

**ALCOHOL USE (ALQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

*The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of drink with alcohol in it.*

1. [ALQ.110] In your **entire life**, have you had at least 12 drinks of any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

Yes	1	
No	2	<b>(End of Questionnaire)</b>
Refused	R	<b>(End of Questionnaire)</b>
Don't Know	D	<b>(End of Questionnaire)</b>

2. [ALQ.120] Was there ever a time or times in your life when you **drank 5 or more drinks** of any kind of alcoholic beverage **almost every day**?

Yes	1	
No	2	<b>(Skip to Question 4)</b>
Refused	R	<b>(Skip to Question 4)</b>
Don't Know	D	<b>(Skip to Question 4)</b>

3. [ALQ.130] In the **past 12 months**, on how many **days** did you have 5 or more drinks of any alcoholic beverage?

Please write in the number of days. If you drank more than 5 alcoholic beverages about 1 day per week, write 52. If, for example, you usually did this about 2 times per month, write 24. If there was no day in the past 12 months where you had 5 or more drinks, write 0.

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Enter number of days

Refused	R
Don't Know	D

4. [ALQ.140] Do you presently drink alcoholic beverages?

Yes	1	<b>(Skip to Question 6)</b>
No	2	<b>(Continue to Question 5)</b>
Refused	R	<b>(End of Questionnaire)</b>
Don't Know	D	<b>(End of Questionnaire)</b>

### ALCOHOL USE (ALQ)

5. [ALQ.150] When did you have your last alcoholic beverage?  
Please circle one response

Less than 2 months ago	1 <b>(End of Questionnaire)</b>
At least 2 months ago, but less than 1 year ago	2 <b>(End of Questionnaire)</b>
At least 1 year ago, but less than 2 years ago	3 <b>(End of Questionnaire)</b>
At least 2 years ago, but less than 3 years ago	4 <b>(End of Questionnaire)</b>
More than 3 years ago	5 <b>(End of Questionnaire)</b>
Refused	R <b>(End of Questionnaire)</b>
Don't Know	D <b>(End of Questionnaire)</b>

### **Continue if you answered Yes to Question 4**

6. [ALQ.160] How many glasses of wine or wine coolers do you usually have per week? (5 oz. glasses of wine or 12 oz. bottles of wine coolers)

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Enter quantity

None	0
Refused	R
Don't Know	D

7. [ALQ.170] How many glasses, bottles, or cans of beer do you usually have per week? (12 oz. glasses, bottles, or cans)

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Enter quantity

None	0
Refused	R
Don't Know	D

8. [ALQ.180] How many drinks of hard liquor (1.5 oz. shots) do you usually have per week?

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Enter quantity

None	0
Refused	R
Don't Know	D

9. [ALQ.190] During the past 24 hours, how many drinks have you had?

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Enter quantity

None	0
Refused	R
Don't Know	D

## Section I: The Foods You Eat

The following questions are about the foods you usually eat. Please answer each question as best you can, and estimate if you are not sure.

Think about your eating habits over the past year or so. Remember breakfast, lunch, dinner, snacks and eating out. There are two kinds of questions for each food. "How Many Days Per Week" on average do you usually eat the food, and "How Much" do you usually eat of the food. *Please mark a circle for the number of days a week you usually eat each food, and then how much of it you eat on those days. If you don't eat a certain food or beverage, please leave the "How Much" section on the right blank.*

	How Many Days Per Week?						How Much On Those Days? <i>If None, Leave Blank</i>		
	None or less than 1	1 Day	2 Days	3-4 Days	5-6 Days	Every Day	▼	▼	▼
	▼	▼	▼	▼	▼	▼	▼	▼	▼
1. Glasses of milk (any kind) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 eight ounce glass	2 eight ounce glasses	3+ eight ounce glasses						
2. Real 100% fruit juice, like..... orange juice, apple juice, or fruit smoothies. Don't count fruit flavored soft drinks or drinks like Sunny Delight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Small 6 ounce glass	1 cup	2+ cups						
3. Vegetable juice, like tomato juice,..... V8, or carrot juice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Small 6 ounce glass	1 cup	2+ cups						
4. Snapple, Kool-Aid, instant lemonade,..... instant iced tea, cordial - regular or sugar free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 glass	2 glasses	3+ glasses						

## SHOW

	How Many Days Per Week?						How Much On Those Days? If None, Leave Blank			
	None or less than 1  ▼	1 Day  ▼	2 Days  ▼	3-4 Days  ▼	5-6 Days  ▼	Every Day  ▼				
5. Drink with some juice, like Hawaiian ..... Punch, Sunny Delight, Knudsen, Hi-C, or cranberry juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 glass	2 glasses	3+ glasses
6. Any kind of soft drink, soda or pop, Like Coke, cola, Gingerale, Crush, Fanta, - regular or sugar free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 glass/can	2 glasses/cans	3+ glasses/cans
7. Beer.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 glass/can	2 glasses/cans	3+ glasses/cans
8. Eggs, or breakfast sandwiches with ..... Eggs, like Egg McMuffins (McDonalds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 egg	2 eggs	3+ eggs
9. Cold cereal, any kind .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small bowl	1 medium bowl	1 large bowl
10. Hot cereal, cooked cereal like ..... oatmeal or porridge, grits, or cream of wheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small bowl	1 medium bowl	1 large bowl

	How Many Days Per Week?						How Much On Those Days? <i>If None, Leave Blank</i>			
	None or less than 1 ▼	1 Day ▼	2 Days ▼	3-4 Days ▼	5-6 Days ▼	Every Day ▼				
11. Real sugar or honey in coffee or tea ..... or on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 1 teaspoon	<input type="radio"/> ..... 2 teaspoons	<input type="radio"/> ..... 3+ teaspoons
12. Cheese, sliced cheese or cheese spread,..... including on sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 1 slice	<input type="radio"/> ..... 2 slices	<input type="radio"/> ..... 3+ slices
13. Lunch meats like bologna, salami,..... sliced ham, turkey lunch meat, or any other cold meat cuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 1 slice	<input type="radio"/> ..... 2 slices	<input type="radio"/> ..... 3+ slices
14. Hamburgers, cheeseburgers, meat balls .... or meat loaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 1 small/ 3 ounce	<input type="radio"/> ..... 1 large	<input type="radio"/> ..... 2 large
15. Hot dogs, or sausage like Polish, Italian .... or chorizo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 1 hotdog	<input type="radio"/> ..... 2 hotdogs	<input type="radio"/> ..... 3+ hotdogs
16. Other beef or pork, such as steak, ..... roast beef, ribs, or in sandwiches, tacos, burritos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ..... 3 ounce small	<input type="radio"/> ..... 4 to 6 ounce medium	<input type="radio"/> ..... 7+ ounces large

## SHOW

	How Many Days Per Week?						How Much On Those Days? <i>If None, Leave Blank</i>		
	None or less than 1 ▼	1 Day ▼	2 Days ▼	3-4 Days ▼	5-6 Days ▼	Every Day ▼	▼	▼	▼
17. Fried chicken, including chicken nuggets, wings, chicken patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium piece
18. Fish, any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 medium pieces or 6 nuggets
19. Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 medium pieces
20. Spaghetti, lasagna, other pasta, or noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 ounces
21. Rice, or dishes made with rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 ounces
22. Green salad and vegetables you put in green salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 ounces
									1 slice
									2 slices
									3+ slices
									1 cup
									2 cups
									3+ cups
									1 cup rice
									2 cups rice
									3+ cups rice
									1 cup
									2 cups
									3+ cups

	How Many Days Per Week?						How Much On Those Days? If None, Leave Blank			
	None or less than 1	1 Day	2 Days	3-4 Days	5-6 Days	Every Day				
23. Any kind of fruit, fresh or canned (not counting juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 fruit or ½ cup	2 fruits or 1 cup	3 fruits or 2 cups
24. French fries, home fries, hash browns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	small (McDonalds)	medium	large
25. Potatoes not fried, like baked, mashed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	½ cup or ½ potato	1 cup or 1 potato	2+ cups or 2+ potatoes
26. Vegetable soup, or stew with vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	1 ½ cups	2+ cups
27. ALL other vegetables you eat, as a side dish or in any kind of dish, not counting salad or potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	½ cup altogether	1 cup	2+ cups
28. Bread, rolls, bagels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice	2 slices	3+ slices

## SHOW

	How Many Days Per Week?						How Much On Those Days? <i>If None, Leave Blank</i>					
	None or less than 1	1 Day	2 Days	3-4 Days	5-6 Days	Every Day						
	▼	▼	▼	▼	▼	▼						
29. Biscuits, muffins, croissants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3+
30. Snack chips like potato chips, tortilla, ..... corn chips, Fritos, Doritos, popcorn (not pretzels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small handful	<input type="radio"/>	1 ounce bag or 1 cup	<input type="radio"/>	Big bag or 2 cups
31. Crackers, like Ritz, soda-crackers, Cheez-Its, or any other snack cracker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 to 4 small crackers	<input type="radio"/>	5 to 10 crackers	<input type="radio"/>	a lot
32. Ice cream, ice cream bars.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	½ cup	<input type="radio"/>	1 cups	<input type="radio"/>	2+ cups
33. Doughnuts.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3+
34. Cake, cookies, or snack cakes like ..... cupcakes, Twinkies, or any other pastry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small piece	<input type="radio"/>	1 medium piece	<input type="radio"/>	2+ pieces

	How Many Days Per Week?						How Much On Those Days? <i>If None, Leave Blank</i>					
	None or less than 1	1 Day	2 Days	3-4 Days	5-6 Days	Every Day						
	▼	▼	▼	▼	▼	▼						
35. Pie including fast food pies or snack ..... pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small piece	<input type="radio"/>	1 medium piece	<input type="radio"/>	2+ pieces
36. Chocolate candy like chocolate bars, ..... M&Ms, Mars Bars, Reeses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 mini	<input type="radio"/>	1 medium	<input type="radio"/>	1 large
37. Any other candy (not chocolate) ..... like hard candy, Lifesavers, Skittles Starburst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 to 2 pieces	<input type="radio"/>	½ package	<input type="radio"/>	1 package
38. Margarine (not butter) on bread or ..... on vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 teaspoon	<input type="radio"/>	2 teaspoons	<input type="radio"/>	3 teaspoons
39. Butter (not margarine) on bread or ..... on vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 teaspoon	<input type="radio"/>	2 teaspoons	<input type="radio"/>	3 teaspoons
40. Fat or oil in cooking .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

SHOW

*For each of the questions below, please mark the circle for the answer that best describes your usual eating habits.*

**41. What kind of milk do you usually drink?**

- Whole milk
- Skim milk
- I don't drink milk or soy milk
- Reduced-fat 2% milk
- Soy milk
- Low-fat 1% milk
- Rice milk

**42. If you drink soft drinks or pop, is it usually:**

- Diet or sugar-free soft drinks
- Regular
- I don't drink soft drinks

**43. If you drink Snapple, KoolAid, instant iced tea, or instant lemonade, is it usually:**

- Sugar-free
- Regular
- I don't drink these

**44. If you eat hot dogs, are they usually:**

- Low fat or turkey hot dogs
- Regular hot dogs
- I don't eat hot dogs

**45. If you eat lunch meats, are they usually:**

- Low fat or turkey
- Regular
- I don't eat lunch meats

**46. If you eat snacks like chips, are they usually:**

- Trans-fat free
- Regular
- I don't know
- I don't eat them

*For each of the questions below, please mark the circle for the answer that best describes your usual eating habits.*

**47. If you eat crackers, are they usually:**

- Trans-fat free
- Triscuits, Graham crackers or Ry-Vita
- Saltines or other snack crackers
- I don't eat them

**48. If you eat ice cream, is it usually:**

- Low carb, low sugar
- Regular
- I don't eat it
- Low fat or ice milk
- Premium

**49. If you eat cake, snack cakes, cookies and other pastries, are they usually:**

- Low carb, low sugar
- Low fat
- Regular
- I don't eat it

**50. If you eat chocolate candy, is it usually:**

- Low carb, low sugar
- Low fat
- Regular
- I don't eat it

**51. If you eat other candy (not chocolate), is it usually:**

- Sugar-free
- Regular
- I don't eat it

## SHOW

*For each of the questions below, please mark the circle for the answer that best describes your usual eating habits.*

**52. When you use margarine, is it usually?**

- Stick margarine
- Butter-margarine blend
- Soft tub margarine
- Non-hydrogenated and trans-fat free
- Low-fat margarine
- I don't eat it

**53. What kind of fat or oil do you usually use in cooking? Please mark only one or two.**

- Spray oil ( like Pam), or no oil
- Corn oil, vegetable oil
- Butter
- Olive oil, canola oil
- Butter-margarine blend
- Lard, fatback, or bacon fat
- Stick margarine
- Crisco
- Soft tub margarine
- Trans-fat free brand
- Low-fat margarine
- I don't know, or don't cook

**54. What kind of cold cereal do you usually eat? Choose 1 or 2 that you eat most often. If you usually eat just one kind, mark one.**

- Low-carb cereals like Atkins, Low-Carb Special K
- Cheerios (plain), Shredded Wheat, Wheat Chex, Wheaties
- Sweetened cereals like Frosted Flakes, Honey Nut Cheerios, Fruit Loops, Cap'n Crunch, Granola, instant sweetened oatmeal
- Other cold cereals, like Corn Flakes, Rice Krispies, Bran Flakes
- I don't eat cereal

**55. What kind of bread do you usually eat?**

- Italian, French or local bakery
- Regular, sliced white bread
- Dark bread like rye, or cracked wheat
- 100% whole wheat
- I don't know, or I don't eat bread

Again, thinking about your habits over the past year, about how often do you drink each of the following drinks?

		How Many Days per Week						How Much on Those Days?		
		None or less than 1	1 day	2 days	3-4 days	5-6 days	Every day	1 cup	2 cups	3+ cups
56	Regular coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	De-caffeinated coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58	Regular tea, hot or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	De-caffeinated tea, hot or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SOURCE OF MEALS

We are interested in the kind of places where you got your meals. Think about the last 7 days and fill in the **number of meals** on the following table that match where the food was bought or eaten.

	EXAMPLE	Breakfast	Lunch	Dinner
60a Made at or brought from home	2			
60b Bought deli, bakery, vending machine, take-home, delivered, or convenience store pre-prepared food	2			
60c Bought from or ate at a <b>fast food restaurant*</b>	1			
60d Bought from or ate at a <b>fast-casual restaurant*</b> or cafeteria				
60e Ate at an <b>all you can eat buffet/restaurant *</b>	1			
60f Ate at a <b>sit-down restaurant *</b>				
60g Skipped (did not eat) a meal	1			

- If you have questions, please leave this blank and ask the SHOW interviewer when you attend your appointment at the exam center.
- If your eating schedule does not follow the "breakfast, lunch, and dinner" pattern (that is, if you eat more frequent smaller meals instead), put down under "breakfast" the meals that you eat early in the day, under "lunch" the meals that you eat around midday (noon), and under "dinner," the meals that you eat at the end of the day (late afternoon or evening).

\*For definitions and examples of the different types of restaurants (fast food, fast-casual, all you can eat, sit-down), please see next page.

**DEFINITIONS AND EXAMPLES OF TYPES OF RESTAURANTS:**

- **Fast food restaurants** have limited service, where you order and pay before eating. Food is also served quickly after ordering, and is often cooked in advance and reheated. Examples: McDonald's, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's, Culver's, Subway, etc.

- **Fast-casual restaurants** are like fast food restaurants in that they do not offer table service, but promise a somewhat higher quality of food and atmosphere. You may order and pay at a counter. Often food is brought to your table. Examples: Noodles and Co., Qdoba, Atlanta Bread, Panera Bread, Boston Market, Fuddruckers, etc.

- **All you can eat buffets/restaurants** are places where, for one price, you serve yourself as much food as you want, or can ask for as many servings as you want. There may be table service. Examples: Old Country Buffet, Ponderosa, all you can eat buffets at Chinese restaurants, all you can eat Friday fish fries, all you can eat Sunday brunches, etc.

- **Sit-down restaurants** provide tables where you sit down to eat the meal, served by waitstaff that take your order and bring your food to the table. The restaurants might be formal or informal, but they usually have better quality food and higher prices than fast food. Family-style restaurants with waitstaff are included in this category.

**CAREGIVING (CGQ)**

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

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

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

*There are situations in which people provide regular **unpaid care or assistance** to a family member (**including children**) or a friend who has a **long-term illness or a disability**.*

CGQ.010. **In the past 12 months**, did you provide any such care or assistance to a family member or friend living with you or living elsewhere? **(Include only unpaid care activities and only those care activities made necessary by the illness or disability of the recipient.)**

Yes 1

No 2 **(End of Caregiving Questionnaire)**Refused 77 **(End of Caregiving Questionnaire)**

Don't Know 99

CGQ.020. Are you currently giving unpaid help to a family member or friend? **(Include only unpaid care activities and only those care activities made necessary by the illness or disability of the recipient.)**

Yes 1 **(Skip to CGQ.030)**

No 2

Refused 77 **(End of Caregiving Questionnaire)**

Don't Know 99

CGQ.020.10. How many months ago did you last provide care?

|\_\_|\_\_|

Enter months **(Skip to CGQ.130)**Refused 77 **(Skip to CGQ.130)**Don't Know 99 **(Skip to CGQ.130)****QUESTIONS FOR THOSE CURRENTLY PROVIDING CARE (CGQ.030-CGQ.120 only)**

CGQ.030. To how many people do you currently provide care?

|\_\_|\_\_|

Enter number of people

Refused 77

Don't Know 99

**CAREGIVING (CGQ)**

*The next questions are about the person who receives your care.*

- \* If you care for one person, I'd like you to focus on that person.
- \* If you care for more than one person, please focus on the one with whom you live.
- \* If you live with more than one person you care for, please focus on the person to whom you provide the most assistance.

CGQ.040. What is this person's relationship to you?

1. Spouse
2. Mother (Skip to CGQ.060)
3. Father (Skip to CGQ.060)
4. Mother-in-law (Skip to CGQ.060)
5. Father-in-law (Skip to CGQ.060)
6. Son (Skip to CGQ.060)
8. Daughter (Skip to CGQ.060)
10. Brother (Skip to CGQ.060)
11. Sister (Skip to CGQ.060)
12. Brother-in-law (Skip to CGQ.060)
13. Sister-in-law (Skip to CGQ.060)
14. Grandmother (Skip to CGQ.060)
15. Grandfather (Skip to CGQ.060)
16. Grandparent-in-law
17. Aunt/uncle
18. Other family member (Specify: \_\_\_\_\_)
19. Friend/non-family member/neighbor
20. Companion/partner
77. Refused
99. Don't Know

**CAREGIVING (CGQ)**

CGQ.050. Is the person you care for a male or female?

Male **1**

Female **2**

Refused **77**

Don't Know **99**

CGQ.060. How old is this person? Your best estimate is fine.

[\_\_\_\_\_  
Enter years

Refused **777**

Don't Know **999**

CGQ.070. Does this person live...? (Choose one.)

1. In your household
  2. Within twenty minutes of your home
  3. Between 20 minutes and one hour from your home
  4. A one to two hour drive from your home
  5. More than two hours away
- 77.** Refused
- 99.** Don't Know

**CAREGIVING (CGQ)**

CGQ.080. What would you say is the **main** problem or illness this person has? (**Choose only one.**)

1. AIDS
2. Alzheimer's/ confusion/ dementia/ forgetfulness
3. Amputee
4. Arthritis
5. Asthma
6. Attention deficit hyperactivity disorder (ADHD)
8. Autism, Asperger's, pervasive developmental disorder (PDD)
10. Blindness/vision loss, can't see well
11. Blood pressure/hypertension
12. Broken bones
13. Cancer
14. Cerebral palsy
15. Cognitive disabilities
16. Deafness/hearing loss
17. Developmental disabilities
18. Diabetes
19. Down syndrome
20. Epilepsy
21. Feeble, unsteady, falling
22. Fragile x syndrome
23. Heart disease
24. Juvenile diabetes
25. Learning disabilities (i.e., dyslexia, dyspraxia and central auditory disorder)
26. Lung disease, emphysema

**CAREGIVING (CGQ)**

[CONTINUED FROM PREVIOUS PAGE: CGQ.080. What would you say is the **main** problem or illness this person has? (**Choose only one.**)

- 27.** Mental retardation
- 28.** Mental illness, emotional illness, depression (including Bipolar disorder, schizophrenia, and substance abuse)
- 29.** Mobility (can't get around)
- 30.** Muscular dystrophy
- 31.** Old age, just old
- 32.** Osteoporosis
- 33.** Paraplegia
- 34.** Parkinson's
- 35.** Sickle cell anemia
- 36.** Speaking, can't speak
- 37.** Spina bifida
- 38.** Stroke
- 39.** Other (Specify: \_\_\_\_\_)
- 77.** Refused
- 99.** Don't Know

CGQ.090. When did this person's illness or disability begin?

\_\_\_\_\_| - \_\_\_\_|\_\_\_\_|  
Enter month and year

Refused      **777777**

Don't Know    **999999**

**CAREGIVING (CGQ)**

CGQ.100. How long have you cared for this person? Your best estimate is fine. **[Interviewer: Enter number of years if one or more years, or mark response below if less than one year or occasionally.]**

|\_\_|\_\_|  
Enter years

- 91. Six months to one year
- 92. Less than six months
- 93. Occasionally, on and off
  
- 77. Refused
  
- 99. Don't Know

CGQ.110. Thinking now of all the kinds of help you provide for this person, about how many hours do you spend in an average week doing these things? Your best estimate is fine.

|\_\_|\_\_|\_\_|  
Enter hours per week  
**[If less than 1 hour per week, enter "1."]**  
**[If SP provides constant care, enter "168."]**

Refused 777

Don't Know 999

**CAREGIVING (CGQ)**

CGQ.120. I have a list of things that other people have found to be difficult about giving care (e.g. to sick, disabled, elderly family members, friends, etc.). **Do these apply to you because of care-giving? Please answer yes or no.** [Interviewer: Check Yes or No box for each item.]

