

# **MIDUS REFRESHER BIOMARKER PROJECT**

## **MEDICAL HISTORY**

## TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>1</b>
<b>SYMPTOMS AND CONDITIONS .....</b>	<b>2</b>
<b>HISTORY OF FALLS AND BROKEN BONES .....</b>	<b>11</b>
<b>MEDICAL CONDITIONS AFFECTING BONE HEALTH .....</b>	<b>16</b>
<b>USE OF MEDICATIONS AFFECTING BONE HEALTH .....</b>	<b>16</b>
<b>HISTORY OF SURGERIES .....</b>	<b>20</b>
<b>HISTORY OF HEAD INJURIES .....</b>	<b>24</b>
<b>HISTORY OF JOINT INJURIES.....</b>	<b>26</b>
<b>HISTORY OF MOTOR VEHICLE ACCIDENT INJURIES.....</b>	<b>27</b>
<b>HISTORY OF AMPUTATION.....</b>	<b>29</b>
<b>HISTORY OF OTHER MAJOR INJURIES, ILLNESS, HEALTH EVENTS.....</b>	<b>30</b>
<b>IMMUNE FUNCTION: ALLERGIES .....</b>	<b>32</b>
<b>IMMUNE FUNCTION: IMMUNIZATIONS .....</b>	<b>34</b>
<b>FAMILY MEDICAL HISTORY.....</b>	<b>38</b>
<b>CURRENT HEALTH PRACTICES: DIET .....</b>	<b>65</b>
<b>SPORTS AND EXERCISE HISTORY: HIGH SCHOOL .....</b>	<b>68</b>
<b>SPORTS AND EXERCISE HISTORY: AGE 20-25 OR 20-35 .....</b>	<b>69</b>
<b>CURRENT EXERCISE AND ACTIVITY.....</b>	<b>72</b>
<b>CURRENT HEALTH PRACTICES: SMOKING AND DRINKING.....</b>	<b>81</b>
<b>CURRENT HEALTH PRACTICES: HEALTH CARE, SCREENING, AND PREVENTION .....</b>	<b>85</b>
<b>WOMEN’S HEALTH .....</b>	<b>88</b>
<b>MEN’S HEALTH.....</b>	<b>91</b>
<b>GENERAL HEALTH PRACTICES.....</b>	<b>92</b>
<b>METAL IMPLANTED IN YOUR BODY.....</b>	<b>93</b>
<b>INTERVENING EVENTS: MARITAL .....</b>	<b>96</b>
<b>INTERVENING EVENTS: LOSSES/DEATHS .....</b>	<b>97</b>
<b>INTERVENING EVENTS OTHER MAJOR EVENTS.....</b>	<b>99</b>
<b>APPENDIX A: TRAVEL-RELATED EXPERIENCES .....</b>	<b>102</b>

## **INTRODUCTION**

I want to thank you for participating in our MIDUS Biomarker Project. For the first part of this interview, I'll be asking you about your health status and past medical history. There will also be questions about your current health and nutritional practices. At the end of the interview I'll be asking you about losses you have experienced and other significant events, either positive or negative that have happened in your life since your previous telephone interview with the MIDUS project.

Please feel free to interrupt me at any time if you have any questions. I would like to remind you that this study is entirely voluntary and you are under no obligation to answer all of the questions. If any of the questions make you feel uncomfortable, please let me know and we can move on to the next one.

## SYMPTOMS AND CONDITIONS

You may recognize some of these questions from questionnaires you've filled out before. We're asking them again to be sure we have the most current information.

**1. Have you ever had any of the following conditions/illnesses?**

1a.

**[RA4H1A] Heart disease?**

*Interviewer: Heart disease broadly describes a range of heart issues/diseases including: coronary artery disease, rhythm problems, heart infections, and birth defects related to the heart. Note: while heart disease elevates the risk of heart attack, having had a heart attack does not necessarily mean the person has heart disease.*

1. YES
2. NO [GO TO RA4H1B]
3. BORDERLINE
7. DON'T KNOW

1ad.

**[RA4H1AD] Was your heart disease diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1b.

**[RA4H1B] Have you ever had high blood pressure?**

1. YES
2. NO [GO TO RA4H1C]
3. BORDERLINE
7. DON'T KNOW

1bd.

**[RA4H1BD] Was your high blood pressure diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1c.

**[RA4H1C] Have you ever had circulation problems?**

*Some examples of diagnosed circulation problems include Peripheral arterial disease and Raynaud's syndrome.*

1. YES
2. NO [GO TO RA4H1D]
3. BORDERLINE
7. DON'T KNOW

1cd.

**[RA4H1CD] Were your circulation problems diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1d.

**[RA4H1D] Have you ever had blood clots?**

1. YES
2. NO [GO TO RA4H1E]
3. BORDERLINE
7. DON'T KNOW

1dd.

**[RA4H1DD] Were your blood clots diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1e.

**[RA4H1E] Have you ever had a heart murmur?**

1. YES
2. NO [GO TO RA4H1F]
3. BORDERLINE
7. DON'T KNOW

1ed.

**[RA4H1ED] Was your heart murmur diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1f.

**[RA4H1F] Have you ever had a TIA (mini-stroke) or stroke?**

*Interviewer: TIA = Transient Ischemic Attack or "mini stroke," where a person has temporary symptoms of a stroke that pass quickly.*

1. YES
2. NO [GO TO RA4H1G]
3. BORDERLINE
7. DON'T KNOW

1fd.

**[RA4H1FD] Was your TIA or stroke diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1g.

**[RA4H1G] Have you ever had anemia or other blood disease?**

1. YES
2. NO [GO TO RA4H1H]
3. BORDERLINE
7. DON'T KNOW

1gd.

**[RA4H1GD] Was your anemia or blood disease diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1h.

**[RA4H1H] Have you ever had cholesterol problems?**

1. YES
2. NO [GO TO RA4H1I]
3. BORDERLINE
7. DON'T KNOW

1hd.

**[RA4H1HD] Were your cholesterol problems diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1i.

**[RA4H1I] Have you ever had diabetes?**

1. YES
2. NO [GO TO RA4H1J]
3. BORDERLINE
7. DON'T KNOW

1id.

**[RA4H1ID] Was your diabetes diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1j.

**[RA4H1J] Have you ever had asthma?**

1. YES
2. NO [GO TO RA4H1K]
3. BORDERLINE
7. DON'T KNOW

1jd.

**[RA4H1JD] Was your asthma diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1k.

**[RA4H1K] Have you ever had emphysema/COPD?**

*Interviewer: COPD = Chronic Obstructive Pulmonary Disease. Also known as emphysema, it is a chronic respiratory disorder generally caused by prolonged inhalation of irritants (smoking, asbestos, chemicals, etc.).*

1. YES
2. NO [GO TO RA4H1L]
3. BORDERLINE
7. DON'T KNOW

1kd.

**[RA4H1KD] Was your emphysema/COPD diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1l.

**[RA4H1L] Have you ever had tuberculosis?**

1. YES
2. NO [GO TO RA4H1M]
3. BORDERLINE
7. DON'T KNOW

1ld.

**[RA4H1LD] Was your tuberculosis diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1m.

**[RA4H1M] Have you ever had a positive TB skin test?**

*Interviewer: This only refers to having a positive reaction to the TB skin test. We are not asking if they have ever had TB/Tuberculosis. Note: The TB Skin test consists of getting an injection of TB serum just under the skin of the forearm, which creates a small "bump". In 2-3 days the site needs to be "read" or looked at by a doctor or nurse. If a bump remains, it would be measured and depending on the size of it, follow-up exam or treatment is usually recommended.*

1. YES
2. NO [GO TO RA4H1N]
3. BORDERLINE
7. DON'T KNOW

1md.

**[RA4H1MD] Was your positive TB skin test diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1n.

**[RA4H1N] Have you ever had thyroid disease?**

1. YES
2. NO [GO TO RA4H1O]
3. BORDERLINE
7. DON'T KNOW

1nd.

**[RA4H1ND] Was your thyroid disease diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP



1o.

**[RA4H1O] Have you ever had peptic ulcer disease?**

1. YES
2. NO [GO TO RA4H1P]
3. BORDERLINE
7. DON'T KNOW

1od.

**[RA4H1OD] Was your peptic ulcer disease diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1p.

**[RA4H1P] Have you ever had cancer?**

1. YES
2. NO [GO TO RA4H1Q]
3. BORDERLINE
7. DON'T KNOW

1pd.

**[RA4H1PD] Was your cancer diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1q.

**[RA4H1Q] Have you ever had a colon polyp?**

1. YES
2. NO [GO TO RA4H1R]
3. BORDERLINE
7. DON'T KNOW

1qd.

**[RA4H1QD] Was your colon polyp diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1r.

**[RA4H1R] Have you ever had arthritis?**

1. YES
2. NO [GO TO RA4H1S]
3. BORDERLINE
7. DON'T KNOW

1rd.

**[RA4H1RD] Was your arthritis diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1s.

**[RA4H1S] Have you ever had glaucoma?**

1. YES
2. NO [GO TO RA4H1T]
3. BORDERLINE
7. DON'T KNOW

1sd.

**[RA4H1SD] Was your glaucoma diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1t.

**[RA4H1T] Have you ever had cirrhosis/liver disease?**

1. YES
2. NO [GO TO RA4H1U]
3. BORDERLINE
7. DON'T KNOW

1td.

**[RA4H1TD] Was your cirrhosis/liver disease diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1u.

**[RA4H1U] Have you ever had alcoholism?**

1. YES
2. NO [GO TO RA4H1V]
3. BORDERLINE
7. DON'T KNOW

1ud.

**[RA4H1UD] Was your alcoholism diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1v.

**[RA4H1V] Have you ever had depression?**

1. YES
2. NO [GO TO RA4H1W]
3. BORDERLINE
7. DON'T KNOW

1vd.

**[RA4H1VD] Was your depression diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1w.

**[RA4H1W] Did you have a blood transfusion before 1993?**

1. YES
2. NO [GO TO RA4H1X]
3. BORDERLINE
7. DON'T KNOW

1wd.

**[RA4H1WD] Was the condition that led to a blood transfusion before 1993 diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1x.

**[RA4H1X] Any other condition 1?**

1. YES
2. NO [GO TO RA4H2]
3. BORDERLINE
7. DON'T KNOW

1xs.

**[RA4H1XS] Specify other condition 1**

---



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1xd.

**[RA4H1XD] Was this other condition diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1y.

**[RA4H1Y] Any other condition 2?**

1. YES
2. NO [GO TO RA4H2]
3. BORDERLINE
7. DON'T KNOW

1ys.

**[RA4H1YS] Specify other condition 2**

---



---

1yd.

**[RA4H1YD] Was this other condition diagnosed by a physician?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

1othy.

**[RA4H1OTHY] Are there any other conditions?**

1. YES
2. NO [GO TO RA4H2]

1oth1.

**[RA4H1OTH1] Additional other conditions?**

*Interviewer: The additional conditions should be recorded in the space provided in the following format:*

*Q1z (description of symptom/condition) Dr. DX = Yes or No*

*Q1aa (description of symptom/condition) Dr. DX = Yes or No Q1ab, etc.*

*Example: Q1z: degenerative disc disease, Dr. DX=Yes; Q1aa: "Silent heartburn", Dr. DX=Yes*

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## HISTORY OF FALLS AND BROKEN BONES

The next set of questions is about injuries or other health events you may have experienced over the course of your life.

2.

**[RA4H2] Have you ever broken a bone?**

1. YES
2. NO [GO TO RA4H4A]
7. DON'T KNOW

2af.

**[RA4H2AF] How many times have you broken a hip? # \_\_\_\_\_**

2ay.

**[RA4H2AY] What is the most recent year you broke your hip? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2bf.

**[RA4H2BF] How many times have you broken a leg? # \_\_\_\_\_**

2by.

**[RA4H2BY] What is the most recent year you broke a leg? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2cf.

**[ RA4H2CF] An ankle? # \_\_\_\_\_**

2cy.

**[RA4H2CY] Most recent year you broke your ankle? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2df.

**[RA4H2DF] A foot? # \_\_\_\_\_**

2dy.

**[RA4H2DY] Most recent year you broke your foot? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2ef.

**[RA4H2EF] A toe? # \_\_\_\_\_**

2ey.

