

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

SPID# \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

*This questionnaire is a continuation of the health history that was started in your home. These questions are being asked in the exam center as we thought some participants would prefer they be asked and answered in a more private setting than sometimes exists in the home.*

HHQ.400. Has a doctor or other health professional ever told you that you were **overweight**?**HHQ 400 FMT\_YES\_NO**

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.410)</b>
Refused	<b>77</b>	<b>(Skip to HHQ.410)</b>
Don't Know	<b>99</b>	<b>(Skip to HHQ.410)</b>

HHQ.412. How old were you when you were first told you were overweight?

**HHQ 412 FMT\_NUMERIC**

<input type="text"/>	<input type="text"/>
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Enter age in years

Refused	<b>77</b>
Don't Know	<b>99</b>

HHQ.410. Has a doctor or other health professional ever told you that you had **digestive problems**?**HHQ 410 FMT\_YES\_NO**

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.420)</b>
Refused	<b>77</b>	<b>(Skip to HHQ.420)</b>
Don't Know	<b>99</b>	<b>(Skip to HHQ.420)</b>

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**HHQ.411. Which types of digestive problem have you had? **[Enter all that apply.]**

Swallowing problem/dysphagia	1	HHQ 411_A	FMT_HHQ411_
		HHQ 411_B	FMT_HHQ411_
Ulcers	2	HHQ 411_C	FMT_HHQ411_
		HHQ 411_D	FMT_HHQ411_
Celiac disease	3	HHQ 411_E	FMT_HHQ411_
		HHQ 411_F	FMT_HHQ411_
Crohn's disease	4	HHQ 411_G	FMT_HHQ411_
		HHQ 411_H	FMT_HHQ411_
Ulcerative colitis/UC	5	HHQ 411_I	FMT_HHQ411_
		HHQ 411_J	FMT_HHQ411_
Irritable bowel syndrome/IBS	6	HHQ 411_K	FMT_HHQ411_
		HHQ 411_L	FMT_HHQ411_
Reflux/GERD	7	HHQ 411_M	FMT_HHQ411_
		HHQ 411_N	FMT_HHQ411_
Pancreatitis	8	HHQ 411_O	FMT_HHQ411_
		HHQ411_OTHER	\$FMT_CHAR.
Chronic diarrhea	9		
Chronic constipation	10		
Dyspepsia (bloating)	11		
Stricture of the intestine	12		
Lactose intolerance	13		
Cancer of digestive tract	14		
Other (Specify: _____)	15		
Refused	77		
Don't Know	99		

HHQ.420. {Has a doctor or other health professional ever told you that you had} **a bladder or kidney disease or condition?**

HHQ420 FMT\_YES\_NO

Yes	1	
No	2	(Skip to HHQ.430)
Refused	77	(Skip to HHQ.430)
Don't Know	99	(Skip to HHQ.430)

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.421. Which types of bladder or kidney problem have you had? **[Enter all that apply]**

- |                                  |    |              |             |
|----------------------------------|----|--------------|-------------|
| Kidney failure                   | 1  | HHQ421_A     | FMT_HHQ421_ |
| Chronic kidney disease           | 2  | HHQ421_B     | FMT_HHQ421_ |
| Proteinuria                      | 3  | HHQ421_C     | FMT_HHQ421_ |
| Urinary incontinence             | 4  | HHQ421_D     | FMT_HHQ421_ |
| Chronic urinary tract infections | 5  | HHQ421_E     | FMT_HHQ421_ |
| Kidney stones                    | 6  | HHQ421_F     | FMT_HHQ421_ |
| Kidney or bladder cancer         | 7  | HHQ421_G     | FMT_HHQ421_ |
| Other (Specify: _____)           | 8  | HHQ421_H     | FMT_HHQ421_ |
| Refused                          | 77 | HHQ421_OTHER | \$FMT_CHAR. |
| Don't Know                       | 99 |              |             |

HHQ.430. {Has a doctor or other health professional ever told you that you had} **any kind of liver disease?**

HHQ430 FMT\_YES\_NO

- |            |    |                   |
|------------|----|-------------------|
| Yes        | 1  |                   |
| No         | 2  | (Skip to HHQ.440) |
| Refused    | 77 | (Skip to HHQ.440) |
| Don't Know | 99 | (Skip to HHQ.440) |