		<b>Yes</b>	<b>No</b>
a.	Your sleep is disturbed (e.g., because the person you give care to requires care at night).		
b.	It is inconvenient to you (e.g., because care-giving takes so much time).		
c.	It is a physical strain for you (e.g., because of lifting the person you give care to in and out of a chair).		
d.	It is confining to you (e.g., you have little free time or cannot go visiting).		
e.	There have been family adjustments for you (e.g., because care-giving has disrupted your routine or there is little privacy).		
f.	You have made changes in personal plans (e.g., had to turn down a job; could not go on vacation).		
g.	You have had to make emotional adjustments.		
h.	Some behavior (of the person you give care to) is upsetting to you.		
i.	It is upsetting to find the person you give care to has changed so much from {his/her} former self.		
j.	You have had to make work adjustments (e.g., because of having to take time off).		
k.	It is a financial strain for you.		
l.	You feel overwhelmed (e.g., because concerns about how you will manage, or concerns about health of the person you give care to).		

[This is the end of the Caregiving Questionnaire for Current Caregivers.]

**CAREGIVING (CGQ)****QUESTIONS FOR THOSE CAREGIVERS WHO ARE NOT CURRENTLY IN THIS ROLE**  
**(CGQ.130 – CGQ.220 only)**

CGQ.130. To how many people did you provide this care in the past 12 months?

|   
Enter number of people

Refused **77**

Don't Know **99**

*The next questions are about the person who received your care.*

- \* If you cared for one person, I'd like you to focus on that person.
- \* If you cared for more than one person, please focus on the one with whom you lived.
- \* If you lived with more than one person you cared for, please focus on the person to whom you provided the most assistance.

**CAREGIVING (CGQ)**

CGQ.140. What was this person's relationship to you?

1. Spouse
2. Mother **(Skip to CGQ.160)**
3. Father **(Skip to CGQ.160)**
4. Mother-in-law **(Skip to CGQ.160)**
5. Father-in-law **(Skip to CGQ.160)**
6. Son **(Skip to CGQ.160)**
8. Daughter **(Skip to CGQ.160)**
10. Brother **(Skip to CGQ.160)**
11. Sister **11 (Skip to CGQ.160)**
12. Brother-in-law **(Skip to CGQ.160)**
13. Sister-in-law **(Skip to CGQ.160)**
14. Grandmother **(Skip to CGQ.160)**
15. Grandfather **(Skip to CGQ.160)**
16. Grandparent-in-law
17. Aunt/uncle
18. Other family member (Specify: \_\_\_\_\_)
19. Friend/non-family member/neighbor
20. Companion/partner
77. Refused
99. Don't Know

**CAREGIVING (CGQ)**

CGQ.150. Was the person you cared for a male or female?

Male **1**

Female **2**

Refused **77**

Don't Know **99**

CGQ.160. How old was this person (when you provided care)? Your best estimate is fine.

[   |   |   ]

Enter years

Refused **777**

Don't Know **999**

CGQ.170. Did this person live...? (Choose one.)

- 1.** In your household
- 2.** Within twenty minutes of your home
- 3.** Between 20 minutes and an hour from your home
- 4.** A one to two hour drive from your home
- 5.** More than two hours away
- 77.** Refused
- 99.** Don't Know

**CAREGIVING (CGQ)**

CGQ.180. What would you say was the **main** problem or illness this person had? (**Choose only one.**)

1. AIDS
2. Alzheimer's/ confusion/ dementia/ forgetfulness
3. Amputee
4. Arthritis
5. Asthma
6. Attention deficit hyperactivity disorder (ADHD)
8. Autism, Asperger's, pervasive developmental disorder (PDD)
10. Blindness/vision loss, can't see well
11. Blood pressure/hypertension
12. Broken bones
13. Cancer
14. Cerebral palsy
15. Cognitive disabilities
16. Deafness/hearing loss
17. Developmental disabilities
18. Diabetes
19. Down syndrome
20. Epilepsy
21. Feeble, unsteady, falling
22. Fragile x syndrome
23. Heart disease
24. Juvenile diabetes
25. Learning disabilities (i.e., dyslexia, dyspraxia and central auditory disorder)
26. Lung disease, emphysema

**CAREGIVING (CGQ)**

[CONTINUED FROM PREVIOUS PAGE: CGQ.180. What would you say was the **main** problem or illness this person had? (**Choose only one.**)]

- 27.** Mental retardation
- 28.** Mental illness, emotional illness, depression (including Bipolar disorder, schizophrenia, and substance abuse)
- 29.** Mobility (can't get around)
- 30.** Muscular dystrophy
- 31.** Old age, just old
- 32.** Osteoporosis
- 33.** Paraplegia
- 34.** Parkinson's
- 35.** Sickle cell anemia
- 36.** Speaking, can't speak
- 37.** Spina bifida
- 38.** Stroke
- 39.** Other (Specify: \_\_\_\_\_)
- 77.** Refused
- 99.** Don't Know

CGQ.190. When did this person's illness or disability begin?

\_\_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Enter month and year

Refused **777777**

Don't Know **999999**

**CAREGIVING (CGQ)**

- CGQ.200. How long did you care for this person? Your best estimate is fine. [Interviewer:  
**Enter number of years if one or more years, or mark response below if less than one year or occasionally.**]

|\_\_|\_\_|  
Enter years

**91.** Six months to one year

**92.** Less than six months

**93.** Occasionally, on and off

**77.** Refused

**99.** Don't Know

- CGQ.210. Thinking now of all the kinds of help you provided for this person, about how many hours did you spend in an average week doing these things? Your best estimate is fine.

|\_\_|\_\_|\_\_|  
Enter hours per week  
[If less than 1 hour per week, enter "1."  
[If SP provided constant care, enter "168."]

Refused **777**

Don't Know **999**

**CAREGIVING (CGQ)**

CGQ 220. I have a list of things that other people have found to be difficult about giving care (e.g. to sick, disabled, elderly family members, friends, etc.). **Did these apply to you because of care-giving? Please answer yes or no.** [Interviewer: Check Yes or No box for each item.]

		<b>Yes</b>	<b>No</b>
a.	Your sleep was disturbed (e.g., because the person you gave care to required care at night).		
b.	It was inconvenient to you (e.g., because care-giving took so much time).		
c.	It was a physical strain for you (e.g., because of lifting the person you gave care to in and out of a chair).		
d.	It was confining to you (e.g., you had little free time or could not go visiting).		
e.	There were family adjustments for you (e.g., because care-giving disrupted your routine or there was little privacy).		
f.	You made changes in personal plans (e.g., had to turn down a job; could not go on vacation).		
g.	You had to make emotional adjustments.		
h.	Some behavior (of the person you gave care to) was upsetting to you.		
i.	It was upsetting to find the person you gave care to had changed so much from {his/her} former self.		
j.	You had to make work adjustments (e.g., because of having to take time off).		
k.	It was a financial strain for you.		
l.	You felt overwhelmed (e.g., because concerns about how you would manage, or concerns about health of the person you gave care to).		

[This is the end of the Caregiving Questionnaire for SPs who ended their caregiver roles in the last 12 months.]

**Section H: Characteristics of Your Neighborhood**

**QH-1. About how many minutes would it take to walk from your home to the nearest of these facilities?**

	10 minutes or less	11 to 20 minutes	21 to 30 minutes	More than 30 minutes	Don't know of any of these within walking distance
1a. Park, playground, or playing field? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Public recreation center?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. Trail for walking or biking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Public outdoor swimming pool? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Public indoor swimming pool? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Private fitness center? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. Convenience or small grocery store? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Supermarket? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. Post office?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. Library?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1k. Elementary school? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1l. Other school? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1m. Fast food restaurant? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1n. Other restaurant? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1o. Pharmacy or drug store? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1p. Salon or barber? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1q. Other type of store? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1r. Place of worship?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1s. Indoor fitness facility .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1t. Golf course .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. How would you rate your community as a place to be physically active?**

- Not at all pleasant
- Not very pleasant
- Somewhat pleasant
- Very pleasant

**3. How safe from crime is your community for walking or riding a bike?**

- Not at all safe
- Not very safe
- Somewhat safe
- Very safe

**4. How safe from traffic is your community for walking or riding a bike?**

- Not at all safe
- Not very safe
- Somewhat safe
- Very safe

**5. Please rate your degree of agreement with the following statements:**

<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
▼	▼	▼	▼

- 5a. There are many destinations to go to within easy walking distance from my home.....  .....  .....  .....
- 5b. There are many interesting things to look at while walking in my community.....  .....  .....  .....
- 5c. My community is well maintained.....  .....  .....  .....
- 5d. My community is generally free from garbage, litter, or broken glass .....
- 5e. I have easy access to fresh fruits and vegetables in my community .....

**COGNITIVE (CGQ)****SPID#** \_\_\_\_\_**Date:** \_\_\_\_\_**Interviewer:** \_\_\_\_\_

*The next part of the SHOW exam has three exercises or quizzes for you to do. These test your memory.*

**[Interviewer: Enter all entries and stop after 60 seconds. Note repeated names with a P (Perseverations) and responses that were not animals as I (Intrusions).]**

- CGQ.010. Please name all the animals you can think of until I say stop. (Do not wait for me to finish writing each before continuing.)

**[Interviewer: Write down each animal]:**

Refused **77**

Don't Know **99**

- CGQ.020. Please listen carefully, remember these 3 unrelated words and then repeat them:  
cat, pen, apple.

Repeated the words correctly **1**

Repeated the words incorrectly **2**

Refused **77**

Don't Know/Couldn't do **99**

- CGQ.030. Please take this paper with the circle on it. Inside the circle, please draw the hours of a clock as they normally appear

Numbered correctly **1**

Numbered incorrectly **2**

Refused to do **77**

Said didn't know/Couldn't do **99**

**COGNITIVE (CGQ)**

CGQ.040. Place the hands of the clock to represent the time: "ten minutes after eleven o'clock."

Correctly placed hands **1**

Incorrectly placed hands **2**

Refused to do **77**

Said didn't know/Couldn't do **99**

CGQ.050. Please repeat the 3 words I asked you to remember earlier.

Repeated the words correctly **1**

Repeated the words incorrectly **2**

Refused **77**

Don't Know/Couldn't do **99**

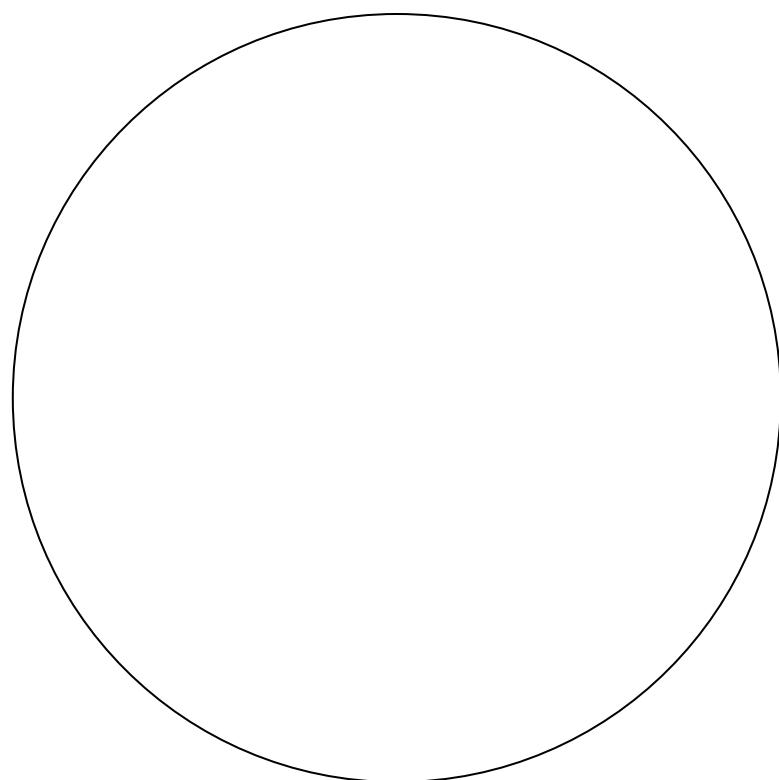
SHOW 2010

PAPI Interviewer Administered

**COGNITIVE (CGQ)**

PLACE SUBJECT BARCODE HERE

PAPER ATTACHMENT



## CONTRACEPTION (FPC)

SPID \_\_\_\_\_

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

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

*The next set of questions asks you about your thoughts and experiences with family planning.  
Please remember that all of your answers will be kept confidential.*

1. [FPC.010] Some things people do to prevent a pregnancy include abstaining from having sex at certain times, using birth control methods (such as the pill, implants, shots, condoms, diaphragm, foam, and IUD), having their tubes tied, or having a vasectomy. Are you or your partner doing anything now to keep you/her from getting pregnant? **If you have more than one partner, please answer these questions about your usual partner.**

Yes	1	
No	2	<b>(Skip to Question 3)</b>
Refused	R	<b>(End of Questionnaire)</b>
Don't Know	D	<b>(End of Questionnaire)</b>

2. [FPC.020] What are you or your partner doing now to prevent a pregnancy? **For each method below answer:** 1 for Yes  
2 for No  
R for Refused  
D for Don't Know

- \_\_\_\_\_ a. Have you or your partner had tubes tied?
- \_\_\_\_\_ b. Have you or your partner had a hysterectomy, that is female sterilization?
- \_\_\_\_\_ c. Have you or your partner had a vasectomy, that is male sterilization?
- \_\_\_\_\_ d. Do you or your partner use a birth control pill? This means all kinds, but not including the morning-after pill.
- \_\_\_\_\_ e. Do you or your partner use the morning-after pill, that is an emergency contraceptive?
- \_\_\_\_\_ f. Do you or your partner use either a male or female condom?
- \_\_\_\_\_ g. Do you or your partner use birth control implants, such as Jadelle or others?
- \_\_\_\_\_ h. Do you or your partner use shots, such as Depo-Provera?
- \_\_\_\_\_ i. Do you or your partner use a birth control ring, such as Nuvaring or others?
- \_\_\_\_\_ j. Do you or your partner use a birth control patch?
- \_\_\_\_\_ k. Do you or your partner use a diaphragm, cervical ring, or cap?
- \_\_\_\_\_ l. Do you or your partner use an IUD, that is an intrauterine device, including Mirena?

## CONTRACEPTION (FPC)

- m. Do you or your partner use withdrawal?
- n. Do you or your partner not have sex at certain times or use the rhythm method?
- o. Do you or your partner use another method, such as foam, jelly, or cream?

**[If you answered Question 2, this is the end of the Contraception Questionnaire.]**

3. [FPC.030] What is your main reason for not preventing a pregnancy? **(Circle one answer)**

You didn't think you were going to have sex, or you don't have a regular partner	1
You want a pregnancy	2
You or your partner don't want to use birth control	3
You or your partner don't like birth control or fear side effects	4
You can't pay for birth control	5
There was a lapse in the use of a method	6
You know or think that you or your partner can't get pregnant	7
You or your partner are too old to get pregnant	8
You or your partner are currently breast-feeding	9
You or your partner just had a baby or are postpartum	10
You have some other reason for not doing anything to prevent pregnancy	11
You don't care if you or your partner get pregnant	12
You or your partner is pregnant now	13
Refused	R
Don't Know	D

## Section E: Stress

*This section of the questionnaire seeks to measure how often people have feelings and behaviors that might indicate stress, anxiety and depression. By measuring the extent to which people in Wisconsin have these feelings, we may be able to better understand the role that stress and emotions play in our overall health status in this state. This information can be important for planning new programs and health policies to address such issues.*

**Please rate the stress in different parts of your life by marking the circle that best represents your level of stress in the past 12 months. Check the circle for "Does Not Apply" if you have not been in this situation over the past 12 months.**

**1. Over the past 12 months, how much stress did you experience...**

Not stressful	Mildly stressful	Moderately stressful	Very stressful	Does not apply
▼	▼	▼	▼	▼

**1a. In your job?**

(this would include feeling overworked, hassled at work, job insecurity, etc.) .....  .....  .....  .....  .....

**1b. In your relationships with others?**

(this would include your marriage, friendships, dealing with relatives, etc.) .....  .....  .....  .....  .....

**1c. Related to living in your neighborhood?**

(this would include crime, traffic, events affecting your personal safety, etc.) .....  .....  .....  .....  .....

**1d. Related to caring for others?**

(this would include caring for an elderly parent or relative, caring for children, etc.) .....  .....  .....  .....  .....

**1e. Related to legal problems?**

(this would include dealing with lawyers, judges, or other court officials, being accused or convicted of crime, etc.) .....  .....  .....  .....  .....

**1f. Related to medical problems?**

(this would include personal health problems or illness in the family, availability of health care, etc.) .....  .....  .....  .....  .....

	Not stressful	Mildly stressful	Moderately stressful	Very stressful	Does not apply
1g. Related to <u>racism and discrimination?</u> (this would include feeling mistreated or discriminated against at work, in a restaurant, at the grocery store, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Related to <u>meeting basic needs?</u> (this would include housing, buying food, paying bills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Jackson Heart Study, STS Version A 5/3/00

Please read each statement and mark the circle that indicates how much the statement applied to you over the past week. Remember that there are no right or wrong answers and please try not to spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
2. I found myself getting upset by quite trivial things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I experienced breathing difficulty (for example, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I just couldn't seem to get going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I had a feeling of shakiness (for example, that my legs were going to give way)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not apply to me at all ▼	Applied to me to some degree, or some of the time ▼	Applied to me to a considerable degree, or a good part of the time ▼	Applied to me very much, or most of the time ▼
<b>10. I found myself in situations that made me so anxious I was most relieved when they ended</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11. I felt that I had nothing to look forward to</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12. I found myself getting upset rather easily</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13. I felt that I was using a lot of nervous energy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. I felt sad and depressed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15. I found myself getting impatient when I was delayed in any way (for example, elevators, traffic lights, being kept waiting)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16. I had a feeling of faintness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17. I felt that I had lost interest in just about everything</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18. I felt I wasn't worth much as a person</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19. I felt that I was rather touchy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20. I perspired noticeably (for example, hands getting sweaty in the absence of high temperatures or physical exertion)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21. I felt scared without any good reason</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22. I felt that life wasn't worthwhile</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23. I found it hard to wind down</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>24. I had difficulty in swallowing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25. I couldn't seem to get any enjoyment out of the things I did</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
▼	▼	▼	▼	▼
<b>26. I was aware of the action of my heart in the absence of physical exertion (for example, I could sense my heart rate increasing, or heart missing a beat)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27. I felt down-hearted and blue</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>28. I found that I was very irritable</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29. I felt I was close to panic</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30. I found it hard to calm down after something upset me</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31. I feared that I would be “thrown” by some trivial but unfamiliar task</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32. I was unable to become enthusiastic about anything</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33. I found it difficult to tolerate interruptions to what I was doing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>34. I was in a state of nervous tension</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>35. I felt I was pretty worthless</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>36. I was intolerant of anything that kept me from getting on with what I was doing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>37. I felt terrified</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>38. I could see nothing in the future to be hopeful about</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>39. I felt that life was meaningless</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>40. I found myself getting agitated</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>41. I was worried about situations in which I might panic and make a fool of myself</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>42. I experienced trembling (for example, in the hands)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>43. I found it difficult to work up the initiative to do things</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **DEMOGRAPHICS (DMQ)**

*Next I will be asking about your background. This includes your education, marital status, race and ancestry, and other things that can sometimes be associated with people's health.*

DMQ.010. What is the **highest** grade or level of school you **completed** or the **highest degree you received?** **[HAND CARD]**

Never Attended/Kindergarten Only	0
1st Grade	1
2nd Grade	2
3rd Grade	3
4th Grade	4
5th Grade	5
6th Grade	6
7th Grade	7
8th Grade	8
9th Grade	9
10th Grade	10
11th Grade	11
12th Grade, No Diploma	12
High School Graduate	13
GED or Equivalent	14
Some College, No Degree	15
Associate Degree: Occupational, Technical, Or Vocational Program	16
Associate Degree: Academic Program	17
Bachelor's Degree (i.e., BA, AB, BS, BBA)	18
Master's Degree (i.e., MA, MS, MEng, MEd, MBA)	19
Professional Degree (i.e., MD, DDS, DVM, JD)	20
Doctoral Degree (i.e., PhD, EdD)	21
Refused	77
Don't Know	99

DMQ.020. Are you now going to school to obtain a degree?

Yes	1
No	2
Refused	77
Don't Know	99

DMQ.030. Did you ever serve in the Armed Forces of the United States?

Yes	1
No	2
Refused	77
Don't Know	99

**DEMOGRAPHICS (DMQ)**

DMQ.040. What is your marital status?

Married	<b>1</b>
Widowed	<b>2</b>
Divorced	<b>3</b>
Separated	<b>4</b>
Never married	<b>5</b>
Living with partner	<b>6</b>
Refused	<b>77</b>
Don't Know	<b>99</b>

DMQ.050. Are you Hispanic or Latino?

Yes	<b>1</b>
No	<b>2</b>
Refused	<b>77</b>
Don't Know	<b>99</b>

DMQ.060. Which one or more of the following would you say is your race? **[Enter all that apply. HAND CARD]**

White	<b>1</b>
Black or African American	<b>2</b>
Asian	<b>3</b>
Native Hawaiian or Other Pacific Islander	<b>4</b>
American Indian or Alaska Native	<b>5</b>
Other (Specify: _____)	<b>6</b>
Refused	<b>77</b>
Don't Know	<b>99</b>

**BIRTH PLACE and NATIONALITY OF ANCESTORS and ACCULTURATION**

Many people in the U.S. come from other countries, or have ancestors who came from another country. Sometimes our ancestry plays an important role in our health and it would be very helpful to this survey to know about it. Examples of a person's ancestry could be Irish, Mexican, African, Ethiopian, Swedish, German, Hmong, Vietnamese, and so on.

DMQ.065. What is your ancestry or ethnic origin? **[Enter as many as apply. HAND CARD]**

Enter \_\_\_\_\_

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

Information about citizenship and place of birth is being asked by SHOW as it may help us understand risks to health. Providing this information is voluntary and is protected by a certificate of confidentiality. It will not be shared with any other agency or with the government.

**DEMOGRAPHICS (DMQ)**

DMQ.070. Are you a citizen of the United States by either birth or naturalization?

Yes, by birth	1
Yes, by naturalization	2 ( <b>Skip to DMQ.072</b> )
No, not a citizen of the United States	3 ( <b>Skip to DMQ.072</b> )
Refused	77
Don't Know	99

DMQ.071. In what state or US territory were you born?