**[RA4H2EY] Most recent year you broke your toe? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2ff.

**[RA4H2FF] Your collar bone? # \_\_\_\_\_**

2fy.

**[RA4H2FY] Most recent year you broke your collar bone? Year \_\_\_\_\_**  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

\* Item was part of the Bone Supplement Questionnaire (Variable names BO4\_\_\_\_.) at MIDUS 2.

2gf.

[RA4H2GF] An arm? # \_\_\_\_\_

2gy.

[RA4H2GY] Most recent year you broke your arm? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2hf.

[RA4H2HF] A wrist? # \_\_\_\_\_

2hy.

[RA4H2HY] Most recent year you broke your wrist? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2if.

[RA4H2IF] A hand? # \_\_\_\_\_

2iy.

[RA4H2IY] Most recent year you broke your hand? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2jf.

[RA4H2JF] A finger? # \_\_\_\_\_

2jy.

[RA4H2JY] Most recent year you broke your finger? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2kf.

[RA4H2KF] A vertebra (back or neck)? # \_\_\_\_\_

2ky.

[RA4H2KY] Most recent year you broke your vertebra? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2lf.

[RA4H2LF] Your pelvis? # \_\_\_\_\_

2ly.

[RA4H2LY] Most recent year you broke your pelvis? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2m.

[RA4H2MF] Your rib(s)? # \_\_\_\_\_

2my.

[RA4H2MY] Most recent year you broke your rib(s)? Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2n.

[RA4H2NF] How many times have you broken any other bone? # \_\_\_\_\_

\* Item was part of the Bone Supplement Questionnaire (Variable names BO4\_\_\_\_.) at MIDUS 2.

2ny.

**[RA4H2NY]** What is the most recent year that you had another broken bone? Year \_\_\_\_\_  
 9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

2ns.

**[RA4H2NS]** What bone did you break? \_\_\_\_\_

3. \*

**[RA4H3]** As an adult, have you ever broken a bone from a simple fall (i.e., a fall from standing height or less that did not involve trauma or loss of consciousness)?

1. YES

2. NO

[GO TO RA4H4A]

7. DON'T KNOW

3a1. \*

**[RA4H3A1]** Type of Bone Broken (A).

---



---

3a2. \*

**[RA4H3A2]** What were the circumstances (A)?

---



---

3a3. \*

**[RA4H3A3]** How old were you when this occurred (A)? Age \_\_\_\_\_

3b1. \*

**[RA4H3B1]** Have you broken another bone? If so, what type of bone (B)?

*Interviewer: If no other broken bones, go to Q4A (RA4HA).*

---



---

3b2. \*

**[RA4H3B2]** What were the circumstances (B)?

---



---

3b3. \*

**[RA4H3B3]** How old were you when this occurred (B)? Age \_\_\_\_\_

4. \*

**[RA4H4] Has one of your immediate family members, that is, blood relatives, had a broken bone from a simple fall as an adult?**

*Interviewer: Immediate Family includes only parents and siblings. It does not include grandparents, aunts, or uncles. Note: A simple fall is a fall from standing height or less that was NOT the result of being pushed down or being hit by a moving object (such as a kid on a bike or a moving car). For example, the respondent may have tripped on a crack in the sidewalk and fell, or fell off a chair or bed.*

- 1. YES
- 2. NO [GO TO RA4H5]
- 7. DON'T KNOW

4a1. \*

**[RA4H4A1] Mother hip fracture**

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. MISSING
- 9. INAPP

4a2. \*

**[RA4H4A2] Mother vertebral fracture**

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. MISSING
- 9. INAPP

4a3. \*

**[RA4H4A3] Mother fracture elsewhere**

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. MISSING
- 9. INAPP

4b1. \*

**[RA4H4B1] Father hip fracture**

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. MISSING
- 9. INAPP



4b2. \*

**[RA4H4B2] Father vertebral fracture**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

4b3. \*

**[RA4H4B3] Father fracture elsewhere**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

4c1. \*

**[RA4H4C1] Sibling hip fracture**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

4c2. \*

**[RA4H4C2] Sibling vertebral fracture**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

4c3. \*

**[RA4H4C3] Sibling fracture elsewhere**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

5. \*

**[RA4H5] How many times have you fallen in the last year? # \_\_\_\_\_**

*Interviewer: If 0, go to RA4H6A.*

5a. \*

**[RA4H5A] How many of those falls were simple falls? # \_\_\_\_\_**

<b>MEDICAL CONDITIONS AFFECTING BONE HEALTH</b>
---

6a. \*

**[RA4H6A] Have you ever had Parathyroid Disease or elevated blood calcium?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

6b. \*

**[RA4H6B] Have you ever had Cushing Syndrome or elevated cortisol?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

<b>USE OF MEDICATIONS AFFECTING BONE HEALTH</b>
---

7. \*

**[RA4H7] Have you ever received any medication(s) for osteoporosis treatment, such as alendronate (Fosamax), risedronate (Actonel), zoledronic acid (Zometa), calcitonin (Miacalcin), raloxifene (Evista), teriparatide (Forteo)?**

1. YES
2. NO [GO TO RA4H8A1]
7. DON'T KNOW

7a1a. \*

**[RA4H7A1A] What is the name of the medication (1)?**


---



---

7a1b. \*

**[RA4H7A1B] How old were you when you started taking this medication (1)? Age \_\_\_\_\_**

7a1c. \*

**[RA4H7A1C] How old were you when you stopped taking this medication (1)? Age \_\_\_\_\_***Interviewer: If still taking the medication record the current age*

7a1co. \*

**[RA4H7A1CO] Ongoing Osteoporosis Medication (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

7a2a. \*

**[RA4H7A2A] Are there any other medications for osteoporosis that you've taken? If so, what is the name of the medication (2)?**

*Interviewer: If none, go to go to RA4H8A1.*

---



---

7a2b. \*

**[RA4H7A2B] How old were you when you started taking this medication (2)? Age \_\_\_\_\_**

7a2c. \*

**[RA4H7A2C] How old were you when you stopped taking this medication (2)? Age \_\_\_\_\_**

*Interviewer: If still taking the medication record the current age*

7a2co. \*

**[RA4H7A2CO] Ongoing Osteoporosis Medication (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

7a3a. \*

**[RA4H7A3A] Are there any other medications for osteoporosis that you've taken? If so, what is the name of the medication (3)?**

*Interviewer: If none, go to RA4H8A1.*

---



---

7a3b. \*

**[RA4H7A3B] How old were you when you started taking this medication (3)? Age \_\_\_\_\_**

7a3c. \*

**[RA4H7A3C] How old were you when you stopped taking this medication (3)? Age \_\_\_\_\_**

*Interviewer: If still taking the medication record the current age*

7a3co. \*

**[RA4H7A3CO] Ongoing Osteoporosis Medication (3)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

8a1. \*

**[RA4H8A1] Have you ever taken medication to treat seizure or epilepsy?**

1. YES
2. NO [GO TO RA4H8B1]
7. DON'T KNOW

8a2. \*

**[RA4H8A2] What is the name of seizure/epilepsy medication(s)?**


---



---

8a3. \*

**[RA4H8A3] When did you take this seizure/epilepsy medicine?***Age range.*


---



---

8b1. \*

**[RA4H8B1] Have you ever had chemotherapy for cancer?**

1. YES
2. NO [GO TO RA4H8C1]
7. DON'T KNOW

8b2. \*

**[RA4H8B2] What is the name of the chemotherapy drug(s)?**


---



---

8b3. \*

**[RA4H8B3] When did you take chemotherapy?***Age range.*


---



---

8c1. \*

**[RA4H8C1] Have you ever had immunosuppressive therapy to treat autoimmune diseases or to prevent transplant rejection?**

1. YES
2. NO [GO TO RA4H8D1]
7. DON'T KNOW

8c2. \*

**[RA4H8C2] What is the name of your immunotherapy medicine(s)?**


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8c3. \*

**[RA4H8C3] When did you take immunosuppressive therapy?***Age range.*


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8d1. \*

**[RA4H8D1] Have you ever taken a cortisone medication like Prednisone?***Only include medications that are ingested (i.e. taken orally or inhaled), do NOT include topicals (creams, lotions).*

1. YES
2. NO [GO TO RA4H8E1]
7. DON'T KNOW

8d2. \*

**[RA4H8D2] What is the name of the medication(s)?***Interviewer: Probe for the reason why they took Prednisone or other cortisone medication.*


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8d3. \*

**[RA4H8D3] When did you take prednisone (cortisone)?***Age range.*


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8e1. \*

**[RA4H8E1] FOR WOMEN ONLY: Have you ever taken birth control pills (oral)?***Interviewer: If respondent is male, go to RA4H8F1.*

1. YES
2. NO [GO TO RA4H8F1]
7. DON'T KNOW

8e2. \*

**[RA4H8E2] What is the name of your birth control medication?**


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8e3. \*

**[RA4H8E3] When did you take birth control?***Age range.*


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8f1. \*

**[RA4H8F1] Have you ever taken post-menopausal hormone therapy (estrogen, progesterone) OR FOR MEN: Have you ever taken testosterone?***Note: Hormone therapy may be oral ('hormone pills'), topical (such as estrogen patches and testosterone gels), or injected (e.g., 'testosterone shots').*

1. YES
2. NO [GO TO RA4H9]
7. DON'T KNOW

8f2. \*

**[RA4H8F2] What is the name of your hormone medication?**


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8f3. \*

**[RA4H8F3] When did you take hormone therapy?***Age range.*


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<b>HISTORY OF SURGERIES</b>
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Interviewer: If the participant reports ever having had surgery, work through the following set of questions until details are recorded about all surgeries. After the last surgery has been reported go to the next section (Q10: Have you ever had a Head Injury?).

9.

**[RA4H9] Have you ever had surgery?**

1. YES
2. NO [GO TO RA4H10]
7. DON'T KNOW

9a.

**[RA4H9A] Please describe the first surgery (A).**


---



---

9al.

**[RA4H9AL] Where was this surgery (A) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(overnight)
7. DON'T KNOW
8. MISSING
9. INAPP

9ay.

**[RA4H9AY] In what year was this surgery (A) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9b.

**[RA4H9B] Any other surgeries? If so, please describe the next one (B).***Interviewer: If not, go to Q10 (RA4H10).*


---



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9bl.

**[RA4H9BL] Where was this surgery (B) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9by.

**[RA4H9BY] In what year was this surgery (B) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9c.

**[RA4H9C] Any other surgeries? If so, please describe the next one (C).**

*Interviewer: If not, go to Q10 (RA4H10).*

---



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9cl.

**[RA4H9CL] Where was this surgery (C) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9cy.

**[RA4H9CY] In what year was this surgery performed (C)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9d.

**[RA4H9D] Any other surgeries? If so, please describe the next one (D).**

*Interviewer: If not, go to Q10 (RA4H10).*

---



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9dl.

**[RA4H9DL] Where was this surgery (D) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9dy.

**[RA4H9DY] In what year was this surgery (D) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9e.

**[RA4H9E] Any other surgeries? If so, please describe the next one (E).***Interviewer: If not, go to Q10 (RA4H10).*


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9el.

**[RA4H9EL] Where was this surgery (E) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9ey.

**[RA4H9EY] In what year was this surgery (E) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9f.

**[RA4H9F] Any other surgeries? If so, please describe the next one (F).***Interviewer: If not, go to Q10 (RA4H10).*


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9fl.

**[RA4H9FL] Where was this surgery (F) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9fy.

**[RA4H9FY] In what year was this surgery (F) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9g.

**[RA4H9G] Any other surgeries? If so, please describe the next one (G).***Interviewer: If not, go to Q10 (RA4H10).*


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9gl.

**[RA4H9GL] Where was this surgery (G) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9gy.

**[RA4H9GY] In what year was this surgery (G) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9h.

**[RA4H9H] Any other surgeries? If so, please describe the next one (H).**

*Interviewer: If not, go to Q10 (RA4H10).*

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9hl.

**[RA4H9HL] Where was this surgery (H) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9hy.

**[RA4H9HY] In what year was this surgery (H) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9i.

**[RA4H9I] Any other surgeries? If so, please describe the next one (I).**

*Interviewer: If not, go to Q10 (RA4H10).*

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9il.

**[RA4H9IL] Where was this surgery (I) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9iy.

**[RA4H9IY] In what year was this surgery (I) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

9j.

