

ENTER NUMBER OF DAYS

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.840 When did {you/he/she} last use a product containing nicotine? Was it . .

today, ..... 1

yesterday, or ..... 2

3 to 5 days ago? ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9



12/22/04

Questionnaire: MEC

**VOLATILE TOXICANT – VTQ**  
**Target Group: SPs 12-150 Sub-Sampled into VOC**

The VOC section is applicable for only those SPs that are subsampled into VOC. To determine if a particular SP is subsampled into VOC, check the mec\_sp\_subsample. If the SP in question has a record for subsample 1, they are subsampled for VOC and so should get the VOC section

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

VTQ.210 Does {your/SP's} home have an attached garage?

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

VTQ.220 Is the source of water for {your/SP's} home from a private well?

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

VTQ.200a {Do you/Does SP} store paints or fuels inside {your/SP's} home? Include {your/SP's} basement {and attached garage}.

CAPI INSTRUCTION:

IF SP HAS AN ATTACHED GARAGE (CODED '1' IN VTQ.210), DISPLAY {and attached garage}.

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

VTQ.230a {Do you/Does SP} use toilet bowl deodorizers inside {your/SP's} home?

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

VTQ.230b {Do you/Does SP} use moth balls or crystals inside {your/SP's} home?

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

VTQ.240\_ Now I am going to ask you a few questions about {your/SP's} activities over the last three days. This means today, yesterday, or the day before yesterday.

VTQ.240a In the last three days, did {you/SP} pump gas into a car or other motor vehicle {yourself/herself/himself}?

YES .....	1
NO .....	2 (VTQ.250a)
REFUSED .....	7 (VTQ.250a)
DON'T KNOW .....	9 (VTQ.250a)

VTQ.240b How long ago, in hours, did {you/SP} pump gas into a car?

HARD EDIT: Range - 1 – 72

HOURS

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

VTQ.250a In the last three days, did {you/SP} spend any time at a swimming pool, in a hot tub, or in a steam room?

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

VTQ.250b How long ago, in hours, has it been since {you/SP} spent time in a swimming pool, in a hot tub, or in a steam room?

HARD EDIT: Range - 1 – 72

HOURS

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

VTQ.260a In the last three days, did {you/SP} visit a dry cleaning shop or wear clothes that had been dry-cleaned within the last week?

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

VTQ.260b In the last three days, did {you/SP} spend 10 or more minutes near a person who was smoking a cigarette, cigar, or pipe?

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

VTQ.270a In the last three days, did {you/SP} take a hot shower or bath for five minutes or longer?

YES .....	1
NO .....	2 (VTQ.280a)
REFUSED .....	7 (VTQ.280a)
DON'T KNOW .....	9 (VTQ.280a)

VTQ.270b How long ago, in hours, has it been since {your/SP's} last shower or hot bath?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.280a In the last three days, did {you/SP} breathe fumes from any of the following:

Paints?

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

VTQ.280b [In the last three days, did {you/SP} breathe fumes from any of the following:]

Degreasing cleaners?

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

VTQ.280c [In the last three days, did {you/SP} breathe fumes from any of the following:]

Diesel fuel or kerosene?

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

VTQ.280d [In the last three days, did {you/SP} breathe fumes from any of the following:]

Paint thinner, brush cleaner, or furniture stripper?

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

VTQ.280e [In the last three days, did {you/SP} breathe fumes from any of the following:]

Drycleaning fluid or spot remover?

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

VTQ.280f [In the last three days, did {you/SP} breathe fumes from any of the following:]

Fingernail polish or fingernail polish remover?

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

VTQ.280g [In the last three days, did {you/SP} breathe fumes from any of the following:]

Glues or adhesives used for hobbies or crafts?

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

VTQ.280h [In the last three days, did {you/SP} breathe fumes from any of the following:]

Varnish or stain?

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

5/25/05

Questionnaire: MEC

**WEIGHT HISTORY – WHQ**  
**Target Group: SPs 8-15 years**

**05BOX 1**

**CHECK ITEM 05WHQ.499:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005), CONTINUE WITH 05WHQ.030c.
- OTHERWISE, GO TO NEXT SECTION.

05WHQ.030c Do you consider yourself now to be . . .

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

05WHQ.500 Which of the following are you trying to do about your weight:

lose weight, .....	1
gain weight, .....	2 (05WHQ.520)
stay the same weight, or .....	3 (05WHQ.520)
not trying to do anything about your weight? .	4 (05WHQ.520)
REFUSED .....	7 (05WHQ.520)
DON'T KNOW .....	9 (05WHQ.520)

05WHQ.510 Why are you trying to lose weight? (Check all that apply)

HAND CARD WHQ1

I WANT TO LOOK BETTER .....	10
I WANT TO BE HEALTHIER .....	11
I WANT TO BE BETTER AT SPORTS AND OTHER PHYSICAL ACTIVITIES.....	12
I GET TEASED ABOUT MY WEIGHT .....	13
I THINK MY CLOTHES WILL FIT BETTER...	14
I THINK BOYS WILL LIKE ME BETTER .....	15
I THINK GIRLS WILL LIKE ME BETTER .....	16
MY FRIENDS ARE TRYING TO LOSE WEIGHT .....	17
SOMEONE IN MY FAMILY IS TRYING TO LOSE WEIGHT.....	18
MY MOTHER OR FATHER WANTS ME TO LOSE WEIGHT.....	19
MY TEACHER OR COACH WANTS ME TO LOSE WEIGHT .....	20
A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL WANTS ME TO LOSE WEIGHT .....	21
OTHER (SPECIFY) .....	30
REFUSED .....	77
DON'T KNOW .....	99

05WHQ.520 In the past year, how often have you tried to lose weight? Would you say . . .

never, .....	1 (05BOX 2)
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.530 In the past year, how often have you been on a diet **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.540 In the past year, how often have you starved (not eaten) for a day or more **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.550 In the past year, how often have you cut back on what you ate **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.560 In the past year, how often have you skipped meals **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.570 In the past year, how often have you exercised **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

05WHQ.580 In the past year, how often have you eaten less sweets or fatty foods **to lose weight**? Would you say . . .

never, .....	1
sometimes, or .....	2
a lot?.....	3
REFUSED .....	7
DON'T KNOW .....	9

**05BOX 2**

**CHECK ITEM 05WHQ.709:**

- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.



05DBQ.091 G/Q Next, I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. On average, how many meals per week do you 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.

ENTER NUMBER PER WEEK

|\_|\_|

Never .....	00
Less than weekly .....	66
REFUSED .....	77
DON'T KNOW .....	99