Enter \_\_\_\_\_ (**Skip to DMQ.074**)

In foreign country to parents who were US citizens FC

Refused	77	( <b>Skip to DMQ.074</b> )
Don't Know	99	( <b>Skip to DMQ.074</b> )

DMQ.072. In what country were **you** born?

Enter name of country \_\_\_\_\_

Refused	77
Don't Know	99

DMQ.073. In what month and year did you come to the United States to stay?

\_\_\_\_ / \_\_\_\_  
mm            yyyy

Refused	77
Don't Know	99

DMQ.074. In what country was your birth **mother** born?

Enter name of country \_\_\_\_\_

Refused	77
Don't Know	99

DMQ.075. In what country was your birth **father** born?

Enter name of country \_\_\_\_\_

Refused	77
Don't Know	99

**DEMOGRAPHICS (DMQ)**

DMQ.080. What language(s) do you usually speak **at home?** [ENTER ALL THAT APPLY]

English	1
Spanish	8
Other (Specify Languages: _____)	9
Refused	77
Don't Know	99

*The next questions are about your income in the **last 12 months.** In the United States income has been associated with health status, ability to get insurance, and ability to follow screening and treatment recommendations. This information, like all the information you provide, will be kept confidential. When answering these questions, please remember that by income we mean income **before taxes** and from all sources. Here is a card with typical sources of income. [HAND SOURCES OF INCOME CARD] The response categories are broken down by yearly income and the monthly equivalent for that range and you give the associated letter to identify your income category.*

INQ.100. Considering all the sources of income, can you tell me which letter on this card best represents your **individual** income before taxes in the **last 12 months or in the last month?** [HAND INCOME RANGE CARD]

Enter letter: _____	
Refused	77
Don't Know	99

INQ.200. Now, considering all the sources of income, can you tell me which letter on this card best represents **the combined family income before taxes** in the last 12 months or in the last month? [HAND INCOME RANGE CARD]

Enter letter: _____	
Refused	77
Don't Know	99

INQ.201. How many people were supported by this combined family income in the last 12 months?

Enter number:  _____ ____	
Refused	77
Don't Know	99

**DEMOGRAPHICS (DMQ)**

**NOTE: Income ranges will be preprogrammed so that if a family income falls in a range that may be close to the poverty level for that size family, the computer will generate an extra question to try to determine if household income is above or below the poverty line for that size family. The computer will insert the dollar amount \* in the following question.**

**This will not be asked when done on paper.**

INQ.205. Is your income below or above \$(variable\*) per {year/month}?

Below	1
Above	2
Refused	77
Don't Know	99

## Depression diagnostic and Severity Measure (PHQ-8)

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

	<b>Eight symptom checklist</b>	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things.	0	1	2	3
2	Feeling down, depressed, or hopeless.	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4	Feeling tired or having little energy.	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

(For office coding: Total Score \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ )

9. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very Difficult

Extremely difficult

*From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.*

**DIET (DIQ)**

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

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

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

*In the questionnaires we left for you to fill out yourself, there was a diet questionnaire that focused on the frequency of certain kinds of foods in your diet. Now I'm going to ask you some diet questions that are about your consumption of Wisconsin fish, the places you choose to eat, and the snacks and beverages you tend to choose.*

DIQ.010. Did you ever eat fish caught by you or given to you in the last year?  
 (This does not include purchased fish.)

- |            |                             |
|------------|-----------------------------|
| Yes        | 1                           |
| No         | 2 <b>(Skip to DIQ.100)</b>  |
| Refused    | 77 <b>(Skip to DIQ.100)</b> |
| Don't Know | 99 <b>(Skip to DIQ.100)</b> |

DIQ.020. Were any of the fish that you ate in the last year from the Great Lakes?  
 (This includes Lakes Michigan, Huron, Erie, Superior, and Ontario plus the mouths of rivers feeding into the Great Lakes.)

- |            |                             |
|------------|-----------------------------|
| Yes        | 1                           |
| No         | 2 <b>(Skip to DIQ.030)</b>  |
| Refused    | 77 <b>(Skip to DIQ.030)</b> |
| Don't Know | 99 <b>(Skip to DIQ.030)</b> |

DIQ.025. How often did you eat lake trout, salmon (Chinook or Coho), or carp from the Great Lakes in the last year?

---

Enter number of times

Refused 777

Don't Know 999

Circle unit :

- |   |           |
|---|-----------|
| 1 | Per Day   |
| 2 | Per Week  |
| 3 | Per Month |
| 4 | Per Year  |

**DIET (DIQ)**

DIQ.030. Were any of the fish that you ate in the last year from Wisconsin inland lakes or streams?

- |            |                                    |
|------------|------------------------------------|
| Yes        | <b>1</b>                           |
| No         | <b>2</b> <b>(Skip to DIQ.100)</b>  |
| Refused    | <b>77</b> <b>(Skip to DIQ.100)</b> |
| Don't Know | <b>99</b> <b>(Skip to DIQ.100)</b> |

DIQ.035. How often did you eat walleye, northern pike, or carp from Wisconsin inland lakes or streams in the last year?

Enter number of times

Refused **777**

Don't Know **999**

Circle unit:

- |          |           |
|----------|-----------|
| <b>1</b> | Per Day   |
| <b>2</b> | Per Week  |
| <b>3</b> | Per Month |
| <b>4</b> | Per Year  |

*Now I'd like to ask you some questions about how often you eat out at different types of restaurants.*

DIQ.100. During the last year, how frequently did you eat a meal at a **fast food** restaurant? (For example: McDonalds, Pizza Hut, Burger King, KFC, Taco Bell, Subway, Culvers, and so on.) Would you say it was...? **[HAND CARD]**

- 1**    Never
- 2**    Rarely (less than once a month)
- 3**    Sometimes (between 1-3 times a month)
- 4**    1-2 times per week
- 5**    3-4 times per week
- 6**    5 or more times per week
- 77**   Refused
- 99**   Don't Know

**DIET (DIQ)**

DIQ.110. During the last year, how frequently did you eat a meal at a **fast-casual** restaurant? (These are restaurants where you order and pay at a counter, and then your food is either given to you at the counter or brought to you at a table. Fast-casual restaurants promise a somewhat higher quality of food and atmosphere than fast food restaurants. For example: Noodles and Company, Panera Bread, cafeterias, and so on; do **not** include "all-you-can-eat" meals.) Would you say it was...? **[HAND CARD]**

- 1** Never
- 2** Rarely (less than once a month)
- 3** Sometimes (between 1-3 times a month)
- 4** 1-2 times per week
- 5** 3-4 times per week
- 6** 5 or more times per week
- 77** Refused
- 99** Don't Know

DIQ.115. During the last year, how frequently did you have an "all-you-can-eat" meal? ("All-you-can-eat" meals offer, for one price, as much food or as many servings as you want. For example: Old Country Buffet, Ponderosa, all-you-can-eat Friday fish fries, and so on.) Would you say it was...? **[HAND CARD]**

- 1** Never
- 2** Rarely (less than once a month)
- 3** Sometimes (between 1-3 times a month)
- 4** 1-2 times per week
- 5** 3-4 times per week
- 6** 5 or more times per week
- 77** Refused
- 99** Don't Know

**DIET (DIQ)**

DIQ.120. During the last year, how frequently did you eat a meal at a sit-down restaurant? (These are restaurants where you sit down, then a person takes your order and brings your food to you; you eat at the table and leave a tip. Family-style restaurants are included in this category.) Would you say it was...? [HAND CARD]

- 1** Never
- 2** Rarely (less than once a month)
- 3** Sometimes (between 1-3 times a month)
- 4** 1-2 times per week
- 5** 3-4 times per week
- 6** 5 or more times per week
- 77** Refused
- 99** Don't Know

*[The next questions deal with the snack food you eat between meals.]*

DIQ.200. In the last 7 days, did you ever eat a **snack** between meals?

- Yes           **1**
- No           **2**      **(Skip to DIQ.300)**
- Refused       **77**     **(Skip to DIQ.300)**
- Don't Know   **99**     **(Skip to DIQ.300)**

DIQ.207. In the last 7 days, when you ate a snack between meals, from which of these places did you get a snack? [HAND CARD. Enter all that apply.]

- 1** Made at home
- 2** Cafeteria (at school or work)
- 3** Fast food restaurant
- 4** Other type of restaurant
- 5** Bar
- 6** Convenience store
- 7** Grocery store
- 8** Vending machine

**DIET (DIQ)**

**9** Other (Specify: \_\_\_\_\_)

**77** Refused

**99** Don't Know

*[In the next few questions I will ask you about your water drinking and other dietary habits.]*

- DIQ.300. In a typical day, how many 8 oz. servings of bottled water do you drink? Include water from a water cooler that is supplied by a large container. (One 8 oz. serving equals one cup, a ¼ of a liter, or ¼ of a quart.)

\_\_\_\_\_ servings      [Enter "0" for none]

Refused      **77**

Don't Know    **99**

- DIQ.310. In a typical day, how many 8 oz. servings of **tap water do you drink at home?** (One 8 oz. serving equals one cup, a ¼ of a liter, or ¼ of a quart.)

\_\_\_\_\_ servings      [Enter "0" for none]

Refused      **77**

Don't Know    **99**

- DIQ.320. In a typical day, how many 8 oz. servings of **tap water do you drink outside your home** (for instance, at work, or at a restaurant)? (One 8 oz. serving equals one cup, a ¼ of a liter, or ¼ of a quart.)

\_\_\_\_\_ servings      [Enter "0" for none]

Refused      **77**

Don't Know    **99**

- DIQ.330. Do you eat organic food?

Yes      **1**

No      **2**      (**Skip to DIQ.340**)

Refused    **77**      (**Skip to DIQ.340**)

Don't Know    **99**      (**Skip to DIQ.340**)

DIQ.335.a-i. How often do you eat organic...? [HAND CARD]	Rarely or never (less than 20% of the time) (1)	Not very often (20-40% of the time) (2)	About half the time (40-60% of the time) (3)	More often than not (60-80% of the time) (4)	Most of the time or always (more than 80% of the time) (5)	Refused (77)	Don't Know (99)
a. Milk or other dairy products	1	2	3	4	5	77	99
b. Eggs	1	2	3	4	5	77	99
c. Red meat	1	2	3	4	5	77	99
d. Poultry	1	2	3	4	5	77	99
e. Vegetables	1	2	3	4	5	77	99
f. Fruit	1	2	3	4	5	77	99
g. Beans and legumes, including soy	1	2	3	4	5	77	99
h. Bread, cereals, or pasta	1	2	3	4	5	77	99
i. Chips, crackers or other snack foods	1	2	3	4	5	77	99

**DIET (DIQ)**

DIQ.340. Are you a **vegetarian** or **vegan**?

- |                   |           |                   |
|-------------------|-----------|-------------------|
| Yes, a vegetarian | <b>1</b>  |                   |
| Yes, a vegan      | <b>2</b>  | (Skip to DIQ.345) |
| No                | <b>3</b>  | (Skip to DIQ.350) |
| Refused           | <b>77</b> | (Skip to DIQ.350) |
| Don't Know        | <b>99</b> | (Skip to DIQ.350) |

DIQ.343. As a vegetarian, which of the following foods do you not eat? [HAND CARD. Enter all that apply.]

- 1** Red meat
- 2** Poultry
- 3** Fish or seafood
- 4** Dairy products
- 5** Eggs
- 6** Honey
- 77** Refused
- 99** Don't Know

DIQ.345. How long have you been a {vegetarian/vegan}?

\_\_\_\_\_ years

- Refused **77**
- Don't Know **99**

**DIET (DIQ)**

DIQ.350. Of the following types of foods, are there any that you usually avoid eating because of health concerns other than allergies? (Please do not consider here the foods that you avoid eating because you are allergic to them.) [HAND CARD. Enter all that apply.]

- 1** Red meat
- 2** Chicken with the skin
- 3** Fish or seafood
- 4** Dairy products
- 5** Eggs
- 6** Processed foods
- 7** Deep fried foods
- 8** Foods with high content of any type of fat
  - 9** Foods with high content of saturated fat
- 10** Foods with high content of trans fat
- 11** Foods with high content of carbohydrates
- 12** Milk treated with recombinant Bovine Growth Hormone (BGH)
- 13** I do not avoid any of these foods
- 77** Refused
- 99** Don't Know

**DIET (DIQ)**

*Now I am going to ask you about what influences your decisions to eat out or to go to a particular grocery store. Please consider how important or not important each factor is in your decision. In the first question, the scale is 1 to 7, with 1 being very important and 7 being not important at all.*

DIQ.400.[a-i]. <b>When you eat out, how important {is/are}...?</b>	<b>Very important</b>							<b>Not important</b>	R	DK
a. Convenience (location, parking, drive-in)	1	2	3	4	5	6	7	77	99	
b. Speed of service	1	2	3	4	5	6	7	77	99	
c. Amount of food offered	1	2	3	4	5	6	7	77	99	
d. Taste	1	2	3	4	5	6	7	77	99	
e. Well-prepared food	1	2	3	4	5	6	7	77	99	
f. Fresh ingredients	1	2	3	4	5	6	7	77	99	
g. Healthfulness of food	1	2	3	4	5	6	7	77	99	
h. Serving locally grown food	1	2	3	4	5	6	7	77	99	
i. Cost	1	2	3	4	5	6	7	77	99	

DIQ.410. What is the name of the store where you **currently purchase most of** your household groceries? (If you shop at more than one grocery store, please tell us about the one that you most frequently use.)

Name of the Store: \_\_\_\_\_

Location (city or town): \_\_\_\_\_

Address (street): \_\_\_\_\_

**OR**

Approximate distance from your house: |\_\_\_\_\_|\_\_\_\_\_| miles.

Refused 77 [If SP refused, this is the end of this questionnaire]

Don't Know 99 [If SP doesn't know, this is the end of this questionnaire]

**DIET (DIQ)**

DIQ.415. What percent of your total groceries are purchased at {named store}?

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| %

Refused **777**

Don't know **999**

DIQ.416. What are the reasons you shop at this store? [HAND CARD. Enter all that apply.]

- 1** Freshness of fruits or vegetables
- 2** Quality of meats and seafood
- 3** Price of the foods
- 4** Organic foods available
- 5** Locally grown foods available
- 6** Convenience (for example, it's close to home or on the way home)
- 7** Large selection
- 8** Close to other frequented stores
- 9** Speed of checkout
- 10** In-store deli or bakery
- 11** Locally owned business
- 12** Other services available at the store (such as movie rental or pharmacy)
- 77** Refused
- 99** Don't Know

## Section G: Discrimination

These questions are about the way you have been treated during your life. We know from other research that unfair treatment related to race, age, gender, culture, religion, physical appearance, and sexual orientation are common, and very important to consider in understanding people's health. The answers to these questions will help us understand different experiences people in the SHOW study have had. There are no right or wrong answers, only your experiences. Please remember that any information you provide is strictly confidential and will never be identified with you as an individual. Let's start with experiences you may have had on a day-to-day basis.

1. Please mark the circle in the column that most closely matches how often this has happened to you.

Several times a day	Almost every day	At least once a week	A few times a month	A few times a year	Very rarely	Never	Don't know
▼	▼	▼	▼	▼	▼	▼	▼

- 1a. You are treated with less respect or courtesy than other people.....  .....  .....  .....  .....  .....  .....  .....
- 1b. You receive poorer service than others at restaurants.....  .....  .....  .....  .....  .....  .....  .....
- 1c. People act as if they think you are not smart.  .....  .....  .....  .....  .....  .....  .....
- 1d. People act as if they are afraid of you.....  .....  .....  .....  .....  .....  .....  .....
- 1e. People act as if they think you are dishonest.  .....  .....  .....  .....  .....  .....  .....
- 1f. People act as if they think you are not as good as they are.....  .....  .....  .....  .....  .....  .....  .....
- 1g. You are called names, insulted, threatened or harassed.....  .....  .....  .....  .....  .....  .....  .....

If you checked "Never" for all responses in question #1, please go to question #3 ➔

**2. Thinking over these experiences, what do you think is the main reason for this treatment?**

- Your age
- Your gender
- Your race
- Your culture or ethnic background
- Your height, weight, or physical appearance
- Your religion
- Your sexual orientation
- Some other reason for discrimination
- Don't know

**3. The next questions are about what has happened over your lifetime because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.**

<b>Yes</b>	<b>No</b>	<b>Don't know</b>
▼	▼	▼

- 3a. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, or were denied a scholarship.) .....**  .....  .....
- 3b. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.) .....**  .....  .....
- 3c. Have you ever felt unfairly treated at work? .....**  .....  .....
- 3d. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted, or were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.) .....**  .....  .....
- 3e. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan, a credit card or some other form of credit.) .....**  .....  .....
- 3f. Have you ever felt unfairly treated in getting medical care? (For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care, or you could not get care from a medical specialist such as a heart doctor.) .....**  .....  .....
- 3g. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the police or were the target of public ridicule.) .....**  .....  .....

	Yes ▼	No ▼	Don't know ▼
<b>3h. Have you ever felt unfairly treated in getting services? (For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider.) .....</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you checked “No” for all responses in question #3, please go to question #1 in section H ➔

- 4. Thinking about the most recent of these experiences over your lifetime, what was the main reason for the discrimination you experienced?**

- Your age
- Your gender
- Your race
- Your culture or ethnic background
- Your height, weight, or physical appearance
- Your religion
- Your sexual orientation
- Some other reason for discrimination

Don’t know

- 5. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same?**

- More frequent
- Less frequent
- About the same

Don’t know

- 6. When you have had experiences like those above over your lifetime, would you say they have been very stressful, moderately stressful, or not stressful?**

- Very stressful
- Moderately stressful
- Not stressful

Don’t know

- 7. Overall, how much harder has your life been because of discrimination? Would you say a lot, some, a little, or not at all?**

- A lot
- Some
- A little
- Not at all

Don’t know

**EUROQOL (EQ)**

*The next questions are about your health **today**. By circling one answer in each group below, please indicate which statement best describes your own health state today.*

**Do not circle more than one answer in each group.**

**EOQ. 010-Mobility**

- |                                       |   |
|---------------------------------------|---|
| I have no problems in walking about   | 1 |
| I have some problems in walking about | 2 |
| I am confined to bed                  | 3 |

**EOQ.020-Self Care**

- |  |   |
|--|---|
| I have no problems with self-care                | 1 |
| I have some problems washing and dressing myself | 2 |
| I am unable to wash or dress myself              | 3 |

**EOQ.030-Usual Activities (e.g., work, study, housework, family or leisure activities)**

- |  |   |
|--|---|
| I have no problems with performing my usual activities   | 1 |
| I have some problems with performing my usual activities | 2 |
| I am unable to perform my usual activities               | 3 |

**EOQ.040-Pain/Discomfort**

- |                                    |   |
|------------------------------------|---|
| I have no pain or discomfort       | 1 |
| I have moderate pain or discomfort | 2 |
| I have extreme pain or discomfort  | 3 |

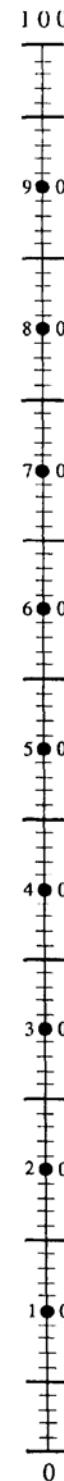
**EOQ.050-Anxiety/Depression**

- |                                      |   |
|--------------------------------------|---|
| I am not anxious or depressed        | 1 |
| I am moderately anxious or depressed | 2 |
| I am extremely anxious or depressed  | 3 |

**EUROQOL (EQQ)**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from box below to whichever point on the scale that indicates how good or bad your health state is.

**Best imaginable health state**



**Your own health state today**

**Worst imaginable health state**

## SHOW 2010

Again, thinking about your habits over the past year, about how often do you drink each of the following drinks?

		How Many Days per Week						How Much on Those Days?		
		None or less than 1	1 day	2 days	3-4 days	5-6 days	Every day	1 cup	2 cups	3+ cups
56	Regular coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	De-caffeinated coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58	Regular tea, hot or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	De-caffeinated tea, hot or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SOURCE OF MEALS

We are interested in the kind of places where you got your meals. Think about the last 7 days and fill in the **number of meals** on the following table that match where the food was bought or eaten.

	EXAMPLE	Breakfast	Lunch	Dinner
60a Made at or brought from home	2			
60b Bought deli, bakery, vending machine, take-home, delivered, or convenience store pre-prepared food	2			
60c Bought from or ate at a <b>fast food restaurant*</b>	1			
60d Bought from or ate at a <b>fast-casual restaurant*</b> or cafeteria				
60e Ate at an <b>all you can eat buffet/restaurant *</b>	1			
60f Ate at a <b>sit-down restaurant *</b>				
60g Skipped (did not eat) a meal	1			

- If you have questions, please leave this blank and ask the SHOW interviewer when you attend your appointment at the exam center.
- If your eating schedule does not follow the “breakfast, lunch, and dinner” pattern (that is, if you eat more frequent smaller meals instead), put down under “breakfast” the meals that you eat early in the day, under “lunch” the meals that you eat around midday (noon), and under “dinner,” the meals that you eat at the end of the day (late afternoon or evening).

**\*For definitions and examples of the different types of restaurants (fast food, fast-casual, all you can eat, sit-down), please see next page.**

### **DEFINITIONS AND EXAMPLES OF TYPES OF RESTAURANTS:**

- **Fast food restaurants** have limited service, where you order and pay before eating. Food is also served quickly after ordering, and is often cooked in advance and reheated. Examples: McDonald's, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's, Culver's, Subway, etc.
- **Fast-casual restaurants** are like fast food restaurants in that they do not offer table service, but promise a somewhat higher quality of food and atmosphere. You may order and pay at a counter. Often food is brought to your table. Examples: Noodles and Co., Qdoba, Atlanta Bread, Panera Bread, Boston Market, Fuddruckers, etc.
- **All you can eat buffets/restaurants** are places where, for one price, you serve yourself as much food as you want, or can ask for as many servings as you want. There may be table service. Examples: Old Country Buffet, Ponderosa, all you can eat buffets at Chinese restaurants, all you can eat Friday fish fries, all you can eat Sunday brunches, etc.
- **Sit-down restaurants** provide tables where you sit down to eat the meal, served by waitstaff that take your order and bring your food to the table. The restaurants might be formal or informal, but they usually have better quality food and higher prices than fast food. Family-style restaurants with waitstaff are included in this category.