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**HHQ 431. Which types of liver problem have you had? **[Enter all that apply]**

Cirrhosis	1	HHQ431_A	FMT_HHQ431_
Hepatitis A	2	HHQ431_B	FMT_HHQ431_
Hepatitis B	3	HHQ431_C	FMT_HHQ431_
Hepatitis C	4	HHQ431_D	FMT_HHQ431_
Fatty liver	5	HHQ431_E	FMT_HHQ431_
		HHQ431_F	FMT_HHQ431_
Alcoholic liver disease	6	HHQ431_G	FMT_HHQ431_
		HHQ431_H	FMT_HHQ431_
Liver cancer	7	HHQ431_OTHER	\$FMT_CHAR.
Other (Specify: _____)	8		
Refused	77		
Don't Know	99		

HHQ.440. {Has a doctor or other health professional ever told you that you had} a **blood, lymphatic or immune disease or condition?**

HHQ440 FMT\_YES\_NO

Yes	1	
No	2	(Skip to HHQ.450)
Refused	77	(Skip to HHQ.450)
Don't Know	99	(Skip to HHQ.450)

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**HHQ.441. Which types of problem have you had? **[HAND CARD. Enter all that apply]**

Anemia	1	HHQ441_A	FMT_HHQ441_
Sickle cell disease	2	HHQ441_B	FMT_HHQ441_
		HHQ441_C	FMT_HHQ441_
Bleeding or clotting disorder	3	HHQ441_D	FMT_HHQ441_
Leukemia/cancer of blood cells	4	HHQ441_E	FMT_HHQ441_
		HHQ441_F	FMT_HHQ441_
Cancer of the lymph system	5	HHQ441_G	FMT_HHQ441_
HIV positive/AIDS	6	HHQ441_H	FMT_HHQ441_
		HHQ441_OTHER	\$FMT_CHAR.
Transplant reaction	7		
Other blood, lymph, immune disorder (Specify: _____) 8			
Refused	77		
Don't Know	99		

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ. 450. {Has a doctor or other health professional ever told you that you had} <b>any of the infectious diseases</b> listed on this card? <b>[HAND CARD. Enter all that apply]</b>	HHQ.452.a-h. How old were you when you were first told that you had {infectious disease}? <b><u>[Repeat 452 for each disease entered in 450]</u></b>
None 1 (Skip to HHQ.460)	
Tuberculosis 2	__ __  Enter age in years Refused 77 Don't Know 99
HIV/AIDS 3	__ __  Enter age in years Refused 77 Don't Know 99
Gonorrhea 4	__ __  Enter age in years Refused 77 Don't Know 99
Syphilis 5	__ __  Enter age in years Refused 77 Don't Know 99
Chlamydia 6	__ __  Enter age in years Refused 77 Don't Know 99
Genital Warts 7	__ __  Enter age in years Refused 77 Don't Know 99
Human Papiloma Virus (HPV) 8	__ __  Enter age in years Refused 77 Don't Know 99
Other Sexually Transmitted Disease (Specify: _____) 9	__ __  Enter age in years Refused 77 Don't Know 99
Refused 77 (Skip to HHQ.460)	
Don't Know 99 (Skip to HHQ.460)	

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ450\_A FMT\_HHQ450\_  
 HHQ450\_B FMT\_HHQ450\_  
 HHQ450\_C FMT\_HHQ450\_  
 HHQ450\_D FMT\_HHQ450\_  
 HHQ450\_E FMT\_HHQ450\_  
 HHQ450\_F FMT\_HHQ450\_  
 HHQ450\_G FMT\_HHQ450\_  
 HHQ450\_H FMT\_HHQ450\_  
 HHQ450\_OTHER \$FMT\_CHAR.

HHQ452\_A FMT\_NUMERIC  
 HHQ452\_B FMT\_NUMERIC  
 HHQ452\_C FMT\_NUMERIC  
 HHQ452\_D FMT\_NUMERIC  
 HHQ452\_E FMT\_NUMERIC  
 HHQ452\_F FMT\_NUMERIC  
 HHQ452\_G FMT\_NUMERIC  
 HHQ452\_H FMT\_NUMERIC

HHQ.460. Have you ever had **major surgery**?