[RA4H9J] **Any other surgeries? If so, please describe the next one (J).***Interviewer: If not, go to Q10 (RA4H10).*


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9jl.

[RA4H9JL] **Where was this surgery (J) performed?**

1. OFFICE VISIT (includes surgical suite)
2. OUTPATIENT CLINIC
3. INPATIENT(OVERNIGHT)
7. DON'T KNOW
8. MISSING
9. INAPP

9jy.

[RA4H9JY] **In what year was this surgery (J) performed? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

### HISTORY OF HEAD INJURIES

Interviewer: If the participant reports ever having had a head injury, work through the following set of questions until details are recorded about all head injuries. After the last head injury has been reported go to the next section (Q11: Have you ever had a Joint Injury?).

10.

[RA4H10] **Have you ever had a head injury?**

*Whiplash is not a head injury. If someone had whiplash due to a motor vehicle injury, it should only be reported at Question 12 (i.e. Motor Vehicle Accident, below).*

1. YES
2. NO [GO TO RA4H11]
7. DON'T KNOW

10a1.

[RA4H10A1] **Please describe the first head injury (A).**


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10ah.

[RA4H10AH] **Did you stay overnight in the hospital (head injury A)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

10ay.

[RA4H10AY] **In what year did this head injury (A) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

\* Item was part of the Bone Supplement Questionnaire (Variable names BO4\_\_\_\_) at MIDUS 2.

10b1.

**[RA4H10B1] Have you had another head injury? If so, please describe (B).**

*Interviewer: If not, go to RA4H11.*

---



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10bh.

**[RA4H10BH] Did you stay overnight in the hospital (head injury B)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

10by.

**[RA4H10BY] In what year did this head injury (B) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

10c1.

**[RA4H10C1] Have you had another head injury? If so, please describe (C).**

*Interviewer: If not, go to RA4H11.*

---



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10ch.

**[RA4H10CH] Did you stay overnight in the hospital (head injury C)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

10cy.

**[RA4H10CY] In what year did this head injury (C) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

## HISTORY OF JOINT INJURIES

Interviewer: If the participant reports ever having had a joint injury, work through the following set of questions until details are recorded about all joint injuries. After the last joint injury has been reported go to the next section (Q12: Have you ever been injured in a Motor Vehicle Accident?).

11.

**[RA4H11] Have you ever had a joint injury?**

*A joint injury refers to muscle, tendon, ligament injuries or injuries directly to the joint itself such as a sports injury to knee (ACL/MCL: anterior or medial cruciate ligament) injury, shoulder (rotator cuff) injury, etc. It does NOT include broken bones. Arthritis is a joint disorder or disease, not an injury.*

1. YES
2. NO [GO TO RA4H12]
7. DON'T KNOW

11a1.

**[RA4H11A1] Please describe the first joint injury (A).**

---



---

11ah.

**[RA4H1] Did you stay overnight in the hospital (joint injury A)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

11ay.

**[RA4H11AY] In what year did this joint injury (A) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

11b1.

**[RA4H11B1] Have you had another joint injury? If so, please describe (B).**

*Interviewer: If not, go to RA4H12.*

---



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11bh.

**[RA4H11BH] Did you stay overnight in the hospital (joint injury B)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

11by.

**[RA4H11BY] In what year did this joint injury (B) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

11cl.

**[RA4H11C1] Have you had another joint injury? If so, please describe (C).**

*Interviewer: If not, go to RA4H12.*

---



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11ch.

**[RA4H11CH] Did you stay overnight in the hospital (joint injury C)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

11cy.

**[RA4H11CY] In what year did this joint injury (C) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

### HISTORY OF MOTOR VEHICLE ACCIDENT INJURIES

Interviewer: If the participant reports ever having had an injury due to a motor vehicle accident, work through the following set of questions until details are recorded about all motor vehicle accidents that caused injuries. After the last injury has been reported go to the next section (Q13: Have you ever lost all or part of a limb?).

12.

**[RA4H12] Have you ever been injured in a motor vehicle accident?**

1. YES
2. NO [GO TO RA4H13]
7. DON'T KNOW

12a1.

**[RA4H12A1] Please describe the injury (A).**

---



---

12ah.

**[RA4H12AH] Did you stay overnight in the hospital (motor vehicle accident A)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

12ay.

**[RA4H12AY] In what year did this motor vehicle accident (A) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

12b1.

**[RA4H12B1] Have you been injured in another motor vehicle accident? If so, please describe the accident (B).**

*Interviewer: If not, go to RA4H13.*

---



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12bh.

**[RA4H12BH] Did you stay overnight in the hospital (motor vehicle accident B)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

12by.

**[RA4H12BY] In what year did this motor vehicle accident (B) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

12c1.

**[RA4H12C1] Have you been injured in another motor vehicle accident? If so, please describe the accident (C).**

*Interviewer: If not, go to RA4H13.*

---



---

12ch.

**[RA4H12CH] Did you stay overnight in the hospital (motor vehicle accident C)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

12cy.

**[RA4H12CY] In what year did this motor vehicle accident (C) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

12d1.

**[RA4H12D1] Have you been injured in another motor vehicle accident? If so, please describe the accident (D).**

*Interviewer: If not, go to RA4H13.*

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12dh.

**[RA4H12DH] Did you stay overnight in the hospital (motor vehicle accident D)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

12dy.

**[RA4H12DY] In what year did this motor vehicle accident (D) happen? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

### HISTORY OF AMPUTATION

13.

**[RA4H13] Have you ever permanently lost all or part of a limb (including tip of a finger or toe)?**

1. YES
2. NO [GO TO RA4H14]
7. DON'T KNOW

13a.

**[RA4H13A] Please describe the amputation (A).**

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13ah.

**[RA4H13AH] Did you stay overnight in the hospital (amputation A)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

13ay.

**[RA4H13AY] In what year did you lose all or part of a limb (A)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

## HISTORY OF OTHER MAJOR INJURIES, ILLNESS, HEALTH EVENTS

Interviewer: If the participant reports ever having had other major injuries, illnesses or health events, work through the following set of questions until details are recorded about all such events. After the last event has been reported go to the next section (Q15: Ever had radiation therapy to head or neck?).

14.

**[RA4H14] Have you had any other major injuries, illnesses, or other health events that may or may not have required hospitalization?**

1. YES
2. NO [GO TO RA4H15]
7. DON'T KNOW

14a1.

**[RA4H14A1] Please describe this other injury/illness (A).**

---



---

14ah.

**[RA4H14AH] Did you stay overnight in the hospital (injury/illness A)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

14ay.

**[RA4H14AY] In what year was this other illness/injury (A)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

14b1.

**[RA4H14B1] Have you had another injury or illness? If so, please describe this other injury/illness (B).**

*Interviewer: If not, go to RA4H15.*

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14bh.

**[RA4H14BH] Did you stay overnight in the hospital (injury/illness B)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

14by.

**[RA4H14BY] In what year was this other illness/injury (B)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP



14c1.

**[RA4H14C1] Have you had another injury or illness? If so, please describe this other injury/illness (C).**

*Interviewer: If not, go to RA4H15.*

---



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14ch.

**[RA4H14CH] Did you stay overnight in the hospital (injury/illness C)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

14cy.

**[RA4H14CY] In what year was this other illness/injury (C)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

14d1.

**[RA4H14D1] Have you had another injury or illness? If so, please describe this other injury/illness (D).**

*Interviewer: If not, go to RA4H15.*

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14dh.

**[RA4H14DH] Did you stay overnight in the hospital (injury/illness D)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

14dy.

**[RA4H14DY] In what year was this other illness/injury (D)? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

15.

**[RA4H15] Have you ever had radiation therapy to your head or neck?**

- |               |                 |
|---------------|-----------------|
| 1. YES        |                 |
| 2. NO         | [GO TO RA4H16A] |
| 7. DON'T KNOW |                 |
| 8. MISSING    | [GO TO RA4H16A] |
| 9. INAPP      | [GO TO RA4H16A] |

15a.

**[RA4H15A] If so, please specify.**

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<b>IMMUNE FUNCTION: ALLERGIES</b>
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The following questions are about allergies that you may have.

16a.

**[RA4H16A] Are you allergic to any foods?**

1. YES
2. NO [GO TO RA4H16B]
7. DON'T KNOW

16ad.

**[RA4H16AD] Were any of these food allergies diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16at1.

**[RA4H16AT1] What foods are you allergic to and what is your reaction?**

*(e.g., Strawberries-throat swells; Corn-wheezing)*

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16b.

**[RA4H16B] Are you allergic to airborne substances?**

*For example, ragweed, pollen, dust, mold, etc.*

1. YES
2. NO [GO TO RA4H16C]
7. DON'T KNOW

16bd.

**[RA4H16BD] Were any of these allergies to airborne substances diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16bt1.

**[RA4H16BT1] What airborne substances are you allergic to and what is your reaction?**

*(e.g., Pollen-sinus congestion; Dust-sneezing)*

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16c.

**[RA4H16C] Are you allergic to animal dander?**

1. YES
2. NO [GO TO RA4H16D]
7. DON'T KNOW

16cd.

**[RA4H16CD] Were any of these animal dander allergies diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16ct1.

**[RA4H16CT1] What animal dander are you allergic to and what is your reaction?**

*(e.g., Dog-sneezing; Cat-throat swells)*

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16d.

**[RA4H16D] Are you allergic to insect bites?**

1. YES
2. NO [GO TO RA4H16E]
7. DON'T KNOW

16dd.

**[RA4H16DD] Were any of these insect bite allergies diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16dt1.

**[RA4H16DT1] What insect bites are you allergic to and what is your reaction?**

*(e.g., Bee, wasp, hornet stings -wheezing)*

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16e.

**[RA4H16E] Are you allergic to environmental substances?**

*(For example, chemicals, perfumes, etc.)*

1. YES
2. NO [GO TO RA4H16F]
7. DON'T KNOW

16ed.

**[RA4H16ED] Were any of these environmental substance allergies diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16et1.

**[RA4H16ET1] What environmental substances are you allergic to and what is your reaction?**  
(e.g., *Latex-skin rash; Perfume-contact dermatitis*)

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16f.

**[RA4H16F] Are you allergic to anything else?**

1. YES
2. NO [GO TO RA4H17A]
7. DON'T KNOW

16fd.

**[RA4H16FD] Were any of these other allergies diagnosed by a doctor?**

1. ALL DIAGNOSED
2. SOME DX, SOME NOT DX
3. NONE (ALL UNDIAGNOSED)
7. DON'T KNOW
8. MISSING
9. INAPP

16ft1.

**[RA4H16FT1] What other things are you allergic to and what is your reaction?**  
(e.g., *Strawberries-throat swells; Corn-wheezing*)

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### IMMUNE FUNCTION: IMMUNIZATIONS

*The next set of questions are about typical illnesses and immunizations you might have had.*

17a.

**[RA4H17A] Have you ever had German measles?**

1. YES [GO TO RA4H17AA]
2. NO
7. DON'T KNOW

17ai.

**[RA4H17AI] Have you ever been immunized for German measles? (available since 1969)**

1. YES
2. NO [GO TO RA4H17B]
7. DON'T KNOW
8. MISSING
9. INAPP

17aa.

**[RA4H17AA] How old were you when you either had or were immunized for German measles? Age \_\_\_\_\_**

96 = CHILDHOOD 97 = DON'T KNOW 98 = MISSING 99 = INAPP

17b.

- [RA4H17B] Have you ever had measles (Hard Measles, Rubella)?**
1. YES [GO TO RA4H17BA]
  2. NO
  7. DON'T KNOW

17bi.

- [RA4H17BI] Have you ever been immunized for measles? (available since 1963)**
1. YES
  2. NO [GO TO RA4H17C]
  7. DON'T KNOW
  8. MISSING
  9. INAPP

17ba.

- [RA4H17BA] How old were you when you either had or were immunized for measles?**  
**Age \_\_\_\_**  
 96 = CHILDHOOD 97 = DON'T KNOW 98 = MISSING 99 = INAPP

7c.

- [RA4H17C] Have you ever had the mumps?**
1. YES [GO TO RA4H17CA]
  2. NO
  7. DON'T KNOW

17ci.