**FOOD SECURITY (FSQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**Please CIRCLE one response**

1. [FSQ.080] In the **last 12 months**, have you been concerned about having enough food for you or your family?

Yes	1
No	2
Refused	R
Don't Know	D

2. [FSQ.090] In the **last 12 months**, have your food choices been limited because there wasn't enough money?

Yes	1
No	2
Refused	R
Don't Know	D

3. [FSQ.151] In the **last 12 months**, did you **ever** get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

Yes	1
No	2
Refused	R
Don't Know	D

4. [FSQ.170] In the **last 12 months**, were you authorized to receive Food Stamps [which includes a food stamp card or voucher, or cash grants from the state for food]?

Yes	1
No	2
Refused	R
Don't Know	D

5. [FSQ.162] In the **last 12 months**, did you receive benefits from the WIC program, that is, the Women, Infants and Children program?

Yes	1
No	2
Refused	R
Don't Know	D

**HEALTH HISTORY PART I**

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

Date:\_\_\_\_\_ Interviewer#\_\_\_\_\_

*This next questionnaire is about your personal health history. I will ask you if a health professional ever told you that you have or had certain general health problems in your lifetime and if so, how old you were when these occurred. For some health problems I will ask you about the treatment you received. If there is any question that you don't know the answer to let me know. If there is any question that makes you uncomfortable you may ask me to skip the question.*

HHQ.100. Has a doctor or other health professional ever told you that you had **congestive heart failure?**

Yes	1
No	2
Refused	77
Don't know	99

HHQ.130 Has a doctor or other health professional ever told you that you} had a **heart attack** (also called **myocardial infarction**) **OR ANGINA?**

Yes	1	
No	2	(skip to HHQ.140)
Refused	77	(skip to HHQ.140)
Don't know	99	(skip to HHQ.140)

HHQ.131. How many heart attacks have you had?

<input type="text"/>	<input type="text"/>	(Enter #)
Refused		77
Don't know		99

HHQ.132. How old were you when you were first told you had a heart attack (myocardial infarction)?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter age in years		
Refused 777		
Don't know 999		

**HEALTH HISTORY PART I**

HHQ140. Have you ever had heart surgery?

Yes	<b>1</b>	
No	<b>2</b>	<b>(skip to HHQ.160)</b>
Refused	<b>77</b>	<b>(skip to HHQ.160)</b>
Don't know	<b>99</b>	<b>(skip to HHQ.160)</b>

HHQ.141 Which of the following types of heart surgery have you had? (**HAND CARD**) List all that apply.

- Bypass surgery **1**
- Angioplasty **2**
- Valve surgery **3**
- Pacemaker **4**
- Other (specify) \_\_\_\_\_ **5**
- Refused **77**
- Don't know **99**

HHQ.160. Has a doctor or other health professional ever told you that you} had a **stroke OR TIA (a TRANSIENT ISCHEMIC ATTACK?)**

Yes	<b>1</b>	
No	<b>2</b>	<b>(skip to HHQ.180)</b>
Refused	<b>77</b>	<b>(skip to HHQ.180)</b>
Don't know	<b>99</b>	<b>(skip to HHQ.180)</b>

HHQ.162. How old were you when you were first told that you had a stroke **OR TIA (a TRANSIENT ISCHEMIC ATTACK?)**

Enter age in years

Refused **777**

Don't know **999**

**HEALTH HISTORY PART I**

HHQ.180. Has a doctor or other health professional ever told you that you} had **high cholesterol/hyperlipidemia?**

- |            |           |                          |
|------------|-----------|--------------------------|
| Yes        | <b>1</b>  |                          |
| No         | <b>2</b>  | <b>(skip to HHQ.190)</b> |
| Refused    | <b>77</b> | <b>(skip to HHQ.190)</b> |
| Don't know | <b>99</b> | <b>(skip to HHQ.190)</b> |

HHQ.182. How old were you when you were first told that you had high cholesterol/hyperlipidemia?

Enter age in years

- |            |            |
|------------|------------|
| Refused    | <b>777</b> |
| Don't know | <b>999</b> |

MCQ.183. How is your high cholesterol/hyperlipidemia currently being treated?  
List all that apply

- |                      |           |
|----------------------|-----------|
| No treatment         | <b>1</b>  |
| Prescribed medicine  | <b>2</b>  |
| Weight control/loss  | <b>3</b>  |
| Exercise             | <b>4</b>  |
| Special diet         | <b>5</b>  |
| Other (specify)_____ | <b>6</b>  |
| Refused              | <b>77</b> |
| Don't know           | <b>99</b> |

HHQ.184 Has your doctor or other health professional ever told you that your good cholesterol (or HDL) was too low?

- |            |           |
|------------|-----------|
| Yes        | <b>1</b>  |
| No         | <b>2</b>  |
| Refused    | <b>77</b> |
| Don't know | <b>99</b> |

**HEALTH HISTORY PART I**

HHQ.190. Has a doctor or other health professional ever told you that you} had **diabetes?**

- |            |           |                   |
|------------|-----------|-------------------|
| Yes        | <b>1</b>  |                   |
| No         | <b>2</b>  | (skip to HHQ.200) |
| Refused    | <b>77</b> | (skip to HHQ.200) |
| Don't know | <b>99</b> | (skip to HHQ.200) |

HHQ.191. Which type of diabetes have you had? (Pick only one)

- |   |           |
|---|-----------|
| Type I  | <b>1</b>  |
| Type II   | <b>2</b>  |
| Only when pregnant                                | <b>3</b>  |
| Borderline diabetes<br>(also called pre-diabetes) | <b>4</b>  |
| Refused   | <b>77</b> |
| Don't know  | <b>99</b> |

HHQ.192. How old were you when you were first told you had diabetes?

--	--	--

Enter age in years

- |            |            |
|------------|------------|
| Refused    | <b>777</b> |
| Don't know | <b>999</b> |

HHQ 193. How is your diabetes currently being treated or controlled?

- |                             |          |
|-----------------------------|----------|
| No treatment                | <b>1</b> |
| Insulin                     | <b>2</b> |
| Oral anti-diabetics (pills) | <b>3</b> |
| Weight control/loss         | <b>4</b> |
| Exercise                    | <b>5</b> |
| Special Diet                | <b>6</b> |
| Other (specify)             | <b>7</b> |

**HEALTH HISTORY PART I**Refused **77**Don't Know **99**

HHQ.200. Has a doctor or other health professional ever told you that you had **high blood pressure/hypertension?**

Yes **1**No **2** **(skip to HHQ.210)**Refused **77** **(skip to HHQ.210)**Don't know **99** **(skip to HHQ.210)**

HHQ.202. How old were you when you were first told that you had **high blood pressure/hypertension?**

--	--	--

Enter age in years

Refused **777**Don't know **999**

HHQ.203 How is your **high blood pressure/hypertension** currently treated? List all that apply.

No treatment **1**Prescribed medicine **2**Weight control/loss **3**Exercise **4**Special diet **5**Other (specify) \_\_\_\_\_ **6**Refused **77**Don't know **99**

**HEALTH HISTORY PART I**

HHQ.210. {Has a doctor or other health professional ever told you that you have}  
**asthma?**

Yes	<b>1</b>	
No	<b>2</b>	<b>(skip to HHQ.230)</b>
Refused	<b>77</b>	<b>(skip to HHQ.230)</b>
Don't know	<b>99</b>	<b>(skip to HHQ.230)</b>

HHQ. 212. How old were you when you were first told you have asthma?

Enter age in years

Refused	<b>777</b>
Don't know	<b>999</b>

HHQ.214. Do you still have asthma?

Yes	<b>1</b>
No	<b>2</b>
Refused	<b>77</b>
Don't know	<b>99</b>

HHQ.215 During the last 12 months, have you had an episode of asthma or an asthma attack?

Yes	<b>1</b>
No	<b>2</b>
Refused	<b>77</b>
Don't know	<b>99</b>

HHQ.216 During the past 12 months, have you visited an emergency room or urgent care because of your asthma?

Yes	<b>1</b>
No	<b>2</b>
Refused	<b>77</b>
Don't know	<b>99</b>

**HEALTH HISTORY PART I**

HHQ.217 How is your asthma currently being treated or controlled?  
**[List all that apply]**

- Use nothing/no treatment **1**
- Inhaled bronchodilator **2**
- Inhaled steroid **3**
- Oral medication **4**
- Injected Medications **5**
- Controlling allergies and/or asthma triggers **6**
- Weight control/loss/exercise/special diet **7**
- Other (Specify) **8**
- Refused **77**
- Don't Know **99**

HHQ. 218 During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

- NEVER **1**
- 1-14 days **2**
- 15-24 days **3**
- 25-30 days **4**
- Refused **77**
- Don't know **99**

HHQ 219 During the past 30 days, how many days did you take a prescription asthma medication (inhaler) DURING AN ASTHMA ATTACK to stop it?

- NEVER **1**
- 1-4 times (in the past 30 days) **2**
- 5-14 times (in the past 30 days) **3**
- 15-29 times (in the past 30 days) **4**
- 30-59 times (in the past 30 days) **5**

**HEALTH HISTORY PART I**60-99 times (in the past 30 days) **6**More than 100 times (in the past 30 days) **7**Refused **77**Don't Know **99**

HHQ.230. {Has a doctor or other health professional ever told you that you} had **chronic bronchitis OR EMPHYSEMA?**

Yes **1**No **2**Refused **77**Don't know **99**

HHQ.240. Do you usually cough on most days for **3 consecutive months or more** during the year?

Yes **1**No **2** **(Skip to HHQ.260)**Refused **77** **(Skip to HHQ.260)**Don't know **99** **(Skip to HHQ.260)**

HHQ.242 For how many years have you had this cough? IF LESS THAN 1 YEAR, ENTER 1.

\_\_\_\_\_

Enter number of years

Refused **777**Don't know **999**

HHQ.260. In the **past 12 months** have you had wheezing or whistling in {your/his/her} chest?

Yes **1**No **2** **(Skip to HHQ.270)**

**HEALTH HISTORY PART I**

Refused      **77**                                (**Skip to HHQ.270**)

Don't know    **99**                                (**Skip to HHQ.270**)

HHQ.262. In the **past 12 months**, how many attacks of wheezing or whistling have you had? [**If 12 or more episodes, enter 12**]

|\_\_|\_\_|  
Enter number of episodes

Refused      **77**

Don't know    **99**

HHQ.270      Has a doctor or other health professional ever told you that you had **allergies or hay fever?**

Yes              **1**

No              **2**                                (**end of this questionnaire**)

Refused      **77**                                (**end of this questionnaire**)

Don't know    **99**                                (**end of this questionnaire**)

HHQ.271.Which types of allergies have you had? [**HAND CARD, Indicate ALL THAT APPLY**]

Trees, grasses, plants, pollen    **1**

Medicines    **2**

Foods    **3**

Chemicals/scents    **4**

Molds    **5**

Animals/dander    **6**

Dust mites    **7**

Stinging insects    **8**

Other            \_\_\_\_\_ **9**

Refused    **77**

Don't know    **99**

**HEALTH HISTORY PART I**

HHQ.274. Where do allergy symptoms occur?

- In breathing **1**
  - In digestion **2**
  - On skin **3**
  - In eyes **4**
  - In nose/sinuses **5**
  - Other \_\_\_\_\_ **6**
- Refused **77**
- Don't know **99**

HHQ.275 How old were you when you were first told you had allergies or hay fever?

--	--	--

Enter age in years

- Refused **777**
- Don't know **999**

HHQ.276 Do you still have allergies or hay fever?

- Yes **1**
  - No **2**
- Refused **77**
- Don't know **99**

**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 580 (a-nn) Has a doctor or other health professional ever told you that you had any of the following? (Circle all that apply)

**[Interviewer: Give table below on a clipboard to subject to complete and return to you. Instruct the subject to circle all that apply. Circle 0 if the subject indicates they have NOT been told they have any of these diseases.]**

a	Alcohol abuse	u	Learning disability
b	Alzheimer's disease	v	Lyme disease
c	Anemia	w	Migraine headache
d	Anxiety	x	Mild cognitive impairment
e	Autism Spectrum Disorder	y	Multiple sclerosis
f	Celiac disease	z	Osteoarthritis
g	Chlamydia		
h	Chron's disease	aa	Osteoporosis
i	Chronic kidney disease	bb	Parkinson's disease
j	Depression	cc	Post Traumatic Stress Disorder (PTSD)
k	Drug abuse	dd	Psoriasis
l	Eczema/dermatitis	ee	Reflux/GERD
m	Epilepsy	ff	Rheumatoid arthritis
n	Gonorrhea	gg	Shingles or chicken pox
o	Hepatitis --- Which type? ____A, ____B ____C	hh	Sickle cell disease
p	Herpes type 1/cold sores	ii	Stomach or intestinal ulcer
q	HIV infection/AIDS	jj	Syphilis
r	Human Papiloma virus (HPV)	kk	Tuberculosis
s	Irritable bowel syndrome	ll	Urinary incontinence
t	Kidney stones	mm	Urinary tract infections

Subject indicated None	0
Refused	77
Don't Know	99

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

HHQ.400. Has a doctor or other health professional ever told you that you were overweight?

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

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

\_\_\_\_\_  
Enter age in years

- |            |    |
|------------|----|
| Refused    | 77 |
| Don't Know | 99 |

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

- |            |    |                          |
|------------|----|--------------------------|
| Yes        | 1  |                          |
| No         | 2  | <b>(Skip to HHQ.500)</b> |
| Refused    | 77 | <b>(Skip to HHQ.500)</b> |
| Don't Know | 99 | <b>(Skip to HHQ.500)</b> |

HHQ.481.a-f. Which types of cancer on this card have you had? **[HAND CARD. Circle all that apply.]**

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

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

*Now we will ask you questions about certain 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.500. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had **cancer**?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to HHQ.510</b> )  |
| Refused    | 77 ( <b>Skip to HHQ.510</b> ) |
| Don't Know | 99 ( <b>Skip to HHQ.510</b> ) |

HHQ.501. Which biological (blood) relatives were diagnosed with cancer?  
[Circle all that apply in box below]

- |    |            |
|----|------------|
| 1  | Mother     |
| 2  | Father     |
| 3  | Brother    |
| 4  | Sister     |
| 5  | Daughter   |
| 6  | Son        |
| 77 | Refused    |
| 99 | Don't Know |

**[Repeat HHQ.502 for each relative named in HHQ.501. Enter response in box below]**

HHQ.502.a-f. What type(s) of primary cancer did your {relative} have? [Circle all that apply]

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

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

<b>HHQ.501 Family Member</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>
1 Mother	a	b	c	d	e	f
2 Father	a	b	c	d	e	f
3 Brother	a	b	c	d	e	f
4 Sister	a	b	c	d	e	f
5 Daughter	a	b	c	d	e	f
6 Son	a	b	c	d	e	f

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

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to HHQ.520</b> )  |
| Refused    | 77 ( <b>Skip to HHQ.520</b> ) |
| Don't Know | 99 ( <b>Skip to HHQ.520</b> ) |

HHQ.511. Which biological (blood) relatives had diabetes? **[CIRCLE ALL THAT APPLY]**

- |    |            |
|----|------------|
| 1  | Mother     |
| 2  | Father     |
| 3  | Brother    |
| 4  | Sister     |
| 5  | Daughter   |
| 6  | Son        |
| 77 | Refused    |
| 99 | Don't Know |

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**?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to HHQ.530</b> )  |
| Refused    | 77 ( <b>Skip to HHQ.530</b> ) |
| Don't Know | 99 ( <b>Skip to HHQ.530</b> ) |

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

HHQ.521. Which biological (blood) relatives had Alzheimer's or dementia? **[Circle all that apply]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

*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?**

- Yes 1
- No 2 (**Skip to HHQ.540**)
- Refused 77 (**Skip to HHQ.540**)
- Don't Know 99 (**Skip to HHQ.540**)

HHQ.531. Which biological (blood) relatives had asthma? **[CIRCLE ALL THAT APPLY]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

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?**

- Yes 1
- No 2 (**Skip to HHQ.550**)
- Refused 77 (**Skip to HHQ.550**)
- 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? **[CIRCLE ALL THAT APPLY]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

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?**

- 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? **[CIRCLE ALL THAT APPLY]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

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

- Yes 1
- No 2 (**Skip to HHQ.570**)
- Refused 77 (**Skip to HHQ.570**)
- Don't Know 99 (**Skip to HHQ.570**)

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

HHQ.561. Which biological (blood) relatives had a stroke? **[ENTER ALL THAT APPLY]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

**[Repeat HHQ.562 for each relative named in HHQ.561]**

HHQ.562.a-f. How old was your {relative} when first diagnosed with stroke?

Mother	____ ____ ____
Father	____ ____ ____
Brother	____ ____ ____
Sister	____ ____ ____
Daughter	____ ____ ____
Son	____ ____ ____
Enter age in years	
777	Refused
999	Don't Know

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**?

- Yes 1
- No 2 **(End of Questionnaire)**
- Refused 77 **(End of Questionnaire)**
- Don't Know 99 **(End of Questionnaire)**

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

HHQ.571. Which biological (blood) relatives had a heart attack or angina? **[ENTER ALL THAT APPLY]**

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Daughter
- 6 Son
- 77 Refused
- 99 Don't Know

**[Repeat HHQ.572 for each relative named in HHQ.571]**

HHQ.572.a-f. How old was your {relative} when first diagnosed with heart attack or angina?

Mother	_____
Father	_____
Brother	_____
Sister	_____
Daughter	_____
Son	_____
Enter age in years	
777	Refused
999	Don't Know

**HOUSING CHARACTERISTICS (HOQ)**

*Now I'd like to ask you a few questions about your home. [This is asked of the first adult in the household to be interviewed and skipped for all subsequent household members.]*

HOQ.040. When was this {mobile home/house/building} originally built?

Before 1900	1
1901 to 1950	2
1951 to 1978	3
1979 to 1990	4
1991 and after	5
Refused	77
Don't Know	99

HOQ.050. How many rooms are in this home? Count the kitchen but not the bathrooms.

  |  |  |  |

Enter number of rooms

Refused	777
Don't Know	999

HOQ.055. How many bathrooms are in this home?

  |  |  |  |

Enter number of bathrooms

Refused	77
Don't Know	99

HOQ.060. How long has your family lived at this address?

  |  |  |  |

Enter number (of months or years)

Less than one month	666
Refused	777
Don't Know	999

Enter unit

Months	1
Years	2

HOQ.066. Do you have a basement in this home?

Yes	1
No	2 (Skip to HOQ.067)
Refused	77 (Skip to HOQ.067)
Don't Know	99 (Skip to HOQ.067)

HOQ.066.10. Is the basement finished, partially finished or unfinished?

Finished	1
Partially finished	2
Unfinished	3
Refused	77
Don't Know	99

**HOUSING CHARACTERISTICS (HOQ)**

HOQ.066.20. Have you tested for radon in this home?

Yes	1
No	2 ( <b>Skip to HOQ.067</b> )
Refused	77 ( <b>Skip to HOQ.067</b> )
Don't Know	99 ( <b>Skip to HOQ.067</b> )

HOQ.066.21. What was the result of the test?

Positive but below recommended action level	1
Positive and above recommended action level	2
Positive but don't remember recommended action level	3
Negative	4
Refused	77
Don't Know	99

HOQ.067. What is the **main** type of heating system in this home?

Steam radiators	1
Hot water radiators/heaters	2
Forced air system (gas or fuel oil)	3
Active Solar	4
Wood burning stoves	5
Portable electric space heaters	6
Other types space heaters (Specify: _____)	7
Other (Specify: _____)	8
Refused	77
Don't Know	99

HOQ.070. Is your home connected to a private well or to a community water supply?

Community water supply	1 ( <b>Skip to HOQ.080</b> )
Private well	2
Something else	3 ( <b>Skip to HOQ.080</b> )
Refused	77 ( <b>Skip to HOQ.080</b> )
Don't Know	99 ( <b>Skip to HOQ.080</b> )

HOQ.075. How deep is your well?

<50 feet	1
50-99 feet	2
100-149 feet	3
>150 feet	4
Refused	77
Don't Know	99

**HOUSING CHARACTERISTICS (HOQ)**

HOQ.080. Do you use a home water filter/treatment system in the home for drinking water?

Yes	1
No	2
Refused	77
Don't Know	99

HOQ.083. Are any of the water filter/treatment systems listed on this card used in your home?  
**[HAND CARD. ENTER ALL THAT APPLY.]**

No	1
Brita or other pitcher water filter	2
Ceramic or charcoal filter	3
Water softener	4
Aerator	5
Reverse osmosis	6
Other	8
Refused	77
Don't Know	99

HOQ.160. Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceilings, doors, or windows?

Yes	1
No	2
Refused	77
Don't Know	99

HOQ.190. Can you see paint that is peeling, flaking or chipping on any **outside area** of your {house/building}?

Yes	1
No	2
Refused	77
Don't Know	99

HOQ.230. In the past 12 months, have you noticed the following in your home?

The smell of mildew or mold inside the home?

\_\_\_\_(1) YES    \_\_\_\_(2) NO    \_\_\_\_(77) REFUSED    \_\_\_\_(99) Don't know

Noticed that the bathroom caulk or grout was turning black?

\_\_\_\_(1) YES    \_\_\_\_(2) NO    \_\_\_\_(77) REFUSED    \_\_\_\_(99) Don't know

Noticed water stains on walls or ceilings in the home?

\_\_\_\_(1) YES    \_\_\_\_(2) NO    \_\_\_\_(77) REFUSED    \_\_\_\_(99) Don't know

**HOUSING CHARACTERISTICS (HOQ)**

HOQ.250. What kind of pets do you keep inside your home now?  
**[ENTER ALL THAT APPLY]**

None	0	(Skip to HOQ.258)
Cat	1	
Dog	2	
Bird	3	
Hamster, mice, guinea pig, gerbils	4	
Other (Specify: _____)	5	
Refused	77	(Skip to HOQ.258)
Don't Know	99	(Skip to HOQ.258)

HOQ.250.010. How many of each do you have now?