HHQ460 FMT\_YES\_NO

Yes	1	
No	2	(Skip to HHQ.470)
Refused	77	(Skip to HHQ.470)
Don't Know	99	(Skip to HHQ.470)

HHQ.461. Which types of surgery have you had? **[Enter all that apply]**

Gall bladder removed	1
Cancer removed	2
Cyst/benign tumor removed	3
Part of intestine removed	4
Brain surgery	5
Joint replacements	6
Fracture repair	7
Amputation	8

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

Plastic or reconstructive surgery      **9**

Dental surgery      **10**

Removal of spleen      **11**

Bone marrow transplant      **12**

Organ transplant (Specify: \_\_\_\_\_)      **13**

Stem cell transplant      **14**

Skin grafting      **15**

For other injuries      **16**

Caesarean Section/C-Section      **17**

Other (Specify: \_\_\_\_\_)      **18-24**

Refused      **77**

Don't Know      **99**

HHQ461\_A FMT\_HHQ461\_  
 HHQ461\_B FMT\_HHQ461\_  
 HHQ461\_C FMT\_HHQ461\_  
 HHQ461\_D FMT\_HHQ461\_  
 HHQ461\_E FMT\_HHQ461\_  
 HHQ461\_F FMT\_HHQ461\_  
 HHQ461\_G FMT\_HHQ461\_  
 HHQ461\_H FMT\_HHQ461\_  
 HHQ461\_I FMT\_HHQ461\_  
 HHQ461\_J FMT\_HHQ461\_  
 HHQ461\_K FMT\_HHQ461\_  
 HHQ461\_L FMT\_HHQ461\_  
 HHQ461\_M FMT\_HHQ461\_  
 HHQ461\_N FMT\_HHQ461\_  
 HHQ461\_O FMT\_HHQ461\_  
 HHQ461\_P FMT\_HHQ461\_  
 HHQ461\_Q FMT\_HHQ461\_  
 HHQ461\_R FMT\_HHQ461\_  
 HHQ461\_ORGAN \$FMT\_CHAR.  
 HHQ461\_OTHER \$FMT\_CHAR.



**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.470. Has a doctor or other health professional ever told you that you had **a psychological or addiction disorders?**

*HHQ470 FMT\_YES\_NO*

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.480)</b>
Refused	<b>77</b>	<b>(Skip to HHQ.480)</b>
Don't Know	<b>99</b>	<b>(Skip to HHQ.480)</b>

HHQ.471. Which types of psychological or addiction problem have you had? **[Enter all that apply]**

Depression	<b>1</b>	<i>HHQ471_A FMT_HHQ471_</i>
		<i>HHQ471_B FMT_HHQ471_</i>
Anxiety	<b>2</b>	<i>HHQ471_C FMT_HHQ471_</i>
		<i>HHQ471_D FMT_HHQ471_</i>
Panic	<b>3</b>	<i>HHQ471_E FMT_HHQ471_</i>
		<i>HHQ471_F FMT_HHQ471_</i>
Bipolar	<b>4</b>	<i>HHQ471_G FMT_HHQ471_</i>
Post Traumatic Stress Disorder/PTSD		<i>HHQ471_H FMT_HHQ471_</i>
Phobia	<b>6</b>	<i>HHQ471_I FMT_HHQ471_</i>
Alcohol Abuse	<b>7</b>	<i>HHQ471_OTHER \$FMT_CHAR.</i>
Drug Abuse	<b>8</b>	
Other (Specify:_____)	<b>9</b>	
Refused	<b>77</b>	
Don't Know	<b>99</b>	

HHQ.480. {Has a doctor or other health professional ever told you that you had} **cancer?**

*HHQ480 FMT\_YES\_NO*

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.500)</b>

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**Refused      **77**      **(Skip to HHQ.500)**Don't Know      **99**      **(Skip to HHQ.500)**