- [RA4H17CI] Have you ever been immunized for mumps? (available since late 1960's).**
1. YES
  2. NO [GO TO RA4H17D]
  7. DON'T KNOW
  8. MISSING
  9. INAPP

17ca.

- [RA4H17CA] How old were you when you either had or were immunized for mumps?**  
**Age \_\_\_\_**  
 96 = CHILDHOOD 97 = DON'T KNOW 98 = MISSING 99 = INAPP

17d.

- [RA4H17D] Have you ever had the chicken pox?**
1. YES [GO TO RA4H17DA]
  2. NO
  7. DON'T KNOW

17di.

- [RA4H17DI] Have you ever been immunized for chicken pox? (available since 1995)**
1. YES
  2. NO [GO TO RA4H17E]
  7. DON'T KNOW
  8. MISSING
  9. INAPP

17da.

**[RA4H17DA] How old were you when you either had or were immunized for the chicken pox?**

Age \_\_\_\_\_

96 = CHILDHOOD 97 = DON'T KNOW 98 = MISSING 99 = INAPP

17e.

**[RA4H17E] Have you ever had shingles?**

1. YES [GO TO RA4H17EA]
2. NO
7. DON'T KNOW

17ei.

**[RA4H17EI] Have you ever been immunized for shingles?**

*Available since May 2006. Recommended for adults 60 & over, but available for adults at age 50.*

1. YES
2. NO [GO TO RA4H18A]
7. DON'T KNOW
8. MISSING
9. INAPP

17ea.

**[RA4H17EA] How old were you when you either had or were immunized for shingles?**

Age \_\_\_\_\_

96 = CHILDHOOD 97 = DON'T KNOW 98 = MISSING 99 = INAPP

18a.

**[RA4H18A] Have you ever been immunized for hepatitis B?**

*Available since 1986.*

1. YES
2. NO [GO TO RA4H18B]
7. DON'T KNOW

18am.

**[RA4H18AM] What is the month when you were last immunized for Hepatitis B? Month \_\_\_\_\_**

18ay.

**[RA4H18AY] What is the year when you were last immunized for Hepatitis B? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

18amc.

**[RA4H18AMC] Immunization date comments for Hep B**

*Interviewer: If Don't Know was selected in the month and/or year fields, there should be comments in this field. For example, spring, fall, etc. or "around Christmas", when I was in my 20's, etc.*

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18b.

**[RA4H18B] Have you ever been immunized for tetanus and diphtheria?**

*Available since late 1940's.*

1. YES
2. NO [GO TO RA4H18C]
7. DON'T KNOW

18bm.

**[RA4H18BM] What is the month when you were last immunized for tetanus and diphtheria?**

Month \_\_\_\_\_

18by.

**[RA4H18BY] What is the year when you were last immunized for tetanus and diphtheria?**

Year \_\_\_\_\_

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

18bmc.

**[RA4H18BMC] Immunization date comments for tetanus and diphtheria**

*Interviewer: If Don't Know was selected in the month and/or year fields, there should be comments in this field. For example, spring, fall, etc. or "around Christmas", when I was in my 20's, etc.*

\_\_\_\_\_  
\_\_\_\_\_

18c.

**[RA4H18C] Have you ever been immunized for pneumonia?**

*Available since late 2005.*

1. YES
2. NO [GO TO RA4H19]
7. DON'T KNOW

18cm.

**[RA4H18CM] What is the month when you were last immunized for pneumonia? Month \_\_\_\_\_**

18cy.

**[RA4H18CY] What is the year when you were last immunized for pneumonia? Year \_\_\_\_\_**

9996 = CHILDHOOD 9997 = DON'T KNOW 9998 = MISSING 9999 = INAPP

18cmc.

**[RA4H18CMC] Immunization date comments for pneumonia**

*Interviewer: If Don't Know was selected in the month and/or year fields, there should be comments in this field. For example, spring, fall, etc. or "around Christmas", when I was in my 20's, etc.*

\_\_\_\_\_  
\_\_\_\_\_

19.

**[RA4H19] How often do you get an influenza vaccination (flu shot)?**

- |                             |                |
|-----------------------------|----------------|
| 1. EVERY YEAR               | [GO TO RA4H20] |
| 2. ALMOST EVERY YEAR        | [GO TO RA4H20] |
| 3. EVERY COUPLE YEARS       | [GO TO RA4H20] |
| 4. RARELY                   | [GO TO RA4H20] |
| 5. ONLY ONCE (HAD REACTION) | [GO TO RA4H20] |
| 6. NEVER (ALLERGIC)         | [GO TO RA4H20] |
| 7. NEVER                    | [GO TO RA4H20] |
| 8. OTHER                    |                |
| 9. ONLY ONCE, NO REACTION   | [GO TO RA4H20] |
| 97. DON'T KNOW              |                |

19a.

**[RA4H19A] Specify other frequency influenza vaccination**


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<b>FAMILY MEDICAL HISTORY</b>
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Now I have some questions about the medical history for your natural (or biological) family.

20.

**[RA4H20] Are you adopted?**

- |               |                 |
|---------------|-----------------|
| 1. YES        |                 |
| 2. NO         | [GO TO RA4H21A] |
| 7. DON'T KNOW |                 |

20a.

**[RA4H20A] Do you know the medical history of your natural (or biological) mother, father, sisters, or brothers?**

- |               |                |
|---------------|----------------|
| 1. YES        |                |
| 2. NO         | [GO TO RA4H22] |
| 7. DON'T KNOW |                |
| 8. MISSING    |                |
| 9. INAPP      |                |

*Has anyone in your immediate family (blood relatives only) ever had any of the following conditions/illnesses?*



21a.

**[RA4H21A] Have any of your blood relatives had Heart disease?**

*Interviewer: Heart disease broadly describes a range of heart issues/diseases including: coronary artery disease, rhythm problems, heart infections, and birth defects related to the heart. Note: while heart disease elevates the risk of heart attack, having had a heart attack does not necessarily mean the person has heart disease.*

1. YES
2. NO [GO TO RA4H21B]
7. DON'T KNOW
8. MISSING
9. INAPP

21a1.

**[RA4H21A1] Has your mother had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a2.

**[RA4H21A2] Has your father had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a3.

**[RA4H21A3] Has your sibling had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a4.

**[RA4H21A4] Has either of your maternal grandparents had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a5.

**[RA4H21A5] Has your maternal aunt or uncle had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a6.

**[RA4H21A6] Has either of your paternal grandparents had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21a7.

**[RA4H21A7] Has your paternal aunt or uncle had heart disease?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b.

**[RA4H21B] Have any of your blood relatives had high blood pressure?**

1. YES
2. NO [GO TO RA4H21C]
7. DON'T KNOW
8. MISSING
9. INAPP

21b1.

**[RA4H21B1] Has your mother had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b2.

**[RA4H21B2] Has your father had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b3.

**[RA4H21B3] Has your sibling had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b4.

**[RA4H21B4] Has either of your maternal grandparents had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b5.

**[RA4H21B5] Has your maternal aunt or uncle had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b6.

**[RA4H21B6] Has either of your paternal grandparents had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21b7.

**[RA4H21B7] Has your paternal aunt or uncle had high blood pressure?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c.

**[RA4H21C] Have any of your blood relatives had cholesterol problems?**

1. YES
2. NO [GO TO RA4H21D]
7. DON'T KNOW
8. MISSING
9. INAPP

21c1.

**[RA4H21C1] Has your mother had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c2.

**[RA4H21C2] Has your father had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c3.

**[RA4H21C3] Has your sibling had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c4.

**[RA4H21C4] Has either of your maternal grandparents had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c5.

**[RA4H21C5] Has your maternal aunt or uncle had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c6.

**[RA4H21C6] Has either of your paternal grandparents had cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21c7.

**[RA4H21C7] Has your paternal aunt or uncle cholesterol problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d.

**[RA4H21D] Have any of your blood relatives had circulation problems?**

*Some examples of diagnosed circulation problems include Peripheral arterial disease and Raynaud's syndrome.*

1. YES
2. NO [GO TO RA4H21E]
7. DON'T KNOW
8. MISSING
9. INAPP

21d1.

**[RA4H21D1] Has your mother had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d2.

**[RA4H21D2] Has your father had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d3.

**[RA4H21D3] Has your sibling had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d4.

**[RA4H21D4] Has either of your maternal grandparents had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d5.

**[RA4H21D5] Has your maternal aunt or uncle had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d6.

**[RA4H21D6] Has either of your paternal grandparents had circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21d7.

**[RA4H21D7] Has your paternal aunt or uncle circulation problems?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e.

**[RA4H21E] Have any of your blood relatives had a stroke?**

1. YES
2. NO [GO TO RA4H21F]
7. DON'T KNOW
8. MISSING
9. INAPP

21e1.

**[RA4H21E1] Has your mother had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e2.

**[RA4H21E2] Has your father had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e3.

**[RA4H21E3] Has your sibling had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e4.

**[RA4H21E4] Has either of your maternal grandparents had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e5.

**[RA4H21E5] Has your maternal aunt or uncle had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e6.

**[RA4H21E6] Has either of your paternal grandparents had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21e7.

**[RA4H21E7] Has your paternal aunt or uncle had a stroke?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f.

**[RA4H21F] Have any of your blood relatives had diabetes?**

1. YES
2. NO [GO TO RA4H21G]
7. DON'T KNOW
8. MISSING
9. INAPP

21f1.

**[RA4H21F1] Has your mother had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f2.

**[RA4H21F2] Has your father had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f3.

**[RA4H21F3] Has your sibling had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f4.

**[RA4H21F4] Has either of your maternal grandparents had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f5.

**[RA4H21F5] Has your maternal aunt or uncle had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21f6.

**[RA4H21F6] Has either of your paternal grandparents had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP



21f7.

**[RA4H21F7] Has your paternal aunt or uncle had diabetes?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g.

**[RA4H21G] Have any of your blood relatives had alcoholism?**

1. YES
2. NO [GO TO RA4H21H]
7. DON'T KNOW
8. MISSING
9. INAPP

21g1.

**[RA4H21G1] Has your mother had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g2.

**[RA4H21G2] Has your father had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g3.

**[RA4H21G3] Has your sibling had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g4.

**[RA4H21G4] Has either of your maternal grandparents had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g5.

**[RA4H21G5] Has your maternal aunt or uncle had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g6.

**[RA4H21G6] Has either of your paternal grandparents had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21g7.

**[RA4H21G7] Has your paternal aunt or uncle had alcoholism?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h.

**[RA4H21H] Have any of your blood relatives had depression?**

1. YES
2. NO [GO TO RA4H21I]
7. DON'T KNOW
8. MISSING
9. INAPP

21h1.

**[RA4H21H1] Has your mother had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h2.

**[RA4H21H2] Has your father had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h3.

**[RA4H21H3] Has your sibling had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h4.

**[RA4H21H4] Has either of your maternal grandparents had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h5.

**[RA4H21H5] Has your maternal aunt or uncle had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h6.

**[RA4H21H6] Has either of your paternal grandparents had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21h7.

**[RA4H21H7] Has your paternal aunt or uncle had depression?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i.

**[RA4H21I] Have any of your blood relatives committed suicide?**

1. YES
2. NO [GO TO RA4H21J]
7. DON'T KNOW
8. MISSING
9. INAPP

21i1.

**[RA4H21I1] Has your mother committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i2.

**[RA4H21I2] Has your father committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i3.

**[RA4H21I3] Has your sibling committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i4.

**[RA4H21I4] Has either of your maternal grandparents committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i5.

**[RA4H21I5] Has your maternal aunt or uncle committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i6.

**[RA4H21I6] Has either of your paternal grandparents committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21i7.

**[RA4H21I7] Has your paternal aunt or uncle committed suicide?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j.

**[RA4H21J] Have any of your blood relatives had any other psychiatric illness?**

1. YES
2. NO [GO TO RA4H21K]
7. DON'T KNOW
8. MISSING
9. INAPP

21j1.

**[RA4H21J1] Has your mother had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j2.

**[RA4H21J2] Has your father had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j3.

**[RA4H21J3] Has your sibling had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j4.

**[RA4H21J4] Has either of your maternal grandparents had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j5.

**[RA4H21J5] Has your maternal aunt or uncle had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j6.

**[RA4H21J6] Has either of your paternal grandparents had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21j7.

**[RA4H21J7] Has your paternal aunt or uncle had any other psychiatric illness?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k.