Cat	
Dog	
Bird	
Hamster, mice, guinea pig, gerbils	
Other _____	
Other _____	
Other _____	

HOQ.258. Which of the following would you say comes closest to what happens inside your home? Would you say that...? **[HAND CARD]**

Smoking is not allowed inside your home	1
Smoking is allowed everywhere	2
Smoking is allowed only in certain areas inside your home	3
Smoking is allowed only for special guests inside your home	4
Other (Specify: _____)	5
Have not thought about it	6
Refused	77
Don't Know	99

**HOUSING CHARACTERISTICS (HOQ)**

*This next section is about **chemicals**, such as insecticides and weed killers that may have been used outside or inside your home. These products could have been used by you, another household member, a landlord, or a company.*

HOQ.260. During the last 12 months, did you use any weed killers or insecticides on the foundation, yard/lawn, flowers, vegetables, or fruit trees **outside** the house?

Yes	1
No	2 ( <b>Skip to HOQ.265</b> )
Refused	77 ( <b>Skip to HOQ.265</b> )
Don't Know	99 ( <b>Skip to HOQ.265</b> )

HOQ.260.010. During the last 12 months, when these chemical products were used on the area around the outside of your home, how many times were they applied?

[\_\_\_\_\_  
Enter number of times  
Refused                      777  
Don't Know                999

HOQ.265. During the last 12 months, did you use any pesticides **inside** your home to kill or control insects or other pests?

Yes	1
No	2 ( <b>End of Questionnaire</b> )
Refused	77 ( <b>End of Questionnaire</b> )
Don't Know	99 ( <b>End of Questionnaire</b> )

HOQ.265.010. During the last 12 months, when these chemical products were used inside your home, how many times were they applied?

[\_\_\_\_\_  
Enter number of times  
Refused                      777  
Don't Know                999

HOQ.265.050. Which rooms in your home were treated with this product?  
[Enter all that apply]

Kitchen	1
Bathroom	2
Living Room or Family Room	3
Bedroom	4
Laundry Room	5
Basement	6
Other	7
Refused	77
Don't Know	99

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

*The next questions are about health insurance and your use of the health care system.*

IUQ.010. During the last 12 months, how many months did you have health insurance? [If no insurance during 12 preceding months, enter "0".]

[\_\_\_\_\_] months (If 0, skip to IUQ.100. Otherwise, go to IUQ.020.)

Refused 77 (Skip to IUQ.100)

Don't Know 99 (Skip to IUQ.100)

IUQ.020. What kind(s) of health insurance or health care coverage do you have now, or did you have during the last 12 months? [HAND CARD. Enter all that apply.]

- |   |    |
|---|----|
| <input type="checkbox"/> a. Employer or union sponsored plan                  | 1  |
| <input type="checkbox"/> b. Private individually purchased health plan        | 2  |
| <input type="checkbox"/> c. Medicare  | 3  |
| <input type="checkbox"/> d. Medicare supplement/Medicare D/Medigap            | 4  |
| <input type="checkbox"/> e. Medicaid/Badger Care/Health Start/Family Medicaid | 5  |
| <input type="checkbox"/> f. Health Insurance Risk Sharing Plan (HIRSP)        | 6  |
| <input type="checkbox"/> g.. General Assistance Medical Program (GAMP)        | 7  |
| <input type="checkbox"/> h. Indian Health Service Medical Care                | 8  |
| <input type="checkbox"/> i. Military Health Care (TriCare/VA/Champ-VA)        | 9  |
| <input type="checkbox"/> j. Other plan (Specify: _____)                       | 10 |
| <input type="checkbox"/> k. Refused   | 77 |
| <input type="checkbox"/> l. Don't Know  | 99 |

IUQ.030. {Does/Did} your health insurance plan (including any supplemental coverage you might {have/have had}) cover all of the costs, some of the costs, or none of the costs associated with prescription medications?

- |            |                     |
|------------|---------------------|
| All        | 1                   |
| Some       | 2                   |
| None       | 3 (Skip to IUQ.040) |
| Refused    | 77                  |
| Don't Know | 99                  |

IUQ.035. {Is/Was} this prescription drug coverage through your regular plan or through a supplemental insurance program for prescription drug coverage? [Enter all that apply]

- |                                      |    |
|--------------------------------------|----|
| Regular plan                         | 1  |
| Supplemental, Medicare Part D        | 2  |
| Supplemental, Wisconsin Senior Care  | 3  |
| Supplemental, other (Specify: _____) | 4  |
| Refused                              | 77 |
| Don't Know                           | 99 |

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

- IUQ.040. {Does/Did} your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventive dental services (oral exam, cleaning, sealant, etc.)?
- |            |    |
|------------|----|
| All        | 1  |
| Some       | 2  |
| None       | 3  |
| Refused    | 77 |
| Don't Know | 99 |
- IUQ.050. {Does/Did} your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with other preventive services for adults (checkups, immunizations, screenings)?
- |            |    |
|------------|----|
| All        | 1  |
| Some       | 2  |
| None       | 3  |
| Refused    | 77 |
| Don't Know | 99 |
- IUQ.070. {Does/Did} your plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic that you must go to for all of your routine care?
- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |
- IUQ.100. In the last 12 months, have you used the internet to seek information or advice on your health, or that of your family?
- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |
- IUQ.105. In the last 12 months, have you telephoned a health care professional to discuss a health problem or question related to yourself or your family?
- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |
- IUQ.110. In the last 12 months, have you emailed a health care professional to discuss a health problem or question related to yourself or your family?
- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

IUQ.120. Do you have a usual place where you go when you feel sick or need advice about your health? (If you have more than one place you go depending on the problem, please choose the place that you go **most often.**) [HAND CARD]

Yes, I usually go to a hospital emergency room	1
Yes, I usually go to a hospital outpatient department	2
Yes, I usually go to a clinic or doctor's office	3
Yes, I usually go to a community health center	4
Yes, I usually go to some other place (Specify: _____)	5
No, I don't have a usual place of care	6 ( <b>Skip to IUQ.140</b> )
Refused	77
Don't Know	99

IUQ.125. What is the name of the health facility you usually go to when you feel sick or need advice about your health and in what town/city is this facility located?

Name: \_\_\_\_\_

Town/City: \_\_\_\_\_

Refused	77
Don't Know	99

IUQ.130. When you go to this health facility and see a doctor, do you usually see the same physician?

Yes	1
No	2
Refused	77
Don't Know	99

IUQ.137. What is the specialty of the doctor you usually see?

Internal Medicine	1
Family Practice	2
Obstetrics/gynecology	3
Other specialist (Specify: _____)	4
Refuse	77
Don't Know	99

IUQ.140. Sometimes people take fewer medicines than their doctors prescribed, or they don't have their prescription filled right away. At any time during the last 12 months, have you taken less medicine than your doctor prescribed or not had your prescription filled **because of the cost?**

Yes	1
No	2
Refused	77
Don't Know	99

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

- IUQ.150. In the last 12 months, how many different **times** have you seen a doctor or other health care professional about your health at a doctor's office, an urgent care clinic, an outpatient service, a health center, or at home? **Do not include** times you were hospitalized overnight, at the emergency room, dental health, or mental health visits.

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

Enter number of times during previous year

Refused 77

Don't Know 99

- IUQ.170. In the last 12 months, how many different **times** have you seen a mental health professional such as a psychologist, psychiatrist, counselor, or psychiatric nurse about a personal problem or a problem with alcohol or drugs?

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

Enter number of times during previous year

Refused 77

Don't Know 99

- IUQ.180. In the last 12 months, how many different **times** did you go to a hospital emergency room for medical treatment for yourself?

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

Enter number of times during previous year

Refused 77

Don't Know 99

- IUQ.190. In the last 12 months, how many different **times** were you a patient in a hospital for at least one night or longer?

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_| (**If 0, skip to IUQ.220. Otherwise, go to IUQ.200.**)

Enter number of times during previous year

Refused 77 (**Skip to IUQ.220**)

Don't Know 99 (**Skip to IUQ.220**)

- IUQ.200. How would you rate the quality of the care you received when you were most recently a patient in a hospital for at least one night or longer **during the last year**? Would you say it was...? **[INTERVIEWER: Read categories to SP]**

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Refused	77
Don't Know	99

- IUQ.220. How long has it been since you last saw a doctor or health care provider for a routine physical exam, check-up or screening procedure?

|\_\_\_\_|\_\_\_\_| Enter number

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

**[If more than 1 year, skip to IUQ.260. Otherwise, skip to IUQ.230.]**

Refused	77	(Skip to IUQ.230)
Don't Know	99	(Go to IUQ.225)
Select unit:		
Days	1	(Skip to IUQ.230)
Weeks	2	(Skip to IUQ.230)
Months	3	(Skip to IUQ.230)
Years	4	(Skip to IUQ.230 if 1 year, but IUQ.260 if more than 1 year)

- IUQ.225. Has it been...?
- |  |    |                   |
|--|----|-------------------|
| Never  | 1  | (Skip to IUQ.260) |
| 6 months or less                               | 2  | (Go to IUQ.230)   |
| More than 6 months but no more than 1 year ago | 3  | (Go to IUQ.230)   |
| More than 1 year but no more than 3 years ago  | 4  | (Skip to IUQ.260) |
| More than 3 years ago                          | 5  | (Skip to IUQ.260) |
| Refused  | 77 | (Skip to IUQ.260) |
| Don't Know                                     | 99 | (Skip to IUQ.260) |

- IUQ.230. How would you rate the quality of the care you received when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Would you say it was...?

**[INTERVIEWER: Read categories to SP]**

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Refused	77
Don't Know	99

- IUQ.240. How satisfied were you with **the way** care was provided when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Were you...? **[INTERVIEWER: Read categories to SP]**

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Refused	77
Don't Know	99

*The next questions are about your **overall** level of satisfaction with quality and access to health care.*

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

IUQ.260. Sometimes people have problems getting health care when they need it. During the last 12 months, was there any time that you felt that you needed medical care or surgery but did not get it?

- |  |    |                        |
|--|----|------------------------|
| Yes, I needed health care and I did not get it | 1  | (Go to IUQ.265)        |
| No, I got the care I needed                    | 2  | (Skip to IUQ.270)      |
| Not Applicable (I didn't need health care)     | 3  | (End of Questionnaire) |
| Refused  | 77 | (Skip to IUQ.270)      |
| Don't Know                                     | 99 | (Skip to IUQ.270)      |

IUQ.265. What was the main reason you didn't get the health care you needed?

**[HAND CARD]**

- |   |    |
|---|----|
| I couldn't afford health care                                   | 1  |
| My insurance company wouldn't approve, cover or pay for care    | 2  |
| My insurance company required a referral but I couldn't get one | 3  |
| The doctor (or clinic) refused to accept my insurance plan      | 4  |
| Medical care was too far away                                   | 5  |
| It was too expensive to get to health care                      | 6  |
| I couldn't get there when the doctor's office was open          | 7  |
| It took too long to get an appointment                          | 8  |
| I couldn't get through on the telephone to make an appointment  | 9  |
| The waiting list was too long                                   | 10 |
| Other (Specify: _____)  | 11 |
| Refused   | 77 |
| Don't Know  | 99 |

IUQ.270. In the past 12 months, did you experience **delay** in obtaining any type of health care?

- |            |    |                   |
|------------|----|-------------------|
| Yes        | 1  | (Go to IUQ.275)   |
| No         | 2  | (Skip to IUQ.280) |
| Refused    | 77 | (Skip to IUQ.280) |
| Don't Know | 99 | (Skip to IUQ.280) |

IUQ.275. What was the main reason for the difficulty or delay in obtaining health care?

**[HAND CARD]**

- |   |    |
|---|----|
| I couldn't afford health care                                   | 1  |
| My insurance company wouldn't approve, cover or pay for care    | 2  |
| My insurance company required a referral but I couldn't get one | 3  |
| The doctor (or clinic) refused to accept my insurance plan      | 4  |
| Medical care was too far away                                   | 5  |
| It was too expensive to get to health care                      | 6  |
| I couldn't get there when the doctor's office was open          | 7  |
| It took too long to get an appointment                          | 8  |
| I couldn't get through on the telephone to make an appointment  | 9  |
| The waiting list was too long                                   | 10 |
| Other (Specify: _____)  | 11 |
| Refused   | 77 |
| Don't Know  | 99 |

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

IUQ.280. Overall, how would you rate the quality of the health care you received during the last 12 months? Would you say it was..? [INTERVIEWER: Read categories to SP]

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Not applicable (did not receive any care)	6
Refused	77
Don't Know	99

IUQ.290. Overall, how satisfied were you with **the way** health care services were provided during the last 12 months? Were you...? [INTERVIEWER: Read categories to SP]

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Not applicable (did not receive any care)	6
Refused	77
Don't Know	99

## Section C: Life Events

Now, we'd like to know if certain events have happened to you recently. Both good and bad events can cause stress, which has an impact on health.

*Please mark the circle next to each event that has happened to you during the past 12 months.*

Occurred in your  
life in the past  
12 months



- 1. Death of spouse or partner
- 2. Divorce
- 3. Separation from spouse or partner
- 4. Detention in jail or other institution
- 5. Death of a close family member other than spouse or partner
- 6. Major personal injury or illness
- 7. Marriage or civil union
- 8. Being fired at work
- 9. Reconciliation with spouse or partner
- 10. Retirement from work
- 11. Major change in the health or behavior of a family member
- 12. Pregnancy
- 13. Sexual difficulties
- 14. Gaining a new family member (birth, adoption, older adult moving in, etc.)
- 15. Major business readjustment (merger, reorganization, bankruptcy, etc.)
- 16. Major change in financial state (a lot worse or better off than usual)

Occurred in your  
life in the past  
12 months



- 17. Death of a close friend
- 18. Changing to a different line of work
- 19. Major change in the number of arguments with spouse or partner(either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)
- 20. Taking on a mortgage (for home, business, etc.)
- 21. Foreclosure on a mortgage or loan
- 22. Major change in responsibilities at work (promotion, demotion, etc.)
- 23. Son or daughter leaving home (marriage, attending college, joined military, etc.)
- 24. In-law troubles
- 25. Outstanding personal achievement
- 26. Spouse beginning or ceasing work outside the home
- 27. Beginning or ceasing formal schooling
- 28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home, etc.)
- 29. Revision of personal habits (dress, manners, associations, quitting smoking, etc.)
- 30. Troubles with the boss
- 31. Major changes in working hours or conditions
- 32. Change in residence
- 33. Changing to a new school

**Occurred in your  
life in the past  
12 months**



- 34. Major change in usual type and or amount of recreation
- 35. Major change in church activity (a lot more or less than usual)
- 36. Major change in social activities (clubs, movies, visiting, etc.)
- 37. Taking on a loan (car, school, personal, etc.)
- 38. Major change in sleeping habits (a lot more or a lot less than usual)
- 39. Major change in number of family get-togethers
- 40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)
- 41. Vacation
- 42. Major holiday spent alone
- 43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc.)
  
- None of these events happened in the past 12 months
- Don't know

## Section F: Military Experience

The following questions relate to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit. For these questions, the term “active duty” is used to refer to service in the regular military and activation for a Reserves or National Guard unit. Please mark the circle with your answer.

1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does NOT include training for the Reserves or National Guard, but DOES include activation, for example, for Operation Iraqi Freedom.

-   Yes, I served on active duty and/or was activated  
 No, I did not serve on active duty and/or was not activated → You are done with the Military Experience Questions, please go to next section, Section G  
 Don't know → Go to question #1 of section G

2. Which of the following best describes your service in the United States military?

- Currently in the National Guard or reserve unit  
 Currently on active duty in the regular military(Navy, Army, Air Force, Marines, Coast Guard)  
 Retired from military service  
 Medically discharged from military service  
 Discharged from military service  
 Other – please describe   
 Don't know

3. At your most recent discharge were you...? (If not yet discharged are you...?)

- A commissioned officer  
 A warrant officer  
 A noncommissioned officer  
 An enlisted person  
 Other – please describe   
 Don't know

4. In which branch or branches of the U.S. Military did/do you serve on active duty?  
*Please check all that apply*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Other – please describe
- Don't know

5. Excluding the time for initial training or yearly summer camp, did you serve at least 2 consecutive months of active duty?

- Yes
- No
- Don't know

6. What was the date you first entered active duty?

*Please write in 2 digit month and 4 digit year, or check Don't Know*

MM        YYYY

- Don't know

7. What was the date you were last released from active duty?

*Please write in 2 digit month and 4 digit year, or mark Don't Know or Not Applicable*

MM        YYYY

- Don't know
- Not applicable ( if still on active duty)

8. Please indicate the locations that you served in, sailed in, or flew missions over while on active duty. If you were on board a ship in surrounding waters, mark the nearest geographic area. *Please check all that apply*

- The Continental United States (not Alaska or Hawaii)
- Afghanistan
- Alaska
- The Canal Zone (Panama)
- China, Burma, and/or India
- Cuba
- Europe Including Sicily, Turkey, the Mediterranean
- Grenada
- Haiti
- Hawaii
- The Indian Ocean
- Iraq
- Japan and/or Okinawa
- Korea
- Kuwait
- Laos and/or Cambodia
- Midway, and/or another North Pacific Island
- North Africa
- The Persian Gulf Area other than Iraq or Kuwait
- The Philippines and/or Guam
- Former Yugoslavia (Including Bosnia, Kosovo, Macedonia and Serbia)
- Somalia
- South America
- The South China Sea
- The South Pacific including Australia, New Guinea
- Thailand
- Vietnam
- Any other place – please describe
- Don't know

9. Did you ever serve in a combat or combat-like environment or war zone?

- Yes
- No
- Don't know

10. Were you ever exposed to dead, dying, or seriously wounded people while on active duty?

- Yes
- No
- Don't know

**11. Were you ever wounded seriously enough to require medical treatment while on active duty? Do not include minor or superficial injuries. Please check all that apply**

- Yes, during training or non-combat operations
- Yes, in combat
- No
- Don't know

**12. Do you have a service-connected disability rating?**

- ↙  Yes  
 No → Go to question #1 of section G

- Don't know

**13. Is your service-connected disability rating...?**

- 50% or higher
- 30% to less than 50%
- 10% to less than 30%
- Less than 10%
- Don't know

## **OCCUPATION (OCQ)**

*In this part of the survey I will ask you questions about your work experience. It is well known that experiences and exposures at work can potentially have a significant impact, both positive and negative, on a person's health and sense of well being.*

*For that reason, some of the questions in this section will go into detail on the type of work you have done so that we can accurately categorize your occupation.*

*SHOW can then utilize information from other databases to identify possible health risks of that type of occupation. This type of information could help us to better understand the health risks of Wisconsin residents.*

OCQ.100. Which of the following were you doing **last week...?** [HAND CARD]

- |  |     |                    |
|--|-----|--------------------|
| Working at a job or business   | 1   | (Skip to OCQ.125)  |
| With a job or business but not at work<br>(for example, on vacation or sick) | 2   | (Skip to OCQ.120)  |
| Not working but looking for work   | 3   | (Go on to OCQ.110) |
| Not working at a job or business &<br>not looking for a job                  | 4   | (Go on to OCQ.110) |
| Refused  | 777 | (Skip to OCQ.200)  |
| Don't Know   | 999 | (Skip to OCQ.200)  |

**[For those not working at a job or business.]**

OCQ.110. What is the main reason you are not in the paid workforce?

- |                                   |     |
|-----------------------------------|-----|
| Taking care of house or family    | 1   |
| Going to school                   | 2   |
| Retired                           | 3   |
| Unable to work for health reasons | 4   |
| On layoff                         | 5   |
| Disabled                          | 6   |
| Other (Specify: _____)            | 7   |
| Refused                           | 777 |
| Don't Know                        | 999 |

OCQ 115. How long have you been out of the paid workforce?

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Enter number (weeks, months or years)

- |                      |     |
|----------------------|-----|
| Never worked for pay | 666 |
| Refused              | 777 |
| Don't Know           | 999 |

Enter unit

- |        |   |
|--------|---|
| Weeks  | 1 |
| Months | 2 |
| Years  | 3 |

**[SKIP TO OCQ.200 AFTER OCQ.115]**

**OCCUPATION (OCQ)**

**[For those who have a job or business but were not at work last week.]**

OCQ.120. What is the **main** reason you did not work **last week**?

Vacation/leave	1
Sick or taking care of sick family member	2
Childcare problems	3
Employer did not schedule me	4
Other (Specify: _____)	5
Refused	777
Don't Know	999

OCQ.122. Do you **usually** work 35 hours or more per week in total at all jobs or businesses?

Yes	1
No	2
Refused	777
Don't Know	999

**[SKIP TO OCQ.130 AFTER OCQ.122]**

**[For those working last week.]**

OCQ.125. How many hours did you work **last week** at **all** jobs or businesses?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Enter number of hours

Refused	777
Don't Know	999

OCQ.127. Do you **usually** work 35 hours or more per week in total at all jobs or businesses?

Yes	1
No	2
Refused	777
Don't Know	999

**OCCUPATION (OCQ)****CURRENT JOB**

*I'm going to ask you some questions about your currently held job. If you have more than one job, please answer these questions thinking only of the job which is the primary source of your income.*

- OCQ.130. What kind of work do you do for pay? **[DO NOT PROBE. Enter job title or whatever they tell you.]**

Refused	777
Don't Know	999

- OCQ.140. What are your most important activities or duties on this job or business? (For example: sells cars, keeps account books, operates printing press, finishes concrete.) **[USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF WHAT THEY DO ON THEIR JOB.]**

Refused	777
Don't Know	999

- OCQ.150. What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.) **[USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF THE INDUSTRY IN WHICH THEY WORK. Include name of business, job or industry.]**

Refused	777
Don't Know	999

**OCCUPATION (OCQ)**

OCQ 160. Is this mainly manufacturing, wholesale trade, retail trade or something else?

Manufacturing (Making a product)	1
Wholesale (Selling to businesses)	2
Retail (Selling to consumers)	3
Something else (For example: education, transportation, government, healthcare, agriculture, mining, insurance, banking, entertainment, real estate, services, etc.)	4
Refused	777
Don't Know	999

OCQ.170. Looking at this card, which of these **best** describes this job or work situation? **[HAND CARD]**

An employee of a <b>private</b> company, business, or individual for wages, salary or commission	1
A <b>federal</b> government employee	2
A <b>state</b> government employee	3
A <b>local</b> government employee	4
Self-employed in <b>own</b> business, professional practice or farm	5
Working <b>without pay</b> in family business or farm	6
Refused	777
Don't Know	999

OCQ.171. Is this business incorporated?