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.481.a-f. Which <b>types of cancer</b> on this card have you had? [ <b>HAND CARD. Enter all that apply</b> ]	HHQ.482.a-f. How old were you when you were first told you had {type of cancer}? [ <b>Enter age for each type of problem/procedure.</b> ]	HHQ.483.a.f. Did you have any of these treatments for cancer? [ <b>HAND CARD. Enter all that apply</b> ]	HHQ.484.a.f. [ <b>If “alternative” is selected in HHQ.483:</b> What types of alternative therapy did you use? [ <b>HAND CARD. Enter all that apply</b> ]
(EXAMPLE) – Breast	_4_ _8_  Enter age in years Refused 77 Don't Know 99	Hormone therapy, radiation, alternative  HHQ483A_A FMT_HHQ483A_ HHQ483A_B FMT_HHQ483A_ HHQ483A_C FMT_HHQ483A_ HHQ483A_D FMT_HHQ483A_ HHQ483A_E FMT_HHQ483A_ HHQ483A_F FMT_HHQ483A_ HHQ483A_G FMT_HHQ483A_ HHQ483B_A FMT_HHQ483B_ HHQ483B_B FMT_HHQ483B_ HHQ483B_C FMT_HHQ483B_ HHQ483B_D FMT_HHQ483B_ HHQ483B_E FMT_HHQ483B_ HHQ483B_F FMT_HHQ483B_ HHQ483B_G FMT_HHQ483B_ HHQ483C_A FMT_HHQ483B_ HHQ483C_B FMT_HHQ483B_ HHQ483C_C FMT_HHQ483B_ HHQ483C_D FMT_HHQ483B_ HHQ483C_E FMT_HHQ483B_ HHQ483C_F FMT_HHQ483B_ HHQ483C_G FMT_HHQ483B_ HHQ483_OTHER \$FMT_CHAR.	Meditation
	I_ _ _ _  Enter age in years Refused 77 Don't Know 99		
HHQ481_A FMT_HHQ481_ HHQ481_B FMT_HHQ481_ HHQ481_C FMT_HHQ481_ HHQ481_D FMT_HHQ481_ HHQ481_OTHER \$FMT_CHAR.	I_ _ _ _  Enter age in years Refused 77 Don't Know 99		
	I_ _ _ _  Enter age in years Refused 77 Don't Know 99		

HHQ482\_A FMT\_NUMERIC  
HHQ482\_B FMT\_NUMERIC  
HHQ482\_C FMT\_NUMERIC

HHQ483C\_D FMT\_HHQ483B\_  
HHQ483C\_E FMT\_HHQ483B\_  
HHQ483C\_F FMT\_HHQ483B\_  
HHQ483C\_G FMT\_HHQ483B\_  
HHQ483\_OTHER \$FMT\_CHAR.

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.481.a-f. Which <b>types of cancer</b> on this card have you had? [ <b>HAND CARD. Enter all that apply</b> ]	HHQ.482.a-f. How old were you when you were first told you had {type of cancer}? [ <b>Enter age for each type of problem/procedure.</b> ]	HHQ.483.a-f. Did you have any of these treatments for cancer? [ <b>HAND CARD. Enter all that apply</b> ]	HHQ.484.a-f. [ <b>If “alternative” is selected in HHQ.483:</b> What types of alternative therapy did you use? [ <b>HAND CARD. Enter all that apply</b> ]
	I__ __  Enter age in years Refused <b>77</b> Don't Know <b>99</b>		
	I__ __  Enter age in years Refused <b>77</b> Don't Know <b>99</b>		
	I__ __  Enter age in years Refused <b>77</b> Don't Know <b>99</b>		
Refused <b>77</b>			
Don't Know <b>99</b>			

**HEALTH HISTORY PART II (HHQ) (In Exam Center)****[Copy of question asked in table on preceding two pages]****HHQ.483.a-f. Did you have any of these treatments for cancer? [HAND CARD. Enter all that apply]**

- Surgery                    **1**
- Radiation therapy (external, internal, systemic, tomotherapy)    **2**
- Chemotherapy            **3**
- Hormone therapy        **4**
- Biological therapies (immune, genetic, etc.)    **5**
- Alternative therapies   **6 (Go on to HHQ.484)**
- Other (Specify: \_\_\_\_\_)    **7**
- Refused                  **77**
- Don't Know              **99**

**[Copy of question asked in table on preceding two pages. Asked only if "Alternative therapies" was chosen in HHQ.483.]****HHQ.484.a-f. What types of alternative therapy did you use? [HAND CARD. Enter all that apply]****HHQ 484    FMT\_HHQ484\_**

- Prayer for self            **1**
- Prayer for others        **2**
- Natural products        **3**
- Deep breathing          **4**
- Prayer group             **5**
- Meditation               **6**
- Chiropractic             **7**
- Yoga                       **8**
- Massage                  **9**
- Diet                        **10**