**[RA4H21K] Have any of your blood relatives had colon cancer?**

1. YES
2. NO [GO TO RA4H21L]
7. DON'T KNOW
8. MISSING
9. INAPP

21k1.

**[RA4H21K1] Has your mother had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k2.

**[RA4H21K2] Has your father had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k3.

**[RA4H21K3] Has your sibling had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k4.

**[RA4H21K4] Has either of your maternal grandparents had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k5.

**[RA4H21K5] Has your maternal aunt or uncle had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k6.

**[RA4H21K6] Has either of your paternal grandparents had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21k7.

**[RA4H21K7] Has your paternal aunt or uncle had colon cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

211.

**[RA4H21L] Have any of your blood relatives had breast cancer?**

1. YES
2. NO [GO TO RA4H21M]
7. DON'T KNOW
8. MISSING
9. INAPP

2111.

**[RA4H21L1] Has your mother had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

2112.

**[RA4H21L2] Has your father had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

2113.

**[RA4H21L3] Has your sibling had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

2114.

**[RA4H21L4] Has either of your maternal grandparents had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

2115.

**[RA4H21L5] Has your maternal aunt or uncle had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP



2116.

**[RA4H21L6] Has either of your paternal grandparents had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

2117.

**[RA4H21L7] Has your paternal aunt or uncle had breast cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m.

**[RA4H21M] Have any of your blood relatives had prostate cancer?**

1. YES
2. NO [GO TO RA4H21N]
7. DON'T KNOW
8. MISSING
9. INAPP

21m2.

**[RA4H21M2] Has your father had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m3.

**[RA4H21M3] Has your brother had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m4.

**[RA4H21M4] Has your maternal grandfather had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m5.

**[RA4H21M5] Has your maternal uncle had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m6.

**[RA4H21M6] Has your paternal grandfather had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21m7.

**[RA4H21M7] Has your paternal uncle had prostate cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n.

**[RA4H21N] Have any of your blood relatives had ovarian, or uterine cancer?**

1. YES
2. NO [GO TO RA4H21O]
7. DON'T KNOW
8. MISSING
9. INAPP

21n1.

**[RA4H21N1] Has your mother had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n3.

**[RA4H21N3] Has your sister had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n4.

**[RA4H21N4] Has your maternal grandmother had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n5.

**[RA4H21N5] Has your maternal aunt had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n6.

**[RA4H21N6] Has your paternal grandmother had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21n7.

**[RA4H21N7] Has your paternal aunt had ovarian or uterine cancer?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o.

**[RA4H21O] Have any of your blood relatives had melanoma?**

1. YES
2. NO [GO TO RA4H21P]
7. DON'T KNOW
8. MISSING
9. INAPP

21o1.

**[RA4H21O1] Has your mother had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o2.

**[RA4H21O2] Has your father had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o3.

**[RA4H21O3] Has your sibling had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o4.

**[RA4H21O4] Has either of your maternal grandparents had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o5.

**[RA4H21O5] Has your maternal aunt or uncle had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o6.

**[RA4H21O6] Has either of your paternal grandparents had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21o7.

**[RA4H21O7] Has your paternal aunt or uncle had melanoma?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p.

**[RA4H21P] Have any of your blood relatives had osteoporosis?**

1. YES
2. NO [GO TO RA4H21Q]
7. DON'T KNOW
8. MISSING
9. INAPP

21p1.

**[RA4H21P1] Has your mother had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p2.

**[RA4H21P2] Has your father had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p3.

**[RA4H21P3] Has your sibling had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p4.

**[RA4H21P4] Has either of your maternal grandparents had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p5.

**[RA4H21P5] Has your maternal aunt or uncle had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p6.

**[RA4H21P6] Has either of your paternal grandparents had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21p7.

**[RA4H21P7] Has your paternal aunt or uncle had osteoporosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q.

**[RA4H21Q] Have any of your blood relatives had tuberculosis?**

1. YES
2. NO [GO TO RA4H21R]
7. DON'T KNOW
8. MISSING
9. INAPP

21q1.

**[RA4H21Q1] Has your mother had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q2.

**[RA4H21Q2] Has your father had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q3.

**[RA4H21Q3] Has your sibling had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q4.

**[RA4H21Q4] Has either of your maternal grandparents had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q5.

**[RA4H21Q5] Has your maternal aunt or uncle had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q6.

**[RA4H21Q6] Has either of your paternal grandparents had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21q7.

**[RA4H21Q7] Has your paternal aunt or uncle had tuberculosis?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r.

**[RA4H21R] Have any of your blood relatives had any other illnesses or diseases (1)?**

1. YES
2. NO [GO TO RA4H22]
7. DON'T KNOW
8. MISSING
9. INAPP

21rs.

**[RA4H21RS] Specify other illness/disease (1).**

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21r1.

**[RA4H21R1] Has your mother had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r2.

**[RA4H21R2] Has your father had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r3.

**[RA4H21R3] Has your sibling had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r4.

**[RA4H21R4] Has either of your maternal grandparents had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r5.

**[RA4H21R5] Has your maternal aunt or uncle had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21r6.

**[RA4H21R6] Has either of your paternal grandparents had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP



21r7.

**[RA4H21R7] Has your paternal aunt or uncle had this illness (1)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s.

**[RA4H21S] Have any of your blood relatives had any other illnesses (2)?**

1. YES
2. NO [GO TO RA4H22]
7. DON'T KNOW
8. MISSING
9. INAPP

21ss.

**[RA4H21SS] Specify other illness/disease (2).**

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21s1.

**[RA4H21S1] Has your mother had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s2.

**[RA4H21S2] Has your father had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s3.

**[RA4H21S3] Has your sibling had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s4.

**[RA4H21S4] Has either of your maternal grandparents had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s5.

**[RA4H21S5] Has your maternal aunt or uncle had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s6.

**[RA4H21S6] Has either of your paternal grandparents had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21s7.

**[RA4H21S7] Has your paternal aunt or uncle had this illness (2)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

21othy.

**[RA4H21OTHY] Have any of your blood relatives had any other illnesses?**

1. YES
2. NO [GO TO RA4H22]

21oth.

**[RA4H21OTH] Are there additional other family conditions?**

*Interviewer: If not, enter NO in box. If yes, use the format below.*

**Format:** Q21t: description of condition, relationship of all family members with the condition; Q21u: ...etc.

**E.g.** Q21t: Huntington's disease, maternal grandmother and mother

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<b>CURRENT HEALTH PRACTICES: DIET</b>
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22.

**[RA4H22] Do you follow a special diet?**

*Note: "Special diet" refers to any diet that does not fit the perception of the "typical" American (e.g. vegan or vegetarian, diabetic, low fat, Atkins, low carb, Weight watchers, gluten free, etc.).*

1. YES
2. NO [GO TO RA4H23AF]
7. DON'T KNOW

22a.

**[RA4H22A] Tell me about your special diet.**


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**Please estimate your daily calcium intake.**

23af.

**[RA4H23AF] How many servings of milk do you drink? (8 oz. = 1 serving) # \_\_\_\_\_**

23at.

**[RA4H23AT] Number of servings of milk: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

23bf.

**[RA4H23BF] How many servings of yogurt do you eat? (8 oz. = 1 serving) # \_\_\_\_\_**

23bt.

**[RA4H23BT] Number of servings of yogurt: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

23cf.

**[RA4H23CF] How many servings of cheese do you eat? (1 oz. = 1 serving) # \_\_\_\_\_**

23ct.

**[RA4H23CT] Number of servings of cheese: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

24af.

**[RA4H24AF] On an average DAY, how many 8 ounce cups or glasses of coffee with caffeine do you drink? (8 oz. = 1 serving) # \_\_\_\_\_**

24at.

**[RA4H24AT] Number of servings of coffee with caffeine: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

24bf.

**[RA4H24BF] On an average DAY, how many 8 ounce cups or glasses of tea with caffeine do you drink? (8 oz. = 1 serving) # \_\_\_\_\_**

24bt.

**[RA4H24BT] Number of servings of tea with caffeine: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

24cf.

**[RA4H24CF] On an average DAY, how many 8 ounce cups or glasses of other beverages with caffeine (e.g. Coke) do you drink? # \_\_\_\_\_**

24ct.

**[RA4H24CT] Number of servings of other beverages with caffeine: time frame.**

1. DAY
2. WEEK
3. MONTH
4. YEAR
7. DON'T KNOW

25.

**[RA4H25] On an average DAY, how many glasses of water do you drink (1 glass= 8 oz.)?**

1. NONE
2. LESS THAN ONCE/DAY
3. 1-3 GLASSES/DAY
4. 4-7 GLASSES/DAY
5. 8 OR MORE GLASSES/DAY
7. DON'T KNOW

26.

**[RA4H26] On an average DAY, how many sugared beverages do you drink (e.g. soda, sports drinks, bottled drinks, fruit drinks)?**

1. NONE
2. LESS THAN ONCE/DAY
3. 1-3 GLASSES/DAY
4. 4-7 GLASSES/DAY
5. 8 OR MORE GLASSES/DAY
7. DON'T KNOW

27.

**[RA4H27] On an average DAY how many servings of fruit and vegetables do you eat (include 100% juice)?**

1. NONE
2. LESS THAN ONCE/DAY
3. 1-2 SERVINGS/DAY
4. 3-4 SERVINGS/DAY
5. 5 OR MORE SERVINGS/DAY
7. DON'T KNOW

28.

**[RA4H28] On an average DAY how many servings of whole grain do you eat (e.g. oatmeal, whole grain bread or bagels, whole wheat cereal, brown rice, whole wheat pasta)?**

1. NONE
2. LESS THAN ONCE/DAY
3. 1-2 SERVINGS/DAY
4. 3-4 SERVINGS/DAY
5. 5 OR MORE SERVINGS/DAY
7. DON'T KNOW

29a.

**[RA4H29A] In an average WEEK, how often do you eat ocean (oily) fish? (tuna, salmon, mackerel)?**

1. NEVER
2. LESS THAN ONCE/WEEK
3. 1-2 X/WEEK
4. 3-4 X/WEEK
5. 5 OR MORE X/WEEK
7. DON'T KNOW

29b.

**[RA4H29B] In an average WEEK, how often do you eat beef or high fat meat (e.g. fried chicken, ribs, sausage)?**

1. NEVER
2. LESS THAN ONCE/WEEK
3. 1-2 X/WEEK
4. 3-4 X/WEEK
5. 5 OR MORE X/WEEK
7. DON'T KNOW

29c.

**[RA4H29C] In an average WEEK, how often do you eat lean meat (white meat chicken or poultry, lean beef or pork)?**

1. NEVER
2. LESS THAN ONCE/WEEK
3. 1-2 X/WEEK
4. 3-4 X/WEEK
5. 5 OR MORE X/WEEK
7. DON'T KNOW

29d.

**[RA4H29D] In an average WEEK, how often do you eat non-meat protein foods (e.g. eggs, tofu, seitan, soy or other bean/legumes, nuts, or nut butters)?**

1. NEVER
2. LESS THAN ONCE/WEEK
3. 1-2 X/WEEK
4. 3-4 X/WEEK
5. 5 OR MORE X/WEEK
7. DON'T KNOW

30.

**[RA4H30] In an average WEEK, how often do you eat at a fast food restaurant or order food for takeout or delivery?**

1. NEVER
2. LESS THAN ONCE/WEEK
3. 1-3 X/WEEK
4. 4-6 X/WEEK
5. 7 OR MORE X/WEEK
7. DON'T KNOW

<b>SPORTS AND EXERCISE HISTORY: HIGH SCHOOL</b>
---

The next set of questions are about sports and exercise.

31a. \*

**[RA4H31A] When you were aged 14-18, how many years did you participate in competitive sports? # of Years \_\_\_\_\_**

\* Item was part of the Bone Supplement Questionnaire (Variable names BO4\_\_\_\_.) at MIDUS 2.

31b. \*

**[RA4H31B] When you were aged 14-18, how many years did you participate in recreational sports? # of Years \_\_\_\_\_**

*(Interviewer: Every year in high school (9th-12th grades) without participation in competitive or recreational sports should be counted in the 3rd category: little exercise beyond PE.)*

31c. \*

**[RA4H31C] When you were aged 14-18, how many years did you do little exercise beyond PE classes? # of Years \_\_\_\_\_**

<b>SPORTS AND EXERCISE HISTORY: AGE 20-25 OR 20-35</b>
--

32a.