Yes	1
No	2
Refused	777
Don't Know	999

OCQ.175. On average, how many hours per week do you work at this job?

Enter number of hours		
Refused	777	
Don't Know	999	

OCQ.180. About how long have you worked with the present job title at your current job or business?

Enter number (of days, weeks, months or years)		
Refused	777	
Don't Know	999	
<u>Enter unit</u>		
Days	1	
Weeks	2	
Months	3	
Years	4	

**OCCUPATION (OCQ)**

OCQ.190. Of all the jobs you have ever had, is your current job also the one you've held the longest?

Yes	1	<b>(End of Questionnaire)</b>
No	2	
Refused	777	<b>(End of Questionnaire)</b>
Don't Know	999	<b>(End of Questionnaire)</b>

**LONGEST JOB**

*Now I'm going to ask you some questions about your longest held job. Longest held job means the most number of years at an occupation.*

OCQ.200. Thinking of all the jobs or businesses you **ever** had, what kind of work were you doing the longest? (For example: electrical engineer, flight attendant, dairy farmer.) **[DO NOT PROBE. Enter job title or whatever they tell you.]**

**Or**

Same as current occupation	2	<b>(End of Questionnaire)</b>
Never worked	3	<b>(End of Questionnaire)</b>
Refused	777	
Don't Know	999	

OCQ.210. What were your most important activities or duties on this job or business? (For example: sold cars, kept account books, operated printing press, finished concrete.) **[USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF WHAT THEY DID ON THIS JOB.]**

Refused	777
Don't Know	999

## **OCCUPATION (OCQ)**

- OCQ.220. What kind of business or industry was this? (For example: TV and radio management, retail shoe store, state labor department, farm.) **[USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF THE INDUSTRY IN WHICH THEY WORKED. Include name of business, job or industry.]**

Refused	777
Don't Know	999

- OCQ.225. Was this mainly manufacturing, wholesale trade, retail trade or something else?
- |  |     |
|--|-----|
| Manufacturing (Making a product)   | 1   |
| Wholesale (Selling to businesses)  | 2   |
| Retail (Selling to consumers)  | 3   |
| Something else (For example: education, transportation, government, healthcare, agriculture, mining, insurance, banking, entertainment, real estate, services, etc.) | 4   |
| Refused  | 777 |
| Don't Know   | 999 |

- OCQ.226. Looking at this card, which of these **best** describes this job or work situation? **[HAND CARD]**
- |  |     |
|--|-----|
| An employee of a <b>private</b> company, business, or individual for wages, salary or commission | 1   |
| A <b>federal</b> government employee   | 2   |
| A <b>state</b> government employee   | 3   |
| A <b>local</b> government employee   | 4   |
| Self-employed in <b>own</b> business, professional practice or farm                              | 5   |
| Working <b>without pay</b> in family business or farm  | 6   |
| Refused  | 777 |
| Don't Know   | 999 |

- OCQ.227. Was this business incorporated?
- |            |     |
|------------|-----|
| Yes        | 1   |
| No         | 2   |
| Refused    | 777 |
| Don't Know | 999 |

**OCCUPATION (OCQ)**

OCQ.230. On average, how many **hours per week** did you work at this job?

|\_\_|\_\_|\_\_|  
Enter number of hours

Refused 777  
Don't Know 999

OCQ.240. About **how long** did you work at your longest-held job or work situation?

|\_\_|\_\_|\_\_|  
Enter number (of days, weeks, months or years)

Refused 777  
Don't Know 999

Enter unit

Days 1  
Weeks 2  
Months 3  
Years 4

OCQ.241. In what year did you leave your longest held job? (If you don't recall exactly, please give your best guess.)

|\_\_|\_\_|\_\_|\_\_|  
Enter year

Refused 7777  
Don't Know 9999

## ORAL HEALTH (OHQ)

### BASIC SCREENING SURVEY

OHQ.010 Subject has Natural Teeth:    0 = Not Natural Teeth  
    1 = Has Natural Teeth

OHQ.020 Subject has Untreated Cavities:    0 = No Untreated Cavities  
    1 = Has Untreated Cavities

OHQ.030 Treatment Urgency:            0 = No obvious problems  
    1 = Early Dental Care  
    2 = Urgent Care

OHQ comments: Text box needed

## Physical Activity and Physical Fitness (PAQ)

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

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

Interviewer# \_\_\_\_\_

*The next series of questions are about physical activities that you/SP have/has done over the past 30 days. First I will ask about activities that are related to transportation. Then I'll ask about daily activities, and finally, about physical activities during leisure time.*

PAQ.020. Over the **past 30 days**, have you walked or bicycled as part of getting to and from work, or school, or to do errands?

Yes **1**No **2**      **(PAQ.030)**Unable to do activity **3**      **(PAQ.030)**Refused **77**      **(PAQ.030)**Don't know **99**      **(PAQ.030)**

PAQ.025. Over the past 30 days, **how often** did you bike or walk to work, school or to do errands?

**PROBE:**      [If NEC: How many **days** per week, or per month did you do these activities?]

 |  | 

Enter number of days per week, or month)

Refused **777**      **(PAQ.030)**Don't know **999**      **(PAQ.030)**Enter UnitDay **1**Week **2**Month **3**

## Physical Activity and Physical Fitness (PAQ)

PAQ.026. On those days when you walked or bicycled, about **how long** did you spend altogether doing this?

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

Enter number of (minutes or hours)

Refused **777**

Don't know **999**

Enter Unit

Minutes **1**

Hours **2**

PAQ.030. Over the **past 30 days**, did you do any tasks in or around your home or yard for **at least 10 minutes** that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused **light** sweating or a **slight to moderate increase** in your heart rate or breathing, such as raking leaves, shoveling snow, mowing the lawn or heavy cleaning.

Yes **1**

No **2**      (**skip to PAQ.060**)

Unable to do activity **3** (**skip to PAQ.060**)

Refused **77**    (**skip to PAQ.060**)

Don't know **99**    (**skip to PAQ.060**)

PAQ.040. Over the **past 30 days**, how often did you do tasks in or around the home or yard that required at least moderate effort, such as raking leaves, shoveling snow, mowing the lawn or heavy cleaning?

If **NEC**: How many days per week, or per month did you do these activities?

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

Enter number of days per week, or month)

Refused **777**      (**PAQ.060**)

Don't Know **999**    (**PAQ.060**)

Enter Unit

Week **1**

Month **2**

## Physical Activity and Physical Fitness (PAQ)

- PAQ.050. About how long did you do these tasks **each time?** (If more than one task, ask for task done most often.)

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

Enter number of minutes or hours

Refused **777**

Don't Know **999**

Enter Unit

Minutes **1**

Hours **2**

- PAQ.060. Please tell me which of these four sentences **best** describes your usual daily activities? (This could include work, housework, attending classes or other daily activities) (**HAND CARD**)

Sit during the day and  
don't walk about very much **1**

Stand or walk about quite a lot during the day, but  
do not have to carry or lift things very often **2**

Lift or carry light loads,  
or climb stairs/hills often **3**

Do heavy work or carry heavy loads **4**

Refused **77**

Don't know **99**

## Physical Activity and Physical Fitness (PAQ)

The next questions are about physical activities including exercise, sports, and physically active hobbies that you/SP may have done during leisure time or at school over the **past 30 days**. First I will ask you about **vigorous** activities that cause **heavy sweating** or **large increases** in breathing or heart rate. Then I will ask you about **moderate** activities that cause only **light sweating** or a **slight to moderate increase** in breathing or heart rate.

- PAQ.070. Over the past 30 days, did you do any **VIGOROUS** activities for at least 10 minutes that caused heavy sweating, or large increases in breathing or heart rate? Some examples are running, lap swimming, aerobics classes, or fast bicycling. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about. (**HAND CARD WITH LIST OF ACTIVITIES LISTED IN PAQ.071**)

Yes **1**

No **2** (PAQ.080)

Unable to do activity **3** (PAQ.080)

Refused **77** (PAQ.080)

Don't know **99** (PAQ.080)

## Physical Activity and Physical Fitness (PAQ)

PAQ 071. Over the **past 30 days**, what **VIGOROUS** activities did you do? **(CODE ALL THAT APPLY)**

PAQ.075. Over the **past 30 days**, how often did you do {ACTIVITY}?

IF NEC: How many **days** per week, or per month?

PAQ.076. Over the **past 30 days**, on average about **how long** did you do {ACTIVITY} **each time?**

Aerobics **10**ACTIVITY: \_\_\_\_\_ [Enter Unit](#)ACTIVITY: \_\_\_\_\_ [Enter Unit](#)Basketball **12**

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

Week **2**Minute **1**Bicycling **13**Enter number of days  
per week, or month)Month **3**Enter number of  
minutes or hoursHour **2**Football **17**Refused **777**Refused **777**Hiking **20**Don't know **999**Don't know **999**Hockey **21**Jogging **23**Kayaking **24**

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)Racquetball **26**|\_\_\_\_\_|\_\_\_\_\_|  
Enter number of days  
per week, or month)Week **2**|\_\_\_\_\_|\_\_\_\_\_|  
Enter number of  
minutes or hoursMinute **1**Rollerblading **27**Refused **777**Month **3**Hour **2**Rowing **28**Don't know **999**Refused **777**Running **29**Don't know **999**Skating **31**

## Physical Activity and Physical Fitness (PAQ)

PAQ 071. Over the **past 30 days**, what **VIGOROUS** activities did you do? (CODE **ALL THAT APPLY**)

Skiing (Cross-Country/  
Nordic Track) **32**

Skiing (Downhill) **33**

Soccer **34**

Stair Climbing **36**

Swimming **38**

Tennis **39**

Treadmill **40**

Volleyball **41**

Boxing **50**

Martial Arts **53**

Wrestling **54**

Other (Specify) \_\_\_\_\_  
**71**

Other (Specify) \_\_\_\_\_  
**72**

Other (Specify) \_\_\_\_\_  
**73**

PAQ.075. Over the **past 30 days, how often** did you do {ACTIVITY}?  
**PROBE:** How many **times** per day, per week, or per month?

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

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

Enter number of days  
per week, or month)

Week **2**

Month **3**

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

Enter number of  
minutes or hours

Minute **1**

Hour **2**

Refused **777**

Don't know **999**

Refused **777**

Don't know **999**

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

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

Enter number of days  
per week, or month)

Week **2**

Month **3**

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

Enter number of  
minutes or hours

Minute **1**

Hour **2**

Refused **777**

Don't know **999**

Refused **777**

Don't know **999**

**Physical Activity and Physical Fitness (PAQ)**

PAQ 071. Over the **past 30 days**, what **VIGOROUS** activities did you do? **(CODE ALL THAT APPLY)**

PAQ.075. Over the **past 30 days**, how often did you do {ACTIVITY}?  
**PROBE:** How many **times** per day, per week, or per month?

PAQ.076. Over the **past 30 days**, on average about **how long** did you do {ACTIVITY} **each time?**

Refused **77** (PAQ. 080) [REDACTED]

Don't Know **99** (PAQ. 080) [REDACTED]

PAQ.080. Over the past 30 days, did you do **MODERATE** activities for **at least 10 minutes** that caused only **light** sweating or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about. **(HAND CARD PAQ 081)**

Yes **1**

No **2** (PAQ.090)

Unable To Do Activity **3** (PAQ.090)

Refused **77** (PAQ.090)

Don't Know **99** (PAQ.090)

## Physical Activity and Physical Fitness (PAQ)

PAQ 081. Over the **past 30 days**, what **MODERATE** activities did you do? **(CODE ALL THAT APPLY)**

PAQ.085. Over the **past 30 days, how often** did you do {ACTIVITY}?

**PROBE:** How many **times** per day, per week, or per month?

PAQ.086. Over the **past 30 days**, on average about **how long** did you do {ACTIVITY} **each time**?

Aerobics (low impact) **10**

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

Baseball **11**

|||

Week **2**

|||

Minute **1**

Basketball **12**

Enter number of days  
per week, or month)

Month **3**

Enter number of  
minutes or hours

Hour **2**

Bicycling **13**

Refused **777**

Refused **777**

Bowling **14**

Don't know **999**

Don't know **999**

Dancing **15**

Fishing **16**

Football **17**

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

ACTIVITY: \_\_\_\_\_

[Enter Unit](#)

Golf **19**

|||

Week **2**

|||

Minute **1**

Hiking **20**

Enter number of days  
per week, or month)

Month **3**

Enter number of  
minutes or hours

Hour **2**

Hockey **21**

Refused **777**

Refused **777**

Hunting **22**

Don't know **999**

Don't know **999**

Jogging **23**

## Physical Activity and Physical Fitness (PAQ)

PAQ 081. Over the **past 30 days**, what **MODERATE** activities did you do? **(CODE ALL THAT APPLY)**

PAQ.085. Over the **past 30 days, how often** did you do {ACTIVITY}?  
**PROBE:** How many **times** per day, per week, or per month?

PAQ.086. Over the **past 30 days**, on average about **how long** did you do {ACTIVITY} **each time**?

Kayaking **24**

ACTIVITY: \_\_\_\_\_

Enter Unit

Rollerblading **27**

\_\_\_\_\_

Enter number of days  
per week, or month)

Week **2**

ACTIVITY: \_\_\_\_\_

Enter Unit

Rowing **28**

Month **3**

\_\_\_\_\_

Minute **1**

Skating **31**

Refused **777**

Hour **2**

Refused **777**

Skiing (Downhill) **33**

Don't know **999**

Don't know **999**

Soccer **34**

Softball **35**

Stair Climbing **36**

Stretching **37**

ACTIVITY: \_\_\_\_\_

Enter Unit

ACTIVITY: \_\_\_\_\_

Enter Unit

Swimming **38**

\_\_\_\_\_

Enter number of days  
per week, or month)

Week **2**

\_\_\_\_\_

Minute **1**

Tennis **39**

Month **3**

Enter number of  
minutes or hours

Hour **2**

Treadmill **40**

Refused **777**

Refused **777**

Volleyball **41**

Don't know **999**

Don't know **999**

Walking **42**

## Physical Activity and Physical Fitness (PAQ)

PAQ 085. Over the **past 30 days**, what **MODERATE** activities did you do? **(CODE ALL THAT APPLY)**

PAQ.085. Over the **past 30 days, how often** did you do {ACTIVITY}?  
**PROBE:** How many **times** per day, per week, or per month?

PAQ.086. Over the **past 30 days**, on average about **how long** did you do {ACTIVITY} **each time?**

Weight Lifting **43**

Frisbee **51**

Horseback riding **52**

Martial Arts **53**

Yoga **55**

Other (Specify) \_\_\_\_\_ **71** Don't know **999**

Other (Specify) \_\_\_\_\_ **72**

Other (Specify) \_\_\_\_\_ **73**

Refused **77** **(PAQ.090)**

Don't Know **99** **(PAQ.090)**

ACTIVITY: \_\_\_\_\_

Enter Unit

ACTIVITY: \_\_\_\_\_

Enter Unit

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

Enter number of days  
per week, or month)

Week **2**

Month **3**

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

Enter number of  
minutes or hours

Minute **1**

Hour **2**

## Physical Activity and Physical Fitness (PAQ)

PAQ.090. Over the **past 30 days**, did you do any physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

Yes 1

No 2 (PAQ.100)

Unable to do activity 3 (PAQ.100)

Refused 77 (PAQ.100)

Don't know 99 (PAQ.100)

PAQ.095. Over the **past 30 days**, how often did you do these strengthening physical activities?

[IF NEC: How many times per week or month?]

|\_\_|\_\_|\_\_|  
Enter number of times per, week, or month)

Refused 777

Don't know 999

Enter Unit  
Week 1

Month 2

PAQ.100. How does the amount of activity that you reported for the **past 30 days** compare with your physical activity for the **past 12 months**? Over the **past 30 days**, were you...?:

More active 1

Less active 2

About the same 3

Refused 77

Don't know 99

**Physical Activity and Physical Fitness (PAQ)**

PAQ.110 Compared with most men/women your age, would you say that you are...?

More active 1

Less active 2

About the same 3

Refused 77

Don't know 99

PAQ.120. [Asked only of those 30 or older] Compared with yourself **10 years ago**, would you say that you are...?

More active 1

Less active 2

About the same 3

Refused 77

Don't Know 99

*Now I will ask you about TV watching and computer use outside of your regular work hours.*

PAQ.130. Over the **past 30 days**, on average how many hours per day did you sit and watch TV or videos {outside of work}? Would you say...?

Less than 1 hour 0

1 hour 1

2 hours 2

3 hours 3

4 hours 4

5 hours or more 5

None--does not watch TV or videos 8

Refused 77

Don't know 99

## **Physical Activity and Physical Fitness (PAQ)**

PAQ.140. Over the **past 30 days**, on average how many hours per day did you use a computer or play computer games {outside of work}? Would you say...?

Less than 1 hour **0**

1 hour **1**

2 hours **2**

3 hours **3**

4 hours **4**

5 hours or more **5**

None--does not use  
a computer outside work **8**

Refused **77**

Don't know **99**

END TIME OF IN HOME INTERVIEWS:\_\_\_\_\_

**TURN OFF TAPE RECORDER BEFORE TRACKING AND TRACING MODULE**

**PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)**

*Now I'd like to gather information about any medication you might be taking.*

- RXQ.032. In the **past 30 days**, have you used a **prescription medicine**? Include only those products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

Yes	1
No	2 ( <b>Skip to RXQ.296</b> )
Refused	77 ( <b>Skip to RXQ.296</b> )
Don't Know	99 ( <b>Skip to RXQ.296</b> )

*I'd like see the CONTAINERS for **all** the prescription medicines that you used or took in the **past 30 days**.*

- RXQ.042a-t. [The interviewer enters the name of EACH drug from the prescription bottles.]

**042 A to 042 T**

Enter name of each medication

Refused	77
Don't Know	99

- RXQ.231. Are there any **prescription medications** that you have used in the **past 30 days for which you no longer have a bottle or container**? Again, these are products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

Yes	1
No	2 ( <b>Skip to RXQ.294a</b> )
Refused	77 ( <b>Skip to RXQ.294a</b> )
Don't Know	99 ( <b>Skip to RXQ.294a</b> )

- RXQ.235a-t. What is the name of each such drug?

**235 A to 235 T**

Enter name of each medication

Refused	77
Don't Know	99

- RXQ.294a. Are there any other prescription medications that you used in the past 30 days?

Yes	1
No	2
Refused	77
Don't Know	99

**[Loop back to RXQ.235 as many times as needed.]**

- RXQ.295. I have listed {TOTAL NUMBER} prescription medication(s) that you have taken in the **past 30 days**. [REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH SP.]

**PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)**

RXQ.296. In the last 30 days, have you taken any of the following types of over the counter, non prescription drugs? **[HAND CARD. Enter all that apply]**

No	1
Low dose aspirin to protect heart	2
Drugs for pain/analgesics (including regular dose aspirin, Motrin, Tylenol, etc.)	3
Allergy medications	4
Drugs to help stop smoking, including nicotine gum	5
Drugs for intestinal problems	6
Drugs for cold and cough	7
Drugs to help you lose or gain weight	8
Vitamins or minerals (including calcium supplements)	9
Other (Specify: _____)	10
Refused	77
Don't Know	99

## Section B: Prevention and Safety Habits

**1. How often do you do the following? For each question, please mark the one circle that most closely describes your habits. If you don't have teeth, mark the circle "Does Not Apply."**

	Every day ▼	Most days ▼	Some days ▼	Rarely ▼	Never ▼	Does not apply ▼
--	----------------	----------------	----------------	-------------	------------	---------------------

- 1a. Brush your teeth** .....  .....  .....  .....  .....  .....
- 1b. Floss your teeth** .....  .....  .....  .....  .....  .....
- 1c. Take a vitamin** .....  .....  .....  .....  .....  .....
- 1d. Take an aspirin** .....  .....  .....  .....  .....  .....

**2. On days when you brush your teeth, how many times do you usually brush?**

- 1 Time
- 2 Times
- 3 or More Times
- Does Not Apply

**3. How often do you do the following? For each question, please mark the one circle that most closely describes your habits. Mark the circle "Does Not Apply" if you don't ever do the activity, like if you don't travel in a car, or don't ride a bicycle.**

	Always ▼	Most of the time ▼	Some of the time ▼	Rarely ▼	Never ▼	Does not apply ▼
--	-------------	-----------------------	-----------------------	-------------	------------	---------------------

- 3a. Buckle your seatbelt when you travel in a car** .....  .....  .....  .....  .....  .....
- 3b. Wear a helmet when you ride a bicycle** .....  .....  .....  .....  .....  .....
- 3c. Wear a helmet when you ride a scooter or a motorcycle** .....  .....  .....  .....  .....  .....
- 3d. Wear a helmet when you ride a snowmobile** .....  .....  .....  .....  .....  .....
- 3e. Have a non-drinking driver to drive you home after drinking alcohol** .....  .....  .....  .....  .....  .....

3 (continued). How often do you do the following? For each question, please mark the one circle that most closely describes your habits. Mark the circle "Does Not Apply" if you don't ever do the activity, like if you don't travel in a car, or don't ride a bicycle.

	Always ▼	Most of the time ▼	Some of the time ▼	Rarely ▼	Never ▼	Does not apply ▼
3f. Use a cell phone while driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3g. Read or send a text message while driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Less than 1 year ago ▼	1 to 2 years ago ▼	More than 2 years ago ▼	Don't have one ▼	Don't know ▼
4. When was the last time someone changed the batteries in your household fire alarms? ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5a. Are there one or more guns or firearms in your residence?

- ↙  Yes  
 No → Go to question #1 of section C  
 Don't Know → Go to question #1 of section C

5b. Are the guns or firearms stored in a locked cabinet or secured with a trigger lock?