## HEALTH HISTORY PART II (HHQ) (In Exam Center)

	Other	11
HHQ484A_A FMT_HHQ484_		
HHQ484A_B FMT_HHQ484_	Refused	77
HHQ484A_C FMT_HHQ484_	Don't Know	99
HHQ484A_D FMT_HHQ484_		
HHQ484A_E FMT_HHQ484_		
HHQ484A_F FMT_HHQ484_		
HHQ484A_G FMT_HHQ484_		
HHQ484A_H FMT_HHQ484_		
HHQ484A_I FMT_HHQ484_		
HHQ484A_J FMT_HHQ484_		
HHQ484A_K FMT_HHQ484_		
HHQ484B_A FMT_HHQ484_		
HHQ484B_B FMT_HHQ484_		
HHQ484B_C FMT_HHQ484_		
HHQ484B_D FMT_HHQ484_		
HHQ484B_E FMT_HHQ484_		
HHQ484B_F FMT_HHQ484_		
HHQ484B_G FMT_HHQ484_		
HHQ484B_H FMT_HHQ484_		
HHQ484B_I FMT_HHQ484_		
HHQ484B_J FMT_HHQ484_		
HHQ484B_K FMT_HHQ484_		
HHQ484C_A FMT_HHQ484_		
HHQ484C_B FMT_HHQ484_		
HHQ484C_C FMT_HHQ484_		
HHQ484C_D FMT_HHQ484_		
HHQ484C_E FMT_HHQ484_		
HHQ484C_F FMT_HHQ484_		
HHQ484C_G FMT_HHQ484_		
HHQ484C_H FMT_HHQ484_		
HHQ484C_I FMT_HHQ484_		
HHQ484C_J FMT_HHQ484_		
HHQ484C_K FMT_HHQ484_		
HHQ484_OTHER \$FMT_CHAR.		

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

*Now we will ask you questions about whether certain illnesses have occurred in your biological (blood) relatives--- your parents, brothers, sisters, and children. Please do not include half or step sisters or brothers. Please include both living and deceased relatives.*

HHQ.500. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had **cancer**?

**HHQ500 FMT\_YES\_NO**

Yes            **1**

No             **2**        **(Skip to HHQ.510)**

Refused       **77**       **(Skip to HHQ.510)**

Don't Know   **99**       **(Skip to HHQ.510)**

HHQ.501. Which biological (blood) relatives were diagnosed with cancer? <b>[Enter all that apply]</b>	HHQ.502.a-f. What type(s) of primary cancer did your {relative} have? <b>[Code all that apply from list at end of this questionnaire.]</b>	HHQ.503.a-f. What was the age of your {relative} when first diagnosed with {type of cancer}?
Mother <b>1</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Father <b>2</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Brother <b>3</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Sister <b>4</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Daughter <b>5</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __  Refused <b>77</b> Don't Know <b>99</b>
Son <b>6</b>	Code: _____ Refused <b>77</b> Don't Know <b>99</b>	Age in years  __ __  Refused <b>77</b> Don't Know <b>99</b>