**[RA4H32A] Interviewer: Is respondent aged 35 or older?**

1. YES
2. NO

[GO TO RA4H34]

For the next set of questions, we will be asking about regular exercise or activity you may have engaged in when you were aged 20-25.

***We define 3 general types of regular exercise or activity.***

***VIGOROUS-*** Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).

***MODERATE-*** Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower).

***LIGHT*** - Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing)

32.

**[RA4H32] After high school, between the ages of 20 and 25, were there periods when you engaged in regular physical activity (for at least 20 minutes at a time, at least 3 times a week), either at work, at home/garden, in sports, or for exercise?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

[GO TO RA4H36]

33a.

**[RA4H33A] When you were between the ages of 20 and 25 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a vigorous level?**

*Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).*

**# Years** \_\_\_\_\_

33b.

**[RA4H33B] When you were between the ages of 20 and 25 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a moderate level?**

*Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower).*

**# Years** \_\_\_\_\_

33c.

**[RA4H33C] When you were between the ages of 20 and 25 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a light level?**

*Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing).*

**# Years** \_\_\_\_\_ [GO TO RA4H36]

***[The following are only asked of participants aged 20-35].***

For the next set of questions, we will be asking about regular exercise or activity you may have engaged in when you were aged 20-35.

*We define 3 general types of regular exercise or activity. It can be:*

*VIGOROUS- Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).*

*MODERATE- Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower).*

*LIGHT - Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing).*



34. \*

**[RA4H34]** After high school, between the ages of 20 and 35, were there periods when you engaged in regular physical activity (for at least 20 minutes at a time, at least 3 times a week), either at work, at home/garden, in sports, or for exercise?

1. YES
2. NO [GO TO RA4H36]
7. DON'T KNOW/REFUSAL
8. MISSING
9. INAPP

35a. \*

**[RA4H35A]** When you were between the ages of 20 and 35 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a vigorous level?

*Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects.*

# Years \_\_\_\_\_

35b. \*

**[RA4H35B]** When you were between the ages of 20 and 35 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a moderate level?

*Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower.)*

# Years \_\_\_\_\_

35c. \*

**[RA4H35C]** When you were between the ages of 20 and 35 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week) at a light level?

*Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing).*

# Years \_\_\_\_\_

<b>CURRENT EXERCISE AND ACTIVITY</b>
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Interviewer: If the participant reports exercising as specified work through the following set of questions until details are recorded about all types of exercise performed. After the last type of exercise has been reported go to the next section (Q37: Have you now or in the past used tobacco regularly?).

36.

**[RA4H36] Keeping in mind our definitions of vigorous, moderate and light levels of activity, in general, do you engage in regular exercise, or activity, of any type for 20 minutes or more at least 3 times/week?**

1. YES
2. NO [GO TO RA4H37]
7. DON'T KNOW

36a.

**[RA4H36A] Please name one type of exercise/activity (A) that you do.**

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36as.

**[RA4H36AS] Is this a seasonal activity (A)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36afd.

**[RA4H36AFD] How many times per day do you do this activity/exercise (A)? # \_\_\_\_\_**

36afw.

**[RA4H36AFW] How many times per week do you do this activity/exercise (A)? # \_\_\_\_\_**

36am.

**[RA4H36AM] What is the average number of minutes that you exercise per session (activity/exercise A)? # \_\_\_\_\_**

36ai.

**[RA4H36AI] What is the intensity of this activity/exercise (A)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36b.

**[RA4H36B] Please name another type of exercise/activity (B) that you do.***(If none go to RA4H37)*


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36bs.

**[RA4H36BS] Is this a seasonal activity (B)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. IMAPP

36bfd.

**[RA4H36BFD] How many times per day do you do this activity/exercise (B)? # \_\_\_\_\_**

36bfw.

**[RA4H36BFW] How many times per week do you do this activity/exercise (B)? # \_\_\_\_\_**

36bm.

**[RA4H36BM] What is the average number of minutes that you exercise per session (activity/exercise B)? # \_\_\_\_\_**

36bi.

**[RA4H36BI] What is the intensity of this activity/exercise (B)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36c.

**[RA4H36C] Please name another type of exercise/activity (C) that you do.**  
*(If none go to RA4H37)*

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36cs.

**[RA4H36CS] Is this a seasonal activity (C)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36cfd.

**[RA4H36CFD] How many times per day do you do this activity/exercise (C)? # \_\_\_\_\_**

36cfw.

**[RA4H36CFW] How many times per week do you do this activity/exercise (C)? # \_\_\_\_\_**

36cm.

**[RA4H36CM] What is the average number of minutes that you exercise per session (activity/exercise C)? # \_\_\_\_\_**

36ci.

**[RA4H36CI] What is the intensity of this activity/exercise (C)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36d.

**[RA4H36D] Please name another type of exercise/activity (D) that you do.**  
*(If none go to RA4H37)*

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36ds.

**[RA4H36DS] Is this a seasonal activity (D)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36dfd.

**[RA4H36DFD] How many times per day do you do this activity/exercise (D)? # \_\_\_\_\_**

36dfw.

**[RA4H36DFW] How many times per week do you do this activity/exercise (D)? # \_\_\_\_\_**

36dm.

**[RA4H36DM] What is the average number of minutes that you exercise per session (activity/exercise D)? # \_\_\_\_\_**

36di.

**[RA4H36DI] What is the intensity of this activity/exercise (D)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36e.

**[RA4H36E] Please name another type of exercise/activity (E) that you do.**  
(If none go to RA4H37)

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36es.

**[RA4H36ES] Is this a seasonal activity (E)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36efd.

**[RA4H36EFD] How many times per day do you do this activity/exercise (E)? # \_\_\_\_\_**

36efw.

**[RA4H36EFW] How many times per week do you do this activity/exercise (E)? # \_\_\_\_\_**

36em.

**[RA4H36EM] What is the average number of minutes that you exercise per session (activity/exercise E)? # \_\_\_\_\_**

36ei.

**[RA4H36EI] What is the intensity of this activity/exercise (E)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36f.

**[RA4H36F] Please name another type of exercise/activity (F) that you do.**  
(If none go to RA4H37)

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36fs.

**[RA4H36FS] Is this a seasonal activity (F)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36ffd.

**[RA4H36FFD] How many times per day do you do this activity/exercise (F)? # \_\_\_\_\_**

36ffw.

**[RA4H36FFW] How many times per week do you do this activity/exercise (F)? # \_\_\_\_\_**

36fm.

**[RA4H36FM] What is the average number of minutes that you exercise per session (activity/exercise F)? # \_\_\_\_\_**

36fi.

**[RA4H36FI] What is the intensity of this activity/exercise (F)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36g.

**[RA4H36G] Please name another type of exercise/activity (G) that you do.**  
(If none go to RA4H37)

---



---

36gs.

**[RA4H36GS] Is this a seasonal activity (G)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36gfd.

**[RA4H36GFD] How many times per day do you do this activity/exercise (G)? #\_\_\_\_\_**

36gfw.

**[RA4H36GFW] How many times per week do you do this activity/exercise (G)? #\_\_\_\_\_**

36gm.

**[RA4H36GM] What is the average number of minutes that you exercise per session (activity/exercise G)? # \_\_\_\_\_**

36gi.

**[RA4H36GI] What is the intensity of this activity/exercise (G)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36h.

**[RA4H36H] Please name another type of exercise/activity (H) that you do.**  
(If none go to RA4H37)

---



---



36hs.

**[RA4H36HS] Is this a seasonal activity (H)? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36hfd.

**[RA4H36HFD] How many times per day do you do this activity/exercise (H)? # \_\_\_\_\_**

36hfw.

**[RA4H36HFW] How many times per week do you do this activity/exercise (H)? # \_\_\_\_\_**

36hm.

**[RA4H36HM] What is the average number of minutes that you exercise per session (activity/exercise H)? # \_\_\_\_\_**

36hi.

**[RA4H36HI] What is the intensity of this activity/exercise (H)?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36i.

**[RA4H36I] Please name another type of exercise/activity that you do.**

*If none, go to RA4H37.*

---



---

36is.

**[RA4H36IS] Is this a seasonal activity? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

36ifd.

**[RA4H36IFD] How many times per day do you do this activity/exercise?**

---



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36ifw.

**[RA4H36IFW] How many times per week do you do this activity/exercise?**

---



---

36im.

**[RA4H36IM] What is the average number of minutes that you exercise per session?**

---



---

36ii.

**[RA4H36II] What is the intensity of this activity/exercise?**

1. VIGOROUS
2. MODERATE
3. LIGHT
7. DON'T KNOW
8. MISSING
9. INAPP

36j.

**[RA4H36J] Please name another type of exercise/activity that you do.**

*If none, go to RA4H37.*

---



---

36js.

**[RA4H36JS] Is this a seasonal activity? If so, which season(s)?**

1. NOT SEASONAL
2. WINTER
3. SPRING
4. SUMMER
5. FALL
6. SPRING TO FALL
7. SPRING TO SUMMER
8. SUMMER TO FALL
9. FALL TO SPRING
10. SPRING & FALL
97. DON'T KNOW
98. MISSING
99. INAPP

<b>CURRENT HEALTH PRACTICES: SMOKING AND DRINKING</b>
---

The next questions are about tobacco use.

37. \*

**[RA4H37] Have you now or in the past used tobacco regularly?**

1. YES
2. NO [GO TO RA4H45]
7. DON'T KNOW

The next questions are about smoking cigarettes.

38.

**[RA4H38] Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?**

1. YES
2. NO [GO TO RA4H43]
7. DON'T KNOW
8. MISSING
9. INAPP

38a.

**[RA4H38A] Do you currently smoke cigarettes regularly?**

1. YES
2. NO [GO TO RA4H40]
7. DON'T KNOW
8. MISSING
9. INAPP

39.

**[RA4H39] Since we last interviewed you in ... have you tried to quit smoking?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

40. \*

**[RA4H40] For how many years did you smoke regularly (at least a few cigarettes every day)? Years \_\_\_\_\_**

41. \*

**[RA4H41] During this period, how many cigarettes did you smoke per day, on average? (There are 20 cigarettes in a pack) # \_\_\_\_\_**

42.

**[RA4H42] How old were you the last time you smoked regularly (at least a few cigarettes every day)? Age \_\_\_\_\_**  
*Interviewer: Age in Years*

43.

**[RA4H43] Have you ever smoked a pipe or cigar, or used snuff or chewing tobacco regularly?**

- |               |                |
|---------------|----------------|
| 1. YES        |                |
| 2. NO         | [GO TO RA4H45] |
| 7. DON'T KNOW |                |
| 8. MISSING    | [GO TO RA4H45] |
| 9. INAPP      | [GO TO RA4H45] |

43a.

**[RA4H43A] Do you currently smoke a pipe or cigars, or use snuff or chewing tobacco regularly?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

44. \*

**[RA4H44] For how many years did you regularly smoke a pipe or cigars, or use snuff or chewing tobacco? Years \_\_\_\_\_**

45. \*

**[RA4H45] In the past (as an adult), did anyone in your household smoke tobacco inside your home regularly (at least a few cigarettes, 1 cigar, or 1 pipe bowl every day)?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

46.

**[RA4H46] At the current time, does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

47.

**[RA4H47] At your current job, does anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

48.

**[RA4H48] In the past, at your current job or in a previous job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

The next questions are about alcoholic beverages.

49.

**[RA4H49] During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

1. YES
2. NO [GO TO RA4H54]
3. R NEVER DRINKS [GO TO RA4H59A]
7. DON'T KNOW

50.

**[RA4H50] During the past month, how often did you drink any alcoholic beverages, on the average?**

- |                         |                 |
|-------------------------|-----------------|
| 1. EVERYDAY             | [GO TO RA4H52]  |
| 2. 5 OR 6 DAYS/WK       | [GO TO RA4H52]  |
| 3. 3 OR 4 DAYS/WK       | [GO TO RA4H52]  |
| 4. 1 OR 2 DAYS/WK       | [GO TO RA4H52]  |
| 5. LESS THAN ONE DAY/WK |                 |
| 6. NEVER DRINKS         | [GO TO RA4H59A] |
| 7. DON'T KNOW           |                 |
| 8. MISSING              |                 |
| 9. INAPP                |                 |

51.