- Yes  
 No  
 Don't Know  
 Does Not Apply

### PTSD Checklist– Civilian Version for DSM-IV

**INSTRUCTIONS:** *Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully. Circle the response that indicates how much you have been bothered by that problem in the past month.*

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

2. Repeated, disturbing *dreams* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

3. Suddenly *acting or feeling* as if a stressful experience were *happening again* (as if you were reliving it)?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

4. Feeling *very upset* when *something reminded you* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

5. Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

6. Avoiding *thinking about* or *talking about* a stressful experience or avoiding *having feelings* related to it?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

7. Avoiding *activities* or *situations* because *they reminded you* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

8. Trouble *remembering important parts* of a stressful experience?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

9. Loss of interest in activities that you used to enjoy?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

10. Feeling *distant* or *cut off* from other people?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

12. Feeling as if your *future* will somehow be *cut short*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

13. Trouble *falling* or *staying asleep*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

14. Feeling *irritable* or having *angry outbursts*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

15. Having *difficulty concentrating*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

16. Being "*super-alert*" or watchful or on guard?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

17. Feeling *jumpy* or easily startled?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

Note: Created by Weathers, Litz, Huska, and Keane (1994); National Center for PTSD - Behavioral Science Division. This is a government document in the public domain. Modified with permission from authors.

**REPRODUCTIVE HEALTH (RHQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

*The next series of questions are about your reproductive history. I will begin by asking some questions about your period or menstrual cycle.*

RHQ.010. How old were you when you had your **first** menstrual period?

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

Enter age in years (**If age provided, skip to RHQ.031**)

[Enter "0" if SP hasn't started yet, then skip to RHQ.281]

Refused	77	<b>(Skip to RHQ.031)</b>
Don't Know	99	

RHQ.020. Were you:

- 1**      Younger than 10
- 2**      10 to 12
- 3**      13 to 15.
- 4**      16 or older
- 77**     Refused
- 99**     Don't Know

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

Yes	1	<b>(Skip to RHQ.131)</b>
No	2	
Refused	77	<b>(Skip to RHQ.060)</b>
Don't Know	99	<b>(Skip to RHQ.060)</b>

RHQ.042. What is the reason that you have not had a period in the past 12 months?

- |                               |                            |
|-------------------------------|----------------------------|
| Pregnancy                     | <b>1 (Skip to RHQ.143)</b> |
| Breastfeeding                 | <b>2 (Skip to RHQ.143)</b> |
| Menopause/hysterectomy        | 3                          |
| Medical conditions/treatments | 4                          |
| Other                         | 5                          |
| Refused                       | 77                         |
| Don't know                    | 99                         |

RHQ.060. About how old were you when you had your **last** menstrual period?

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

Enter age in years (**If age provided, skip to RHQ.131**)

Refused	<b>77 (Skip to RHQ.131)</b>
Don't Know	<b>99 (GO to RHQ.070)</b>

**REPRODUCTIVE HEALTH (RHQ)**

RHQ.070. Were you...?

- |    |                 |
|----|-----------------|
| 1  | Younger than 30 |
| 2  | 30 to 34        |
| 3  | 35 to 39        |
| 4  | 40 to 44        |
| 5  | 45 to 49        |
| 6  | 50 to 54        |
| 7  | 55 or older     |
| 77 | Refused         |
| 99 | Don't Know      |

*The next questions are about your pregnancy history.*

RHQ.131. Have you **ever** been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to RHQ.281</b> )  |
| Refused    | 77 ( <b>Skip to RHQ.281</b> ) |
| Don't Know | 99 ( <b>Skip to RHQ.281</b> ) |

**[If SP had period in past 12 months (coded '1' in RHQ.031) or SP has not experienced menopause/hysterectomy (not coded '3' in RHQ.042), continue with RHQ.143. Otherwise, go to RHQ.160.]**

RHQ.143. Are you pregnant **now**?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to RHQ.160</b> )  |
| Refused    | 77 ( <b>Skip to RHQ.160</b> ) |
| Don't Know | 99 ( <b>Skip to RHQ.160</b> ) |

RHQ.152. Which month of pregnancy are you in?

|\_\_|\_\_|  
Enter number of months

- |            |    |
|------------|----|
| Refused    | 77 |
| Don't Know | 99 |

**REPRODUCTIVE HEALTH (RHQ)**

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

Enter number of pregnancies

[If currently pregnant with only pregnancy, skip to RHQ.300]

Refused	77
Don't Know	99

RHQ.170. How many of your pregnancies resulted in a live birth? (Count the number of total pregnancies, not the number of live-born children. For example, if you had twins or another multiple birth, count that as a single pregnancy.)

Enter number of pregnancies

Refused	77
Don't Know	99

RHQ.171. How many of your pregnancies resulted in a non-live birth? (Count the number of total pregnancies. That is, if you had been pregnant with twins or multiples resulting in at least one non-live birth, count that as a single pregnancy. Do not consider abortions, or miscarriages occurring within the first 5 months of pregnancy as non-live births.)

Enter number of pregnancies

Refused	77
Don't Know	99

RHQ.175. Did you ever have any of the following complications during any of your pregnancies? [HAND CARD]

Diabetes	1
Eclampsia	2
High blood pressure	3
Pre-eclampsia	4
Premature birth	5
Premature labor	6
Had a small baby (less than 5.5 pounds)	7
Had twins or other multiples	8
Had a large baby (more than 8 pounds13 ounces)	9
None of the above	10
Refused	77

**REPRODUCTIVE HEALTH (RHQ)**

Don't Know 99

[**INTERVIEWER:** If answer to RHQ.170 is 0: Skip to RHQ.281.

If answer to RHQ.170 is 1: Skip to RHQ.190.

If answer to RHQ.170 is 2 or more: Go to RHQ.180.

If SP refused or does not know answer to RHQ.170: Skip to RHQ.281.]

RHQ.180. How old were you at the time of your **first** live birth?

Enter age in years

Refused 77

Don't know 99

RHQ.190. How old were you at the time of your **last** live birth?

Enter age in years

Refused 77

Don't know 99

*The next series of questions are about breastfeeding.*

RHQ.210. Did you breastfeed {your child/any of your children}?

Yes 1

No 2 (**Skip to RHQ.225**)

Refused 77 (**Skip to RHQ.281**)

Don't Know 99 (**Skip to RHQ.281**)

RHQ.221.a-j. For how long did you feed each of the children you breastfed (starting with the first child)? **[HAND CARD]**

1 Less than 1 month

2 1-6 months

3 7-12 months

4 13-24 months

5 More than 2 years

77 Refused

99 Don't Know

[REPEAT RHQ.221 and RHQ.225FOR EACH CHILD IN BIRTH ORDER. Enter in table]

	Breastfeed 1=Yes, 2=No	RHQ.221 How long (1-5, 77, 99)	RHQ.225 Reasons
a. Child 1		a.	
b. Child 2		b.	
c. Child 3		c.	
d. Child 4		d.	
e. Child 5		e.	
f. Child 6		f.	
g. Child 7		g.	

**REPRODUCTIVE HEALTH (RHQ)**

h. Child 8		h.	
I. Child 9		i.	
j. Child 10		j.	

RHQ.225. What were your reasons for not breastfeeding or stopping breastfeeding? [HAND CARD. ENTER ALL THAT APPLY.]

- 1 Baby preferred the bottle/cup
- 2 Parents preferred the bottle
- 3 Sore/cracked/bleeding nipples
- 4 Felt that breasts "dried up" or "not producing enough milk"
- 5 Sick/couldn't breastfeed
- 6 Baby had difficulty breastfeeding
- 7 Baby not satisfied with breast milk
- 8 Baby not gaining enough weight or "breastfeeding was not providing adequate nutrition"
- 9 Too many other household responsibilities
- 10 Right time to stop
- 11 Using medication
- 12 Smoking behavior or drinking behavior or other drug addiction behavior
- 13 Work/school commitments prevented from continuing breastfeeding
- 14 No support or location to breastfeed at workplace/school
- 15 Husband/partner wanted me to stop breastfeeding
- 16 Other family member/friend suggestion
- 17 Health provider suggestion
- 18 Baby premature/sickly
- 19 Other reasons/circumstances (Specify: \_\_\_\_\_)
- 77 Refused
- 99 Don't Know

*The next series of questions deal with surgeries that some women may have had on the uterus or ovaries.*

RHQ.281. Have you had a hysterectomy, that is, surgery to **remove** your uterus or womb?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to RHQ.300</b> )  |
| Refused    | 77 ( <b>Skip to RHQ.300</b> ) |
| Don't Know | 99 ( <b>Skip to RHQ.300</b> ) |

RHQ.291. How old were you when you had your hysterectomy?

|\_\_|\_\_|  
Enter age in years

Refused

77

**REPRODUCTIVE HEALTH (RHQ)**

Don't Know	99
------------	----

**[Interviewer: Read to SP only if you haven't already done so.]** The next series of questions deal with surgeries that some women may have had on the uterus or ovaries.

RHQ.300. Have you had at least one of your ovaries removed?

Yes	1
No	2 ( <b>Skip to RHQ.380</b> )
Refused	77 ( <b>Skip to RHQ.380</b> )
Don't Know	99 ( <b>Skip to RHQ.380</b> )

RHQ.310. Were both ovaries removed or only one?

Both	1
One	2
Refused	77
Don't Know	99

RHQ.330. How old were you when you had your {ovary/ovaries} removed (or most recently removed if you had two removed at different times)?

|\_\_|\_\_|  
Enter age in years

Refused	77
Don't Know	99

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

Yes	1
No	2
Refused	77
Don't Know	99

You may have already given us some of the following information but it is important that we ask it again within this questionnaire. Now I am going to ask you about your birth control history.

RHQ.420. Have you **ever** taken birth control pills?

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

RHQ.430. How old were you when you began taking birth control pills?

|\_\_|\_\_|  
Enter age in years

**REPRODUCTIVE HEALTH (RHQ)**

Refused	77
Don't Know	99

**[If SP is not pregnant, has not had a hysterectomy, has at least one ovary and is not menopausal continue with RHQ.442. Otherwise, skip to RHQ.451.]**

RHQ.442 Are you taking birth control pills now?

Yes	1 ( <b>Skip to RHQ.460</b> )
No	2
Refused	77 ( <b>Skip to RHQ.540</b> )
Don't Know	99 ( <b>Skip to RHQ.540</b> )

RHQ.451. How old were you when you stopped taking birth control pills?

|\_\_\_\_\_|  
Enter age in years

Refused	77
Don't Know	99

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

|\_\_\_\_\_|  
Enter number [**Enter '1' for less than one month**]

Refused	77
Don't Know	99

Circle unit

Months	1
Years	2

*Now I'm going to ask you about your exposure to other types of hormones that you might have used for treating conditions or health problems, other than infertility.*

RHQ.540. Have you **ever** used female hormones such as estrogen and progesterone? Please include any form of female hormones, such as pills, creams, patches, and injectables, but **do not** include birth control methods or use for infertility.

Yes	1
No	2 ( <b>End of Questionnaire</b> )
Refused	77 ( <b>End of Questionnaire</b> )
Don't Know	99 ( <b>End of Questionnaire</b> )

**SCREENER MODULE (SCQ)**

HHID#\_\_\_\_\_

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

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

This module is the initial information sought at the door of the residence from an adult member of the household. This information is sought in an attempt to verify that it is a household in the sample and to screen the household for potential eligible participants. Even if the individual members of the household refuse, SHOW seeks basic profile information on the household so that refusers can be compared to participants to determine the representativeness of the sample. Questions are organized by the most important, so that if refusers stop or cut off the questioning, we get highest priority data.

**SCQ\_INTRODUCTION**

Hello, I'm {Screener's name}. I'm from the School of Medicine and Public Health at the University of Wisconsin and here is my identification (show ID card). We sent a letter to this address about two weeks ago explaining that we would be visiting your home to invite you to join an important statewide health research project called SHOW, which stands for The Survey of the Health of Wisconsin. SHOW will help researchers and policy makers learn what is needed to improve the health of citizens of this state.

Do you remember getting the letter? It was in a white envelop with the UW logo and contained a SHOW refrigerator magnet in it like this one? (Interviewer shows them the envelope and magnet. If the resident does not remember letter, interviewer hand new copy of the envelope, letter and magnet.) Here is a copy of what was sent in the mail. Here is also a copy of what was sent in the mail [OPTIONAL: Here is also a copy of a letter of endorsement from \_\_\_\_\_ (name community leader or organization).

As you will see/remember from this letter, we pay each eligible participant up to \$50 plus related travel and child care expenses for their help with this very important health project. You are also given test results, valued at over \$300.

The invited households have been randomly selected, like a lottery, so that each household has the same chance of being chosen as their neighbor. This household was randomly selected from thousands of Wisconsin households to be a part of this statewide project. Each household will represent the households not selected and each eligible adult will represent 3000 other Wisconsin residents.

In order to determine if we have the correct address and if anyone living in this household is eligible to participate, I need to ask you some questions. Answering these questions is voluntary and the information you provide will be kept private. Would you have a few minutes to answer these now? THE FOLLOWING IS NEEDED: [If not, could we arrange a time to come back that would be more convenient for you?] [Would you like some additional information to review?] [Would you prefer to call and arrange a time for us to come back?]

If respondent refuses and says household is not interested in participating, etc, ask if they would answer the first 8 confidential questions so we at least can have data to see if the refusing households are different from those who participate. If yes, proceed. If they still refuse, thank them for their time and report to Field Supervisor.

If respondent does not appear to speak English, use the language card to determine language they speak and enter that language code below and call the translation service for assistance.

Screener Enters:

Household id: \_\_\_\_\_ (hh\_id char assigned by computer randomly)  
 Block\_number: \_\_\_\_\_ (blocknum number)  
 Latitude: \_\_\_\_\_ (latitude number)  
 Longitude: \_\_\_\_\_ (longitude number)  
 Pre screener exclusion: \_\_\_\_\_ (pre\_screener\_exclusion free\_text)  
 [On sight it is apparent the household doesn't qualify.]  
 Note: \_\_\_\_\_ (note free\_text)  
 Language \_\_\_\_\_ (Language code)

SCQ.070. First, I would like to verify this address. Please give me the complete address (#, direction, street name, street type, city, state, zip, zip+4).

Enter Street Number    Enter Street Direction & Name    {Enter Apartment Number}

\_\_\_\_\_ |\_\_\_\_\_|  
 Enter Town              Enter 2 Letter  
 or City Name            State Abbreviation              \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|-{\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|}  
 Enter Postal Code  
 or Zipcode

Correct Address **Y**

Correction needed **C**

Wrong Address **N** [Use "If Wrong Address" script below.]

**[If WRONG ADDRESS IN SCQ.070.]** Thank you for verifying the address.  
*This is not the address that was randomly selected to participate in SHOW.*  
*Would you have any idea where I might find {give them the address you*  
*are seeking}? I'm sorry to have bothered you. Thank you for your time.*  
**[END SCREENER]**

Refused **R**

Don't Know **D**

SCQ 071. Is this the only dwelling unit in this building? **[Ask only in houses or where it is not obvious that there are multiple units.]**

Yes **Y**

(**Skip to SCQ.072**)

No **N**

Refused **R**

(**Skip to SCQ.072**)

Don't Know **D**

(**Skip to SCQ.072**)

SCQ 071.10 How many units are in this building?

Enter Number of Units: \_\_\_\_\_

Refused **R**

Don't Know **D**

SCQ.072. Is this a dormitory room? **[Ask only as needed.]**

Yes **Y**

No **N**

Refused **R**

Don't Know **D**

*Thank you for verifying this address. This is one of the addresses that were randomly selected to be surveyed by SHOW. I'd like to gather some more information about the household residents.*

*To gather this information I need to speak with someone who is age 18 years or older and knows who lives in this home.*

SCQ.080. Are you 18 or older AND do you know who lives in this home?

Yes **Y**                    (**Skip to SCQ0990**)

No **N**

Refused **R**

Don't Know **D**

SCQ.080.10. Is there someone at home that I could speak with who is 18 or older or is an emancipated minor and knows who lives in this home?

Yes Y                   **(Skip to SCQ.080.11)**

No N                   **(Skip to SCQ.080.12)**

Refused R

Don't Know D           **(Skip to SCQ.080.13)**

SCQ.080.11. **(If Yes):** Could I speak with them?

Yes Y   **(Go back to SCQ Intro; verify answers to SCQ.070-080.)**

No N

SCQ.080.12. **(If No):** When would be the best time to come back to find one of the residents who is over 18 years old at home?

Enter Day and Time: \_\_\_\_\_

Don't Know D

*Thank you for your time. Please give this SHOW card to that person in case {he/she} has any questions before we get back to talk to {him/her}. [Give them the generic SHOW business card].*

SCQ.080.13. **(If Don't Know):** Could you check and see or should I come back when one of them is sure to be home?

Enter Day and Time: \_\_\_\_\_

Refused Further Info R   **[Interviewer closes out and comes back another day and time]**

*Thank you for your time. Please give this SHOW card to that person in case {he/she} has any questions before we get back to talk to {him/her}. [Give them the generic SHOW business card].*

**[If there is a change of respondents due to answers above, repeat SCQ Intro to new respondent, THEN verify answers to SCQ.070-080.]**

SCQ.090. To begin, how many people, including children, live in this household? \_\_\_\_\_

Refused R

Don't Know D

SCQ.095. How many are males and how many are females?

Males: \_\_\_\_\_ R D

Females: \_\_\_\_\_ R D

SCQ.100. How many age 21-74 are males and how many are females?

Males: \_\_\_\_\_ R D

Females: \_\_\_\_\_ R D

SCQ.200. How many age 20 or younger are males and how many are females?

Males: \_\_\_\_\_ R D

Females: \_\_\_\_\_ R D

**IF ZERO/ZERO—CROSS OUT QUESTIONS SCQ.605a to SCQ.620a on page 10-11.**

SCQ.300. How many age 75 or older are males and how many are females?

Males: \_\_\_\_\_ R D

Females: \_\_\_\_\_ R D

**IF ZERO/ZERO—CROSS OUT QUESTIONS SCQ.705a to SCQ.720a on page 11-12.**

**FOR HOUSEHOLD WHO REFUSE ANY FURTHER INFORMATION:** Thank you for providing the answers to those questions. If you change your mind about participating in SHOW or have questions, you can call the toll-free 888 number on this magnet and we'll arrange to have one of our staff return to complete the in home survey. The survey is particularly interested in persons between 21 and 74 but we would like to know about all in the home.

**FOR THOSE INTERESTED IN PROCEEDING WITH HOUSEHOLD SCREENING [all data is entered on a computer or paper matrix]:** Now I would like to ask you some details about the number of people, including yourself, who are living in this household.

SCQ480 First, what is your name? [just a first or last name would be fine]

Refused R

SCQ.500. What is the name of one person between 21 and 74? [Verify spelling. ALSO ENTER NAME ON MATRIX. ]

First	Middle	Last	{Suffix}
-------	--------	------	----------

Refused R [Try to get at least first name or initials.]

SCQ.501. [Ask gender if not obvious.] Is {name} male or female? [ENTER ON MATRIX]

Male M

Female F

Other O

Unknown U

Refused R

Don't Know D

SCQ.502. What is {name's} birthdate?

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
MM DD YYYY

[ALSO ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format,  
using 00s for missing month and date. Then, if more than one person  
lives in the household, skip to SCQ.505a. If there is only one person in  
the household, skip to SCQ.550.]

Refused R

Don't Know D (Skip to SCQ.502.20)

SCQ.502.10. What year was that person born? |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| YYYY  
[ALSO ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. If more than one person lives in the household, skip to SCQ.505a. If there is only one person in the household, skip to SCQ.550.]

Refused R

Don't Know D

SCQ.502.20 How old is that person? \_\_\_\_\_  
[Subtract age from this year for year {respondent} was born. ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. If more than one person lives in the household, skip to SCQ.505a. If there is only one person in the household, skip to SCQ.550.]

Refused R

Don't Know D

SCQ.505a-z. What is the name of another household member who is aged 21-74? [ENTER FULL NAMES ON MATRIX (first, middle, last, suffix). Verify spelling.]

Refused R [Try to get at least first name or initials.]

Don't Know D

SCQ.510a-z. [Ask gender if not obvious.] Is {name} male or female? [ENTER ON MATRIX]

Male M

Female F

Other O

Unknown U

Refused R

Don't Know D

SCQ.520a-z. What is {name's} birthdate? [ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format. Use 00s for missing month or day. Then return to SCQ.505 until all household members age 21-74 are recorded.]

Refused R

Don't Know D (Skip to SCQ.520.20a-z)

SCQ.520.10a-z. What year was {name} born? **[ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.505 until all household members age 21-74 are recorded.]**

Refused R

Don't Know D

SCQ.520.20a-z. How old is {name}? **[Subtract age from this year for year {name} was born. ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.505 until all household members age 21-74 are recorded.]**

Refused R

Don't Know D

**[REPEAT SCQ.505 to SCQ.520 a-z FOR ALL WHO ARE 21-74.]**

#### **EXCLUSION CRITERIA FOR ELIGIBLE AGED RESIDENTS (21-74)**

SCQ.550. Do any of the people age 21-74 living in this household have a home anywhere else?

Yes Y

No N      **(Skip to SCQ.560)**

Refused R      **(Skip to SCQ.560)**

Don't Know D      **(Skip to SCQ.560)**

SCQ.550.10. Who is that? **[Mark matrix.]**

SCQ.550.20. Where does this person usually live and sleep for six months or more per year, here or somewhere else?

Here **Here**

Somewhere else **Somew**      **[Mark matrix: Exclude from survey.]**

Refused R

Don't Know D

SCQ.550.30. Does anyone else age 21-74 living in this household have a home elsewhere?

Yes **Y** [Repeat SCQ.550.10-30 as necessary.]

No **N**

Refused **R**

Don't Know **D**

SCQ.560. Are any of the people age 21-74 living in this household now on full-time active duty with the Armed Forces of the United States?

Yes **Y**

No **N** (Skip to SCQ.580)

Refused **R** (Skip to SCQ.580)

Don't Know **D** (Skip to SCQ.580)

SCQ.560.10. Who is that? [Mark matrix.]

SCQ.560.20. Is this home that person's **usual place of residence**?

Yes **Y**

No **N** [Mark matrix: Exclude from survey.]

Refused **R**

Don't Know **D**

SCQ.560.30. Is anyone else age 21-74 on full-time active duty?

Yes **Y** [Repeat SCQ.560.10-30 as necessary.]