## HEALTH HISTORY PART II (HHQ) (In Exam Center)

Refused	77
Don't Know	99

HHQS01_A	FMT_RELATIVE	HHQS02A_A	FMT_HHQS02_	HHQS03AA	FMT_NUMERIC
HHQS01_B	FMT_RELATIVE	HHQS02A_B	FMT_HHQS02_	HHQS03AB	FMT_NUMERIC
HHQS01_C	FMT_RELATIVE	HHQS02A_C	FMT_HHQS02_	HHQS03AC	FMT_NUMERIC
HHQS01_D	FMT_RELATIVE	HHQS02A_D	FMT_HHQS02_	HHQS03BA	FMT_NUMERIC
HHQS01_E	FMT_RELATIVE	HHQS02B_A	FMT_HHQS02_	HHQS03BB	FMT_NUMERIC
HHQS01_F	FMT_RELATIVE	HHQS02B_B	FMT_HHQS02_	HHQS03BC	FMT_NUMERIC
		HHQS02B_C	FMT_HHQS02_	HHQS03CA	FMT_NUMERIC
		HHQS02B_D	FMT_HHQS02_	HHQS03CB	FMT_NUMERIC
		HHQS02C_A	FMT_HHQS02_	HHQS03CC	FMT_NUMERIC
		HHQS02C_B	FMT_HHQS02_	HHQS03DA	FMT_NUMERIC
		HHQS02C_C	FMT_HHQS02_	HHQS03DB	FMT_NUMERIC
		HHQS02C_D	FMT_HHQS02_	HHQS03DC	FMT_NUMERIC
		HHQS02D_A	FMT_HHQS02_	HHQS03EA	FMT_NUMERIC
		HHQS02D_B	FMT_HHQS02_	HHQS03EB	FMT_NUMERIC
		HHQS02D_C	FMT_HHQS02_	HHQS03EC	FMT_NUMERIC
		HHQS02D_D	FMT_HHQS02_	HHQS03FA	FMT_NUMERIC
		HHQS02E_A	FMT_HHQS02_	HHQS03FB	FMT_NUMERIC
		HHQS02E_B	FMT_HHQS02_	HHQS03FC	FMT_NUMERIC
		HHQS02E_C	FMT_HHQS02_		
		HHQS02E_D	FMT_HHQS02_		
		HHQS02F_A	FMT_HHQS02_		
		HHQS02F_B	FMT_HHQS02_		
		HHQS02F_C	FMT_HHQS02_		
		HHQS02F_D	FMT_HHQS02_		
		HHQS02_OTHER	\$FMT_CHAR.		



**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.510. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had **diabetes**?

HHQ510 FMT\_YES\_NO

Yes 1

No 2 (Skip to HHQ.520)

Refused 77 (Skip to HHQ.520)

Don't Know 99 (Skip to HHQ.520)

HHQ.511. Which biological (blood) relatives had diabetes? [Enter all that apply]	HHQ.512.a-f. Was your {relative} diagnosed with diabetes as a child or as an adult?
Mother 1	Child 1 Adult 2 Refused 777 Don't Know 999
Father 2	Child 1 Adult 2 Refused 777 Don't Know 999
Brother 3	Child 1 Adult 2 Refused 777 Don't Know 999
Sister 4	Child 1 Adult 2 Refused 777 Don't Know 999
Daughter 5	Child 1 Adult 2 Refused 777 Don't Know 999
Son 6	Child 1 Adult 2 Refused 777 Don't Know 999
Refused 77	

## HEALTH HISTORY PART II (HHQ) (In Exam Center)

Don't Know 99

HHQ511 FMT\_HHQ511\_  
HHQ512 FMT\_HHQ512\_

HHQ511\_A FMT\_RELATIVE  
HHQ511\_B FMT\_RELATIVE  
HHQ511\_C FMT\_RELATIVE  
HHQ511\_D FMT\_RELATIVE  
HHQ511\_E FMT\_RELATIVE  
HHQ511\_F FMT\_RELATIVE

HHQ512\_A FMT\_HHQ512\_  
HHQ512\_B FMT\_HHQ512\_  
HHQ512\_C FMT\_HHQ512\_  
HHQ512\_D FMT\_HHQ512\_  
HHQ512\_E FMT\_HHQ512\_  
HHQ512\_F FMT\_HHQ512\_

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.520. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **Alzheimer's disease or dementia?**

HHQ520

FMT\_YES\_NO

Yes            **1**

No             **2**        **(Skip to HHQ.530)**

Refused       **77**        **(Skip to HHQ.530)**

Don't Know   **99**       **(Skip to HHQ.530)**

HHQ.521. Which biological (blood) relatives had Alzheimer's or dementia? [Enter all that apply.]	HHQ.522.a-f. What was the age of your {relative} when first diagnosed with Alzheimer's or dementia?
Mother <b>1</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Father <b>2</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Brother <b>3</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Sister <b>4</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>
Daughter <b>5</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>
Son <b>6</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>
Refused <b>77</b>	
Don't Know <b>99</b>	

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQS21\_A FMT\_RELATIVE  
HHQS21\_B FMT\_RELATIVE  
HHQS21\_C FMT\_RELATIVE  
HHQS21\_D FMT\_RELATIVE  
HHQS21\_E FMT\_RELATIVE  
HHQS21\_F FMT\_RELATIVE