**[RA4H51] [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that?**

- |                         |                 |
|-------------------------|-----------------|
| 1. 3 OR 4 DAYS/MO       |                 |
| 2. 1 OR 2 DAYS/MO       |                 |
| 3. LESS THAN ONE DAY/MO |                 |
| 4. NEVER DRINKS         | [GO TO RA4H59A] |
| 7. DON'T KNOW           |                 |
| 8. MISSING              |                 |
| 9. INAPP                |                 |

52.

**[RA4H52] We define one 'drink', as either a 12 ounce can or bottle of beer, a wine cooler, a 5-ounce glass of wine, a 1.5 ounce shot of liquor, or a mixed drink made with 1.5 ounces of hard liquor. With this definition in mind, on the days when you drank, about how many drinks did you drink on average?**  
# \_\_\_\_\_

53.

**[RA4H53] Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion?**  
# \_\_\_\_\_

54.

**[RA4H54] Think about the period in your life, NOW OR IN THE PAST, when you drank most. During that time, how often did you TYPICALLY have at least one drink?**

- |                         |                 |
|-------------------------|-----------------|
| 1. EVERYDAY             | [GO TO RA4H56]  |
| 2. 5 OR 6 DAYS/WK       | [GO TO RA4H56]  |
| 3. 3 OR 4 DAYS/WK       | [GO TO RA4H56]  |
| 4. 1 OR 2 DAYS/WK       | [GO TO RA4H56]  |
| 5. LESS THAN ONE DAY/WK | [GO TO RA4H55]  |
| 6. NEVER DRANK          | [GO TO RA4H59A] |
| 7. DON'T KNOW           |                 |
| 8. MISSING              |                 |
| 9. INAPP                |                 |

55.

**[RA4H55] [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that?**

1. 3 OR 4 DAYS/MO
2. 1 OR 2 DAYS/MO
3. LESS THAN ONE DAY/MO
4. NEVER DRINKS [GO TO RA4H59A]
7. DON'T KNOW
8. MISSING
9. INAPP

56.

**[RA4H56] During the period you drank most, about how many drinks would you usually have on the days that you drank? # \_\_\_\_\_**

57.

**[RA4H57] How old were you when you started to drink that much? Age \_\_\_\_\_**

58.

**[RA4H58] For how many years did you drink that much? Years \_\_\_\_\_**

<b>CURRENT HEALTH PRACTICES: HEALTH CARE, SCREENING, AND PREVENTION</b>
---

The next questions are about health care practices.

59a.

**[RA4H59A] How often do you receive dental care?**

1. NEVER [GO TO RA4H60A]
2. EVERY 6 MONTHS [GO TO RA4H59BM]
3. ONCE A YEAR [GO TO RA4H59BM]
4. OTHER
7. DON'T KNOW

59bs.

**[RA4H59BS] Specify other frequency of dental care.**

\_\_\_\_\_

\_\_\_\_\_

59bm.

**[RA4H59BM] When was your last dental exam? Month: \_\_\_\_\_**

59by.

**[RA4H59BY] When was your last dental exam? Year: \_\_\_\_\_**

60a.

**[RA4H60A] How often do you get eye exams?**

- |                   |                  |
|-------------------|------------------|
| 1. NEVER          | [GO TO RA4H61A]  |
| 2. EVERY 6 MONTHS | [GO TO RA4H60CM] |
| 3. ONCE A YEAR    | [GO TO RA4H60CM] |
| 4. OTHER          |                  |
| 7. DON'T KNOW     |                  |

60cs.

**[RA4H60CS] Specify other frequency of eye exam.**

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60cm.

**[RA4H60CM] When was your last eye exam? Month: \_\_\_\_\_**

60cy.

**[RA4H60CY] When was your last eye exam? Year: \_\_\_\_\_**

60d.

**[RA4H60D] Have you been diagnosed with an eye disease or disorder?**

- |               |                 |
|---------------|-----------------|
| 1. YES        |                 |
| 2. NO         | [GO TO RA4H61A] |
| 7. DON'T KNOW |                 |

60e.

**[RA4H60E] Please diagnosed eye disease or disorder specify:**

---



---

Now I want to ask you about other screening procedures you may have had. For each procedure that you've had, please tell me when it was performed and the results.

61a.

**[RA4H61A] Have you ever had your cholesterol level checked?**

- |               |                 |
|---------------|-----------------|
| 1. YES        |                 |
| 2. NO         | [GO TO RA4H61B] |
| 7. DON'T KNOW |                 |

61am.

**[RA4H61AM] When was your last cholesterol exam? Month: \_\_\_\_\_**

61ay.

**[RA4H61AY] When was your last cholesterol exam? Year: \_\_\_\_\_**

61ar.

**[RA4H61AR] What was the result of your cholesterol level check?**

---



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61b.

**[RA4H61B] Have you ever been asked to complete a stool card to test for blood in your stool?**

1. YES
2. NO [GO TO RA4H61C]
3. ASKED BUT DID NOT DO IT [GO TO RA4H61C]
7. DON'T KNOW

61bm.

**[RA4H61BM] When were you last asked to complete a stool card? Month: \_\_\_\_\_**

61by.

**[RA4H61BY] When were you last asked to complete a stool card? Year: \_\_\_\_\_**

61br.

**[RA4H61BR] What was the result of your last stool card test?**

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61c.

**[RA4H61C] Have you had a flexible sigmoidoscopy? (an examination of the lower 1/3 of colon typically done at the doctor's office without anesthesia).**

1. YES
2. NO [GO TO RA4H61D]
7. DON'T KNOW

61cm.

**[RA4H61CM] When was your last flexible sigmoidoscopy? Month: \_\_\_\_\_**

61cy.

**[RA4H61CY] When was your last flexible sigmoidoscopy? Year: \_\_\_\_\_**

61cr.

**[RA4H61CR] What were the results of your last flexible sigmoidoscopy?**

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---

61d.

**[RA4H61D] Have you ever had a colonoscopy? (an examination of the entire colon typically done as an outpatient procedure under anesthesia).**

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

61dm.

**[RA4H61DM] When was your last colonoscopy? Month: \_\_\_\_\_**

61dy.

**[RA4H61DY] When was your last colonoscopy? Year: \_\_\_\_\_**

61dr.

**[RA4H61DR] What were the results of your last colonoscopy?**

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### WOMEN'S HEALTH

This set of questions is only asked of Women.

61e.

**[RA4H61E] Do you do a monthly breast self-exam?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

61f.

**[RA4H61F] Have you ever had a mammogram?**

1. YES
2. NO [GO TO RA4H61G]
7. DON'T KNOW
8. MISSING
9. INAPP

61fm.

**[RA4H61FM] When was your last mammogram? Month: \_\_\_\_\_**

61fy.

**[RA4H61FY] When was your last mammogram? Year: \_\_\_\_\_**

61fr.

**[RA4H61FR] What were the results of your last mammogram?**

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61g.

**[RA4H61G] Have you ever had a pap test and a pelvic exam?**

1. YES
2. NO [GO TO RA4H62]
7. DON'T KNOW
8. MISSING
9. INAPP

61gm.

**[RA4H61GM] When was your pap test and pelvic exam? Month: \_\_\_\_\_**

61gy.

[RA4H61GY] When was your pap test and pelvic exam? Year: \_\_\_\_\_

61gr.

[RA4H61GR] What were the results of your last pap test and pelvic exam?

\_\_\_\_\_

\_\_\_\_\_

62. \*

[RA4H62] Have you ever been pregnant?

1. YES
2. NO [GO TO RA4H64]
7. DON'T KNOW
8. MISSING
9. INAPP

63. \*

[RA4H63] How many pregnancies did you carry to term? # \_\_\_\_\_

*Interviewer: If 0, go to RA4H64.*

63a. \*

[RA4H63A] How many total months did you breast feed? (Add up over all pregnancies)  
# \_\_\_\_\_

64. \*

[RA4H64] Have you had a menstrual period in the last year?

1. YES
2. NO [GO TO RA4H67AM]
7. DON'T KNOW
8. MISSING
9. INAPP

65. \*

[RA4H65] Have you had a menstrual period in the last 3 months?

1. YES
2. NO [GO TO RA4H67AM]
7. DON'T KNOW
8. MISSING
9. INAPP

66. \*

[RA4H66] Compared to a year ago, has your menstrual cycle length (the number of days between the start of one menstrual period and the start of the next menstrual period) become less predictable or regular (i.e., differences in cycle length more than 7 days)?

1. YES [GO TO RA4H69A]
2. NO [GO TO RA4H71]
7. DON'T KNOW
8. MISSING
9. INAPP

67am. \*

**[RA4H67AM]** When was your last menstrual period? Month: \_\_\_\_\_

67ay. \*

**[RA4H67AY]** When was your last menstrual period? Year: \_\_\_\_\_

68. \*

**[RA4H68]** Did your menstrual periods stop because of a reason other than natural menopause?

1. YES
2. NO [GO TO RA4H71]
3. PREGNANCY/BREAST FEEDING [GO TO RA4H71]
7. DON'T KNOW
8. MISSING
9. INAPP

68a1. \*

**[RA4H68A1]** Did your menstrual periods stop because of medication, chemotherapy or radiation?

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

68a2. \*

**[RA4H68A2]** Did your menstrual periods stop because of severe weight loss?

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

68a3. \*

**[RA4H68A3]** Did your menstrual periods stop because of a hysterectomy (surgical removal of uterus)?

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

68a4. \*

**[RA4H68A4]** Did your menstrual periods stop because of surgical removal of both ovaries?

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

68a5. \*

**[RA4H68A5] Did your menstrual periods stop because of endometrial or ovarian ablation?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

69a. \*

**[RA4H69A] When did you first notice irregularity in your menstrual cycle length (cycle length variability 7 days or more)? (Verbatim response)**


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69am. \*

**[RA4H69AM] In what month did you first notice irregularity in your menstrual cycle length? Month: \_\_\_\_\_**

69ay. \*

**[RA4H69AY] In what year did you first notice irregularity in your menstrual cycle length? Year: \_\_\_\_\_**

<b>MEN'S HEALTH</b>
---------------------

This set of questions is only asked of Men.

70.

**[RA4H70] Have you ever had a prostate/rectal exam?**

1. YES
2. NO [GO TO RA4H71]
7. DON'T KNOW
8. MISSING
9. INAPP

70m.

**[RA4H70M] When was your last prostate/rectal exam? Month: \_\_\_\_\_**

70y.

**[RA4H70Y] When was your last prostate/rectal exam? Year: \_\_\_\_\_**

70r.

**[RA4H70R] What were the results of your last prostate/rectal exam?**


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<b>GENERAL HEALTH PRACTICES</b>
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71.

**[RA4H71] Are you exposed to excessive noise on a regular basis?**

1. YES
2. NO [GO TO RA4H72]
7. DON'T KNOW

71a.

**[RA4H71A] What type of noise are you typically exposed to?**


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71b.

**[RA4H71B] Where are you exposed to this noise?**


---



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71c.

**[RA4H71C] How often are you exposed to this noise?**

1. DAILY
2. WEEKLY
3. MONTHLY
7. DON'T KNOW
8. MISSING
9. INAPP

71d.

**[RA4H71D] How long are you typically exposed to this noise (hours)? Hours \_\_\_\_\_**

72.

**[RA4H72] Do you typically use a seat belt?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

73.

**[RA4H73] Do you ever ride a bicycle or motorcycle?**

1. YES
2. NO [GO TO RA4H74]
7. DON'T KNOW

73a.

**[RA4H73A] [IF YES] Do you typically use a bike/motorcycle helmet when riding?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

74.

**[RA4H74] Have you ever had excessive sun exposure (e.g., a really bad sunburn or chronic exposure in the summer because you worked outside)?**

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

75.

**[RA4H75] Do you regularly use sunscreen?**

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

<b>METAL IMPLANTED IN YOUR BODY</b>
-------------------------------------

The following questions are about metal joints or other metal devices you may have in your body.

