

VERIFICATION OF AGE (VAQ)

SPID#: _____ Date: _____ Interviewer#: _____

Since many health risks are age related, we'd like to record the specifics about your age in this portion of the questionnaire.

VAQ.502. What is your birthdate? |__|__|__|__|__|__|
mm dd yyyy

VAQ502_M \$FMT_CHAR.
VAQ502_D \$FMT_CHAR.
VAQ502_Y \$FMT_CHAR.

[If answered, go to next questionnaire. If refused, continue through this series of questions to obtain as much information as possible about age]

Don't Know D
Refused R

VAQ.502.10. What year were you born? |__|__|__|__|

[If answered, go to next questionnaire]

Don't Know D
Refused R

VAQ502_10 \$FMT_CHAR.

VAQ.502.20 How old are you? |__|__|__|

[If answered, go to next questionnaire]

Don't Know D
Refused R

VAQ502_20 \$FMT_CHAR.

VAQ 502.30 In which of the following five-year age ranges does your age fall? **If you don't know, please give your best estimate**

21-25	1
26-30	2
31-35	3
36-40	4
41-45	5
46-50	6
51-55	7
56-60	8
61-65	9
66-70	10
71-74	11

[If answered, go to next questionnaire]

Don't Know D Excluded from SHOW
Refused R Excluded from SHOW

VAQ502_30 FMT_VAQ502_30