HHQS22\_A FMT\_NUMERIC  
HHQS22\_B FMT\_NUMERIC  
HHQS22\_C FMT\_NUMERIC  
HHQS22\_D FMT\_NUMERIC  
HHQS22\_E FMT\_NUMERIC  
HHQS22\_F FMT\_NUMERIC

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

*Just a reminder that the questions in this section of the interview are about illnesses that have occurred in your biological (blood) relatives--- your parents, brothers, sisters, and children. Please do not include half or step sisters or brothers. Please include both living and deceased relatives.*

HHQ.530. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **asthma?**

**HHQ530 FMT\_YES\_NO**

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.540)</b>
Refused	<b>77</b>	<b>(Skip to HHQ.540)</b>
Don't Know	<b>99</b>	<b>(Skip to HHQ.540)</b>

HHQ.531. Which biological (blood) relatives had asthma? **[Enter all that apply]**

Mother	<b>1</b>	<b>HHQ531_A FMT_RELATIVE</b>
Father	<b>2</b>	<b>HHQ531_B FMT_RELATIVE</b>
Brother	<b>3</b>	<b>HHQ531_C FMT_RELATIVE</b>
Sister	<b>4</b>	<b>HHQ531_D FMT_RELATIVE</b>
Daughter	<b>5</b>	<b>HHQ531_E FMT_RELATIVE</b>
Son	<b>6</b>	<b>HHQ531_F FMT_RELATIVE</b>
Refused	<b>77</b>	
Don't Know	<b>99</b>	

HHQ.540. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **osteoporosis or brittle bones?**

**HHQ540 FMT\_YES\_NO**

Yes	<b>1</b>	
No	<b>2</b>	<b>(Skip to HHQ.550)</b>
Refused	<b>77</b>	<b>(Skip to HHQ.550)</b>

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**  
Don't Know **99** **(Skip to HHQ.550)**

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.541. Which biological (blood) relatives had osteoporosis or brittle bones? **[Enter all that apply]**

Mother	1	HHQ541_A FMT_RELATIVE
Father	2	HHQ541_B FMT_RELATIVE
Brother	3	HHQ541_C FMT_RELATIVE
Sister	4	HHQ541_D FMT_RELATIVE
Daughter	5	HHQ541_E FMT_RELATIVE
Son	6	HHQ541_F FMT_RELATIVE
Refused	77	
Don't Know	99	

HHQ.550. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **high blood pressure or hypertension?**

HHQ550 FMT\_YES\_NO

Yes	1	
No	2	(Skip to HHQ.560)
Refused	77	(Skip to HHQ.560)
Don't Know	99	(Skip to HHQ.560)

HHQ.551. Which biological (blood) relatives had high blood pressure or hypertension? **[Enter all that apply]**

Mother	1	HHQ551_A FMT_RELATIVE
Father	2	HHQ551_B FMT_RELATIVE
Brother	3	HHQ551_C FMT_RELATIVE
Sister	4	HHQ551_D FMT_RELATIVE
Daughter	5	HHQ551_E FMT_RELATIVE
		HHQ551_F FMT_RELATIVE

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

Son	<b>6</b>
Refused	<b>77</b>
Don't Know	<b>99</b>



**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.560. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **a stroke?**

*HHQ560 FMT\_YES\_NO*

Yes            **1**

No            **2**        **(Skip to HHQ.570)**

Refused      **77**        **(Skip to HHQ.570)**

Don't Know   **99**        **(Skip to HHQ.570)**

HHQ.561. Which biological (blood) relatives had a stroke? <b>[Enter all that apply.]</b>	HHQ.562. What was the age of your {relative} when first diagnosed with a stroke?	HHQ.565. Did your {relative} ever smoke?
Mother <b>1</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Father <b>2</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Brother <b>3</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Sister <b>4</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Daughter <b>5</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Son <b>6</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Refused <b>77</b>		
Don't Know <b>99</b>		

## HEALTH HISTORY PART II (HHQ) (In Exam Center)

HHQ561\_A FMT\_RELATIVE

HHQ561\_B FMT\_RELATIVE

HHQ561\_C FMT\_RELATIVE

HHQ561\_D FMT\_RELATIVE

HHQ561\_E FMT\_RELATIVE

HHQ561\_F FMT\_RELATIVE

HHQ562A FMT\_NUMERIC

HHQ562B FMT\_NUMERIC

HHQ562C FMT\_NUMERIC

HHQ562D FMT\_NUMERIC

HHQ562E FMT\_NUMERIC

HHQ562F FMT\_NUMERIC

HHQ565A FMT\_YES\_NO

HHQ565B FMT\_YES\_NO

HHQ565C FMT\_YES\_NO

HHQ565D FMT\_YES\_NO

HHQ565E FMT\_YES\_NO

HHQ565F FMT\_YES\_NO

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ.570. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} **a heart attack or angina?**