76. \*

**[RA4H76] Do you have a pacemaker?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

77. \*

**[RA4H77] Do you have an implanted pump?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

78. \*

**[RA4H78] Do you have any artificial joints?**

1. YES
2. NO [GO TO RA4H79]
7. DON'T KNOW

78a. \*

**[RA4H78A] Do you have an artificial knee joint?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

78b. \*

**[RA4H78B] Do you have an artificial hip joint?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

78c. \*

**[RA4H78C] Do you have any other artificial joints?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

79. \*

**[RA4H79] Do you have any rods, plates, screws, or pins in your bones or joints?**

1. YES
2. NO [GO TO RA4H80]
7. DON'T KNOW

79a. \*

**[RA4H79A] Where are these rods, plates, screws or pins located - Lower extremity?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

79b. \*

**[RA4H79B] Where are these rods, plates, screws or pins located - Upper extremity?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

79c. \*

**[RA4H79C] Where are these rods, plates, screws or pins located - Spine?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP



79d. \*

**[RA4H79D] Do you have rods anywhere else?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

79e. \*

**[RA4H79E] Do you have any pins located in your hands or feet?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

79f. \*

**[RA4H79F] Do you have any pins located elsewhere?**

1. YES
2. NO
7. DON'T KNOW
8. MISSING
9. INAPP

80. \*

**[RA4H80] Do you have any other metal in your body that cannot be removed (includes rings, body piercings, etc.)?**

1. YES
2. NO [GO TO RA4H81A]
7. DON'T KNOW

80a1. \*

**[RA4H80A1] What is one type of other metal in your body?**


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80a2. \*

**[RA4H80A2] Where is this metal located?**


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80b1. \*

**[RA4H80B1] Is there another type of metal in your body? If so, what type is it?***If none, go to RA4H81A.*


---



---

80b2. \*

**[RA4H80B2] Where is this metal located?**


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## INTERVENING EVENTS: MARITAL

The next set of questions are about experiences you may have had since you completed the MIDUS phone interview in (\_\_\_\_\_).

**Interviewer:** *Enter respondent's marital status at the time of the Project 1 interview.*

*Use status from Medical History Info Sheet. If marital status is not available, check Don't Know.*

SELECT ONE ANSWER ONLY.

1. MARRIED
2. SEPARATED
3. DIVORCED
4. WIDOWED
5. NEVER MARRIED
6. LIVING W/ SOMEONE IN STEADY, MARRIAGE-LIKE RELATIONSHIP
7. DON'T KNOW

83.

**[RA4H83]** Since your MIDUS phone interview in (\_\_\_\_\_), have you gotten married, separated, divorced, become widowed, or begun living with someone in a steady, marriage like relationship?

*Interviewer: Use date from Medical History Info Sheet.*

1. YES
2. NO [GO TO RA4H85]
7. DON'T KNOW

84m.

**[RA4H84M]** In what month did your marital status change? Month: \_\_\_\_\_

84ay.

**[RA4H84Y]** In what year did your marital status change? Year: \_\_\_\_\_

85.

**[RA4H85]** What is your current marital status?

1. MARRIED
2. SEPARATED
3. DIVORCED
4. WIDOWED
5. NEVER MARRIED
6. LIVING W/ SOMEONE IN COMMITTED RELATIONSHIP
7. DON'T KNOW

**INTERVENING EVENTS: LOSSES/DEATHS**

Interviewer: If the participant reports any losses work through the following set of questions until details are recorded about all losses reported. After the last loss has been reported go to the next section (Q87: Are there any other things, either positive or negative, that have happened to you or your family or close friends since you completed the MIDUS phone interviewer in (\_\_\_\_\_)?)

86.

**[RA4H86] Now, I'd like to ask about (other/any) losses you may have experienced. Has anyone close to you, a close friend or relative (person A), passed away since we last interviewed you in (\_\_\_\_\_)?**

*Interviewer, use date from Medical History Info Sheet.*

1. YES
2. NO [GO TO RA4H87]
7. DON'T KNOW

86a.

**[RA4H86A] What was their relationship to you (person A)?**

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86ag.

**[RA4H86AG] What was their gender (person A)?**

1. MALE
2. FEMALE
7. DON'T KNOW
8. MISSING
9. INAPP

86am.

**[RA4H86AM] In what month did this person (A) pass away? Month: \_\_\_\_\_**

86ay.

**[RA4H86AY] In what year did this person (A) pass away? Year: \_\_\_\_\_**

86b.

**[RA4H86B] Has anyone else close to you passed away? What was their relationship to you (person B)? (If none go to RA4H87)**

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86bg.

**[RA4H86BG] What was their gender (person B)?**

1. MALE
2. FEMALE
7. DON'T KNOW
8. MISSING
9. INAPP

86bm.

**[RA4H86BM] In what month did this person (B) pass away? Month: \_\_\_\_\_**

86by.

**[RA4H86BY]** In what year did this person (B) pass away? Year: \_\_\_\_\_

86c.

**[RA4H86C]** Has anyone else close to you passed away since we last interviewed you?  
What was their relationship to you (person C)? *(If none go to RA4H87)*

\_\_\_\_\_

\_\_\_\_\_

86cg.

**[RA4H86CG]** What was their gender (person C)?

1. MALE
2. FEMALE
7. DON'T KNOW
8. MISSING
9. INAPP

86cm.

**[RA4H86CM]** In what month did this person (C) pass away? Month: \_\_\_\_\_

86cy.

**[RA4H86CY]** In what year did this person (C) pass away? Year: \_\_\_\_\_

86d.

**[RA4H86D]** Has anyone else close to you passed away since we last interviewed you?  
What was their relationship to you (person D)? *(If none go to RA4H87)*

\_\_\_\_\_

\_\_\_\_\_

86dg.

**[RA4H86DG]** What was their gender (person D)?

1. MALE
2. FEMALE
7. DON'T KNOW
8. MISSING
9. INAPP

86dm.

**[RA4H86DM]** In what month did this person (D) pass away? Month: \_\_\_\_\_

86dy.

**[RA4H86DY]** In what year did this person (D) pass away? Year: \_\_\_\_\_

86e.

**[RA4H86E]** Has anyone else close to you passed away since we last interviewed you?  
What was their relationship to you (person E)? *(If none go to RA4H87)*

\_\_\_\_\_

\_\_\_\_\_

86eg.

**[RA4H86EG] What was their gender (person E)?**

1. MALE
2. FEMALE
7. DON'T KNOW

86em.

**[RA4H86EM] In what month did this person (E) pass away? Month: \_\_\_\_\_**

86ey.

**[RA4H86EY] In what year did this person (E) pass away? Year: \_\_\_\_\_**

<b>INTERVENING EVENTS: OTHER MAJOR EVENTS</b>
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Interviewer: If the participant reports any other major events, work through the following set of questions until details are recorded about all events are reported. After the last event has been reported the interview is complete.

87.

**[RA4H87] Are there any other things, either positive or negative, that have happened to you or your family or close friends since you completed the MIDUS Phone Interview in (\_\_\_\_\_) that stand out in your memory?**

*Interviewer: If no, interview is complete.*

**Thank you for your participation.**

*Check No and put in the end time of the interview.*

1. YES
2. NO [GO TO RA4HEND ]
7. DON'T KNOW

87a1d.

**[RA4H87A1D] Please describe the event (1) including when it happened, as well as who was involved:**

*Interviewer: Check that event occurred since Project 1 phone interview. Probe for details about who was involved and whether it was an acute event or an ongoing event.*

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---

87a1m.

**[RA4H87A1M] In what month did this event (1) occur? Month: \_\_\_\_\_**

*Interviewer: Enter 96 for month if the event is ongoing.*

87a1y.

**[RA4H87A1Y] In what year did this event (1) occur? Year: \_\_\_\_\_**

87a2d.

**[RA4H87A2D] Please describe another event (2) including when it happened, as well as who was involved.**

***Interviewer: If NO, then interview is complete. Thank you for your participation.***

*Interviewer: Check that event occurred since Project 1 phone interview. Probe for details about who was involved and whether it was an acute event or an ongoing event.*

---



---

87a2m.

**[RA4H87A2M] In what month did this event (2) occur? Month: \_\_\_\_\_**

*Interviewer: Enter 96 for month if the event is ongoing.*

87a2y.

**[RA4H87A2Y] In what year did this event (2) occur? Year: \_\_\_\_\_**

87a3d.

**[RA4H87A3D] Please describe another event (3) including when it happened, as well as who was involved.**

***Interviewer: If NO, then interview is complete. Thank you for your participation.***

*Interviewer: Check that event occurred since Project 1 phone interview. Probe for details about who was involved and whether it was an acute event or an ongoing event.*

---



---

87a3m.

**[RA4H87A3M] In what month did this event (3) occur? Month: \_\_\_\_\_**

*Interviewer: Enter 96 for month if the event is ongoing.*

87a3y.

**[RA4H87A3Y] In what year did this event (3) occur? Year: \_\_\_\_\_**

87a4d.

**[RA4H87A4D] Please describe another event (4) including when it happened, as well as who was involved.**

***Interviewer: If NO, then interview is complete. Thank you for your participation.***

*Interviewer: Check that event occurred since Project 1 phone interview. Probe for details about who was involved and whether it was an acute event or an ongoing event.*

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87a4m.

**[RA4H87A4M] In what month did this event (4) occur? Month: \_\_\_\_\_**

*Interviewer: Enter 96 for month if the event is ongoing.*

87a4y.

**[RA4H87A4Y]** In what year did this event (4) occur? Year: \_\_\_\_\_

87a5d.

**[RA4H87A5D]** Please describe another event (5) including when it happened, as well as who was involved.

*Interviewer: If NO, then interview is complete. Thank you for your participation.*

*Interviewer: Check that event occurred since Project 1 phone interview. Probe for details about who was involved and whether it was an acute event or an ongoing event.*

\_\_\_\_\_  
\_\_\_\_\_

87a5m.

**[RA4H87A5M]** In what month did this event (5) occur? Month: \_\_\_\_\_

*Interviewer: Enter 96 for month if the event is ongoing.*

87a5y.

**[RA4H87A5Y]** In what year did this event (5) occur? Year: \_\_\_\_\_

87a6x.

**[RA4H87A6X]** Record all additional events using the following format:

*Format: Q87a6: description (including who? and what?), Month, Year; Q87a7... etc.*

*E.g. Q87a6: Husband was fired from job at bank, December, 2013; Q87a7: R gave birth to a baby girl, September, 2013.*

\_\_\_\_\_  
\_\_\_\_\_

End of interview. Thank you for your participation.

**[RA4HEND]** End Time

*Interviewer, use the following format: 04:05 PM*

\_\_\_\_\_  
\_\_\_\_\_

mc1.

**[RA4HMC1]** Marginal comments

*Format: Q#: text; Q#: text; etc.*

*E.g. Q4b3: father tripped on sidewalk and broke elbow; Q4c3: sister fell on stairs and broke her wrist.*

\_\_\_\_\_  
\_\_\_\_\_

ic1.

**[RA4HIC1]** Interviewer comments

\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX A: TRAVEL-RELATED EXPERIENCES

The following items were added several months after the field period began.

### PART I. [PROJECT STAFF COMPLETE Q88 & Q89]

88.

**[RA4H88A – RA4H88E] Participant mode of travel was (Check all that apply):**

- a. ☐ Participant came by air
- b. ☐ Participant drove themselves
- c. ☐ Participant came by TAXI/car (as passenger)
- d. ☐ Participant came by bus
- e. ☐ Participant came by train

89.

**[RA4H89] DISTANCE TRAVELED:                      Miles**

(calculated from Google starting location to research center)

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### PART 2.

Now, I am going to ask you to *think just about your experiences related to your travel* to this research center. Some people have to make various arrangements in order to be able to come for this visit, including arranging time off from work, arranging child-care or for someone to take care of any pets or bring in the mail or water plants.

90a.

**[RA4H90A1 – RA4H88E] Can you tell me what preparations you had to make in order to be able to be away from home to participate in this research project? Check all that apply:**

- 1. ☐ arrange child care/dependent care
- 2. ☐ arrange care of animals
- 3. ☐ arrange time off or coverage for work/volunteer work
- 4. ☐ arrange care of house (mail, newspaper, plants, etc.)
- 5. ☐ arrange transportation (that is arrangements other than those our staff made for you)
- 6. ☐ other (1): \_\_\_\_\_

91.

**[RA4H91] Did you experience any problems during your trip to this research center?**

☐ Yes

☐ No