*HHQ570 FMT\_YES\_NO*

Yes            **1**

No            **2**        **(END OF QUESTIONNAIRE)**

Refused      **77**        **(END OF QUESTIONNAIRE)**

Don't Know   **99**        **(END OF QUESTIONNAIRE)**

HHQ.571. Which biological (blood) relatives had a heart attack or angina? <b>[Enter all that apply.]</b>	HHQ.572. What was the age of your {relative} when first diagnosed with a heart attack or angina?	HHQ.575. Did your {relative} ever smoke?
Mother <b>1</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Father <b>2</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Brother <b>3</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Sister <b>4</b>	Age in years  __ __ __  Refused <b>777</b> Don't Know <b>999</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Daughter <b>5</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Son <b>6</b>	Age in years  __ __  Refused <b>777</b> Don't Know <b>99</b>	Yes <b>1</b> No <b>2</b> Refused <b>77</b> Don't Know <b>99</b>
Refused <b>77</b>		
Don't Know <b>99</b>		

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

HHQ571\_A FMT\_RELATIVE

HHQ571\_B FMT\_RELATIVE

HHQ571\_C FMT\_RELATIVE

HHQ571\_D FMT\_RELATIVE

HHQ571\_E FMT\_RELATIVE

HHQ571\_F FMT\_RELATIVE

HHQ572A FMT\_NUMERIC

HHQ572B FMT\_NUMERIC

HHQ572C FMT\_NUMERIC

HHQ572D FMT\_NUMERIC

HHQ572E FMT\_NUMERIC

HHQ572F FMT\_NUMERIC

HHQ575A FMT\_YES\_NO

HHQ575B FMT\_YES\_NO

HHQ575C FMT\_YES\_NO

HHQ575D FMT\_YES\_NO

HHQ575E FMT\_YES\_NO

HHQ575F FMT\_YES\_NO

**HEALTH HISTORY PART II (HHQ) (In Exam Center)****\*CODE LIST OF PRIMARY CANCERS for HHQ.481. and HHQ.502.**

<b>Bladder</b>	<b>10</b>	<b>Nervous System</b>	<b>27</b>
<b>Blood</b>	<b>11</b>	<b>Ovary/Ovarian</b>	<b>28</b>
<b>Bone</b>	<b>12</b>	<b>Pancreas/Pancreatic</b>	<b>29</b>
<b>Brain</b>	<b>13</b>	<b>Prostate</b>	<b>30</b>
<b>Breast</b>	<b>14</b>	<b>Rectum/Rectal</b>	<b>31</b>
<b>Cervix/Cervical</b>	<b>15</b>	<b>Skin (Non Melanoma)</b>	<b>32</b>
<b>Colon</b>	<b>16</b>	<b>Skin (unkown)</b>	<b>33</b>
<b>Esophagus</b>	<b>17</b>	<b>Soft Tissue</b>	
<b>Gallbladder</b>	<b>18</b>	<b>(Muscle/Fat)</b>	<b>34</b>
<b>Kidney</b>	<b>19</b>	<b>Stomach</b>	<b>35</b>
<b>Larynx/Windpipe</b>	<b>20</b>	<b>Testes/Testicular</b>	<b>36</b>
<b>Leukemia</b>	<b>21</b>	<b>Thyroid</b>	<b>37</b>
<b>Liver</b>	<b>22</b>	<b>Uterus/Uterine</b>	<b>38</b>
<b>Lung</b>	<b>23</b>	<b>Other</b>	<b>39</b>
<b>Lymphoma/</b>		<b>More than 3</b>	<b>66</b>
<b>Hodgkins Disease</b>	<b>24</b>	<b>Refused</b>	<b>77</b>
<b>Melanoma</b>	<b>25</b>	<b>Don't Know</b>	<b>99</b>
<b>Mouth/ Tongue/Lip</b>	<b>26</b>		