No **N**

Refused **R**

Don't Know **D**

SCQ.580. Are any of the people age 21-74 living in this household merely visiting or traveling in Wisconsin?

Yes **Y**

No **N**      (**Skip to SCQ.590**)

Refused **R**    (**Skip to SCQ.590**)

Don't Know **D** (**Skip to SCQ.590**)

SCQ.580.10. Who is that? [**Mark matrix: Exclude from survey.**]

SCQ.580.20. Is anyone else just visiting or traveling in Wisconsin?

Yes **Y**      [**Repeat SCQ.580.10-20 as necessary.**]

No **N**

Refused **R**

Don't Know **D**

SCQ.590. Are any of the 21-74 year old residents under supervision and monitoring by the corrections system at this time? This does not mean someone who is on parole.

Yes **Y**

No **N**      (**Skip to SCQ.605a**)

Refused **R**    (**Skip to SCQ.605a**)

Don't Know **D**    (**Skip to SCQ.605a**)

SCQ.590.10 Who is that? [**Mark matrix: Exclude from survey.**]

SCQ.590.20 Is any one else under supervision and monitoring by the corrections system at this time?

Yes **Y**      [**Repeat SCQ.590.10-20 as necessary.**]

No **N**

Refused **R**

Don't Know **D**

**DETAILS ON THE REST OF THE HOUSEHOLD MEMBERS****[SKIP TO SCRIPT BEFORE SCQ.705 IF ANSWER TO SCQ.200 WAS "0 males and 0 females"]**

*Now I'd like to ask you to tell me about the younger people in this household. At the present time those under 21 cannot be part of SHOW, but this may change in the future, and we may be able to come back and add them to SHOW.*

SCQ.605a-z. What is the name of {any/another} household member **who is 20 years old or younger, including infants and children?** [ENTER FULL NAMES ON MATRIX (first, middle, last, suffix). Verify spelling. Relationships for ALL ages will be defined on matrix.]

. Refused R [Try to get at least first name or initials.]

Don't Know D

SCQ.610a-z. **[Ask gender if not obvious.]** Is {name} male or female? [ENTER ON MATRIX.]

Male M

Female F

Other O

Unknown U

Refused R

Don't Know D

SCQ.620a-z. What is {name's} birthdate? [ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format. Use 00s for missing month or day. Then return to SCQ.605 until all household members age 0-20 are recorded.]

Refused R

Don't Know D (Skip to SCQ.620.20a-z)

SCQ.620.10a-z. What year was {name} born? [ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.605 until all household members age 0-20 are recorded.]

Refused R

Don't Know D

SCQ.620.20a-z. How old is {name}? [Subtract age from this year for year {name} was born. ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.605 until all household members age 0-20 are recorded.]

Refused R

Don't Know D

[REPEAT SCQ.605 to SCQ.620.20 a-z FOR ALL 0-20 year olds.]

**[SKIP TO SCQ.800.20 IF ANSWER TO SCQ.300 WAS "0 males and 0 females."]**

*Now I'd like to ask you to tell me about the older people in this household. At the present time, those 75 and older cannot be part of SHOW, but this may change in the future, and we may be able to come back and add them to SHOW.*

SCQ.705a-z. What is the name of {any/another} adult who is age 75 or older and living in this household? [ENTER FULL NAMES ON MATRIX (first, middle, last, suffix). Verify spelling. Relationships for ALL ages will be defined on matrix.]

Refused R [Try to get at least first name or initials.]

Don't Know D

SCQ.710a-z. [Ask gender if not obvious.] Is {name} male or female? [ENTER ON MATRIX.]

Refused R

Don't Know D

SCQ.720a-z. What is {name's} birthdate? [ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format. Use 00s for missing month or day. Then return to SCQ.705 until all household members age 75 and older are recorded.]

Refused R

Don't Know D (Skip to SCQ.720.20a-z)

SCQ.720.10a-z. What year was {name} born? [ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.705 until all household members age 75 and older are recorded.]

Refused R

Don't Know D

SCQ.720.20a-z How old is {name}? [Subtract age from this year for year {name} was born. ENTER DATE OF BIRTH ON MATRIX in MM/DD/YYYY format, using 00s for missing month and day. Then return to SCQ.705 until all household members age 75 and older are recorded.]

Refused R

Don't Know D

[REPEAT SCQ.705 to SCQ.720.20 a-z FOR ALL AGE 75 and older.]

#### **IDENTIFICATION OF BIOLOGICAL AND SOCIAL RELATIONSHIPS WITHIN HOUSEHOLD**

SCQ.800.20. Who owns or rents this house? [Mark person with an "O" or "R" in the matrix in the "Owner or Renter" column. If there are co-owners, pick one as Owner or Renter giving preference to any person present at time of question. ENTER ON MATRIX.]

Refused R

Don't Know D

SCQ.800.30 [If not yet disclosed ask...] Of the people you've identified as living in this household, which are you?

Name: \_\_\_\_\_ [If previously disclosed, list it here.]

Refused R

**The order of persons on the matrix should be in the same order that names were collected in this screener. The matrix allows entries to be filled as follows:**

SCQ.850a-z. How is {name} related to {name} (on the list)?

**ENTER ON MATRIX ALL HOUSEHOLD MEMBERS' RELATIONSHIPS TO EACH OTHER, REGARDLESS OF THEIR AGE.]**

Row1:  
First person's relation to Second person,  
First person's relation to Third person,  
First person's relation to Fourth person,  
First person's relation to Fifth person  
.....

Row 2  
Second person's relation to Third person,  
Second person's relation to Fourth person,  
Second person's relation to Fifth person,  
....

Row 3  
Third person's relation to Fourth person,  
Third person's relation to Fifth person,  
....

Row 4  
Fourth person's relation to Fifth person,

....  
Until no more rows are required.

There are therefore  $[N * (N - 1)]/2$  entries that can be filled in the relationships triangle where N is the number of persons in the household.

The relationship codes are listed on the last page of the matrix.

## INFORMATION FOR RESOLVING DATA QUERIES

*In a large survey of this nature, a double check is always done to ensure accurate and high quality information. There is always the chance that I have made a mistake in entering this information, or my supervisor may want to verify something that looks like a mistake. In case that happens, we'd like to get the following information so we can quickly contact you to correct any errors or answer any questions.*

SCQ.900. Please give me your home telephone number in case my office wants to check my work.

Home telephone number: |\_\_\_\_|\_\_\_\_|\_\_\_\_|-|\_\_\_\_|\_\_\_\_|\_\_\_\_|-|\_\_\_\_|\_\_\_\_|\_\_\_\_| [Repeat telephone number.]

Whose name is it listed under?: \_\_\_\_\_

Refused R

Don't Know D

SCQ.905. Is there another number where you can be reached?

Yes Y

No N (Skip to SCQ.920)

Refused R (Skip to SCQ.920)

Don't Know D (Skip to SCQ.920)

SCQ.905.05 What is it? |\_\_\_\_|\_\_\_\_|\_\_\_\_|-|\_\_\_\_|\_\_\_\_|\_\_\_\_|-|\_\_\_\_|\_\_\_\_|\_\_\_\_|

{Extension |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|} [Repeat telephone number.]

Refused R

Don't Know D

SCQ.905.10. Where is that telephone located?

Work **WORK**

Relative's home **RELAT**

Neighbor's home **NEIGH**

Mobile phone **MOBIL**

Other **O**

Refused **R**

Don't Know **D**

SCQ.910. Is there another telephone number where you can be reached?

Yes **Y**

No **N**                   **(Skip to SCQ.920)**

Refused **R**                   **(Skip to SCQ.920)**

Don't Know **D**                   **(Skip to SCQ.920)**

SCQ.910.05 What is it? |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

{Extension |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|\_\_\_\_|} **[Repeat telephone number.]**

Refused **R**

Don't Know **D**

SCQ.910.10. Where is that telephone located?

Work **WORK**

Relative's home **RELAT**

Neighbor's home **NEIGH**

Mobile phone **MOBIL**

Other **O**

Refused **R**

Don't Know **D**

SCQ.920. Is there a way to contact you by email?

Yes **Y**

No **N**                   **(Skip to SCQ.930)**

Refused **R**                   **(Skip to SCQ.930)**

Don't Know **D**                   **(Skip to SCQ.930)**

SCQ.920.20 What is that email?: \_\_\_\_\_  
**[Repeat email address.]**

Refused **R**

Don't Know **D**

SCQ.930. Is your mailing address the same address you verified with me at the beginning (the address {give address from SCQ.070})?

Yes **Y**                   **(Skip to SCQ.930.20)**

No **N**

Refused **R**                   **(Skip to SCQ.930.20)**

Don't Know **D**                   **(Skip to SCQ.930.20)**

SCQ.930.10 What is this mailing address? **[Repeat mailing address.]**

Enter PO Box or Street # {Enter Street Direction & Name} {Enter Apartment #}

Enter Town or City Name	_ _ _	_ _ _ _ _ _ _ -{ _ _ _ _ _ _ }
	Enter 2 Letter State Abbreviation	Enter Postal Code or Zipcode

**[If respondent gives a mailing address that is not a PO Box: Use active probing to determine which address is the primary residence and which is the secondary residence. This is to determine if the contact person still qualifies as a participant at this address.]**

Refused **R**

Don't Know **D**

SCQ.930.20 Is there an alternate address for another home or vacation residence?

Yes **Y**

No **N** **(Skip to END OF HH SCREENING, page 16)**

Refused **R** **(Skip to END OF HH SCREENING, page 16)**

Don't Know **D** **(Skip to END OF HH SCREENING, page 16)**

SCQ.930.30 What is the alternate address? **[Repeat alternate address.]**

Enter PO Box or Street # {Enter Street Direction & Name} {Enter Apartment #}

Enter Town or City Name \_\_\_\_\_ Enter 2 Letter State Abbreviation \_\_\_\_\_ Enter Postal Code or Zipcode \_\_\_\_\_

Refused **R**

Don't Know **D**

**[END OF HOUSEHOLD SCREENING. If there are eligible members in the household, proceed to recruitment and consent process aimed at individual members of the household who are Eligible Survey Participants (ESP).]**

*The following people in this household are eligible for participation in SHOW: {name the residents from the matrix}. Participation in SHOW involves a four hour commitment of time plus travel to an examination center. SHOW pays each participant \$50 if they complete the survey. I'd now like to talk to each of these members of the household separately or together about the details of what SHOW is about so that each person can decide for themselves whether they want to take part in this important health survey. Is now a good time to talk to any of these residents? [If yes, proceed with questionnaires.] If this is not a good time, when would be a good time to return to talk to them?*

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

Person \_\_\_\_\_ Date \_\_\_\_\_ Best Times \_\_\_\_\_

Call \_\_\_\_\_ to schedule appointment with this ESP

**SCREENING AND IMMUNIZATION (SIQ)**

*In the following questions I'll ask about common screening tests and vaccinations that have been recommended for different age groups by different health organizations. Please answer whether you've had any of these screenings and if so within how many years.*

[**INTERVIEWER:** If any procedure was done within one year, enter 1 when it asks for years.]

**Men and Women**

Have you ever had any of these screening tests? If yes, when?

SIQ.010. A blood pressure check?

Yes	1
No	2 ( <b>Skip to SIQ.020</b> )
Refused	77 ( <b>Skip to SIQ.020</b> )
Don't Know	99 ( <b>Skip to SIQ.020</b> )

SIQ.011. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.020. A blood cholesterol test?

Yes	1
No	2 ( <b>Skip to SIQ.030</b> )
Refused	77 ( <b>Skip to SIQ.030</b> )
Don't Know	99 ( <b>Skip to SIQ.030</b> )

SIQ.021. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.030. A colonoscopy or sigmoidoscopy?

Yes	1
No	2 ( <b>Skip to SIQ.050</b> )
Refused	77 ( <b>Skip to SIQ.050</b> )
Don't Know	99 ( <b>Skip to SIQ.050</b> )

SIQ.031. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.050. A test to detect occult (hidden) blood in your stool?

Yes	1
No	2 ( <b>Skip to SIQ.070</b> )
Refused	77 ( <b>Skip to SIQ.070</b> )
Don't Know	99 ( <b>Skip to SIQ.070</b> )

SIQ.051. Within how many years? \_\_\_\_\_

**SCREENING AND IMMUNIZATION (SIQ)**

	Years
Refused	77
Don't Know	99

SIQ.070. A general health checkup?

Yes	1
No	<b>2 (Skip to SIQ.080)</b>
Refused	<b>77 (Skip to SIQ.080)</b>
Don't Know	<b>99 (Skip to SIQ.080)</b>

SIQ.071. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.080. A blood sugar (glucose) test?

Yes	1
No	<b>2 (Skip to SIQ.100)</b>
Refused	<b>77 (Skip to SIQ.100)</b>
Don't Know	<b>99 (Skip to SIQ.100)</b>

SIQ.081. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.100. An eye exam?

Yes	1
No	<b>2 (Skip to SIQ.110)</b>
Refused	<b>77 (Skip to SIQ.110)</b>
Don't Know	<b>99 (Skip to SIQ.110)</b>

SIQ.101. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.110. A dental check up?

Yes	1
No	<b>2 (Skip to SIQ.115)</b>
Refused	<b>77 (Skip to SIQ.115)</b>
Don't Know	<b>99 (Skip to SIQ.115)</b>

SIQ.111. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

**SCREENING AND IMMUNIZATION (SIQ)**

SIQ.115. A dental cleaning?

Yes	1
No	2 ( <b>Skip to SIQ.130</b> )
Refused	77 ( <b>Skip to SIQ.130</b> )
Don't Know	99 ( <b>Skip to SIQ.130</b> )

SIQ.116. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

**[SIQ.130-SIQ.160: To be asked if previously indicated a diagnosis of diabetes in Health History I.]**

SIQ.130. When was your last A1C blood test?

Date:                  
Month Year

Never	66
Refused	77
Don't Know	99

**INTERVIEWER INSTRUCTIONS: The next two sections ask gender specific screening questions. The questions for females are SIQ.170-221. For males, skip to SIQ.230.***The next series of questions are about screening tests that only women may have had.***Women Only**

Have you had any of these health screening tests? When?

SIQ.170. A vaginal Pap smear and pelvic exam?

Yes	1
No	2 ( <b>Skip to SIQ.180</b> )
Refused	77 ( <b>Skip to SIQ.180</b> )
Don't Know	99 ( <b>Skip to SIQ.180</b> )

SIQ.171. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.180. A mammogram?

Yes	1
No	2 ( <b>Skip to SIQ.190</b> )
Refused	77 ( <b>Skip to SIQ.190</b> )
Don't Know	99 ( <b>Skip to SIQ.190</b> )

SIQ.181. Within how many years? \_\_\_\_\_

Years

**SCREENING AND IMMUNIZATION (SIQ)**

Refused	77
Don't Know	99

SIQ.190. A breast exam by a health provider?

Yes	1
No	2 ( <b>Skip to SIQ.200</b> )
Refused	77 ( <b>Skip to SIQ.200</b> )
Don't Know	99 ( <b>Skip to SIQ.200</b> )

SIQ.191. Within how many years? \_\_\_\_\_

	Years
Refused	77
Don't Know	99

SIQ.200. Do you examine your breasts regularly for signs of cancer?

Yes	1
No	2 ( <b>Skip to SIQ.250</b> )
Refused	77 ( <b>Skip to SIQ.250</b> )
Don't Know	99 ( <b>Skip to SIQ.250</b> )

SIQ.201. How often? \_\_\_\_\_  
 Enter number of times per  
 Unit: Day 1  
 Week 2  
 Month 3  
 Year 4  
 Refused 77  
 Don't Know 99

*The next series of questions are about screening tests that only men may have had.*

**Men Only**

Have you had or done any of the following health screening tests? When?

SIQ.230. A prostate blood test (PSA test) and/or a rectal exam?

Yes	1
No	2 ( <b>Skip to SIQ.240</b> )
Refused	77 ( <b>Skip to SIQ.240</b> )
Don't Know	99 ( <b>Skip to SIQ.240</b> )

SIQ.231. Within how many years? \_\_\_\_\_  
 Years  
 Refused 77  
 Don't Know 99

**SCREENING AND IMMUNIZATION (SIQ)**

SIQ.240. Do you yourself examine your testicles for signs of cancer?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to SIQ.250</b> )  |
| Refused    | 77 ( <b>Skip to SIQ.250</b> ) |
| Don't Know | 99 ( <b>Skip to SIQ.250</b> ) |

SIQ.241. How often? \_\_\_\_\_  
Enter number of times per

- |       |            |    |
|-------|------------|----|
| Unit: | Day        | 1  |
|       | Week       | 2  |
|       | Month      | 3  |
|       | Year       | 4  |
|       | Refused    | 77 |
|       | Don't Know | 99 |

*The next series of questions are about vaccinations you may have received recently or in your lifetime.*

### **Vaccinations**

Have you had any of these vaccinations in the time period indicated?

SIQ.250. Tetanus shot in last 10 years?

- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |

SIQ.260. Flu shot in the last 12 months?

- |            |    |
|------------|----|
| Yes        | 1  |
| No         | 2  |
| Refused    | 77 |
| Don't Know | 99 |

SIQ.280. The 3 dose series of The HPV (human papillomavirus) vaccine (Gardasil) ever?

**[Men should be asked this question also.]**

- |  |    |
|--|----|
| Yes  | 1  |
| No   | 2  |
| Does Not Apply   | 3  |
| Have had at least one<br>but not completed<br>the series | 4  |
| Refused  | 77 |
| Don't Know   | 99 |

**SCREENING AND IMMUNIZATION (SIQ)**

SIQ.300. Vaccination for Hepatitis B ever (3 doses)?

Yes	1
No	2
Refused	77
Don't Know	99

SIQ.310. Vaccination for Hepatitis A ever (2 doses)?

Yes	1
No	2
Refused	77
Don't Know	99

**SENSORY AND DENTAL (SDQ)**

*The next few questions ask about your vision, hearing, and exposure to noise. and dental health*

**VISION**

SDQ.010. At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is...?

Excellent	1
Good	2
Fair	3
Poor	4
Very poor	5
Refused	777
Don't Know	999

SDQ.020. How much difficulty do you have...

- a. Reading ordinary print in newspapers?
- b. Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?
- c. Going down steps, stairs, or curbs in dim light or at night?
- d. Noticing objects off to the side while you are walking?
- e. Finding something on a crowded shelf?

**[HAND CARD & READ CATEGORIES TO RESPONDENT IF NECESSARY.]**

No difficulty	1
A little difficulty	2
Moderate difficulty	3
Extreme difficulty	4
Unable to do because of eyesight	5
Does not do this for other reasons	6
Refused	777
Don't Know	999

SDQ.030. How limited are you in how long you can work or do other daily activities such as housework, child care, school, or community activities because of your vision?

Would you say you are limited...?

None of the time	0
A little of the time	1
Some of the time	2
Most of the time	3
All of the time	4
Refused	777
Don't Know	999

SDQ.040. Has a doctor or other health professional ever told you that you had an eye problem (other than needing glasses)?

Yes	1
No	2 ( <b>Skip to SDQ.046</b> )
Refused	777 ( <b>Skip to SDQ.046</b> )
Don't Know	999 ( <b>Skip to SDQ.046</b> )

**SENSORY AND DENTAL (SDQ)**

SDQ.041. Do you still have an eye problem?

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.042a-h. Which type of eye problem was it? Name all that apply. **[HAND CARD]**

a. Glaucoma	1
b. Macular degeneration	2
c. Diabetic retinopathy	3
d. Cataract	4
e. Retinal detachment	5
f. Traumatic injury to eye	6
g. Bleeding at the back of eye	7
h. Other (Specify: _____)	8

Refused	777
Don't Know	999

**[repeat SDQ.043-SDQ.044 for each named eye problem (a-h) in SDQ.042.]**

SDQ.043 \_\_\_\_ (*write in letter of eye problem*)

How old were you when you were  
first told you had {the named eye problem}?

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

Enter age in years

Refused	77
Don't Know	99

SDQ.043 \_\_\_\_ (*write in letter of eye problem*)

How old were you when you were  
first told you had {the named eye problem}?

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

Enter age in years

Refused	77
Don't Know	99

SDQ.044 \_\_\_\_ Was it in one or both eyes?

One eye	1
Both eyes	2
Refused	77
Don't Know	99

SDQ.044 \_\_\_\_ Was it in one or both eyes?

One eye	1
Both eyes	2
Refused	77
Don't Know	99

SDQ.043 \_\_\_\_ (*write in letter of eye problem*)

How old were you when you were  
first told you had {the named eye problem}?

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

Enter age in years

Refused	77
Don't Know	99

SDQ.043 \_\_\_\_ (*write in letter of eye problem*)

How old were you when you were  
first told you had {the named eye problem}?

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

Enter age in years

Refused	77
Don't Know	99

SDQ.044 \_\_\_\_ Was it in one or both eyes?

One eye	1
Both eyes	2
Refused	77
Don't Know	99

SDQ.044 \_\_\_\_ Was it in one or both eyes?

One eye	1
Both eyes	2
Refused	77
Don't Know	99

**SENSORY AND DENTAL (SDQ)****HEARING**

SDQ.046. Do you feel you have a hearing loss?

Yes	1
No	2 ( <b>Skip to SDQ.050</b> )
Refused	777 ( <b>Skip to SDQ.050</b> )
Don't Know	999 ( <b>Skip to SDQ.050</b> )

SDQ.049. How old were you when your hearing loss developed?

Less than 5 years old	0
5 to 19	1
20 to 29	2
30 to 39	3
40 to 49	4
50 to 59	5
60 to 69	6
70 years or more	7
Refused	777
Don't Know	999

SDQ.050. Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf?

Excellent	1
Good	2
A little trouble	3
Moderate trouble	4
A lot of trouble	5
Deaf	6
Refused	777
Don't Know	999

SDQ.060. Has a doctor or other health professional ever told you that you had a hearing or ear problem?

Yes	1
No	2 ( <b>Skip to SDQ.070</b> )
Refused	777 ( <b>Skip to SDQ.070</b> )
Don't Know	999 ( <b>Skip to SDQ.070</b> )

**SENSORY AND DENTAL (SDQ)**

SDQ.062a-i. Which type of ear or hearing problem was it? **[HAND CARD]**

Tubes in ears	1
Drainage/discharge from ear	2
Partial hearing loss	3
Deaf	4
Acoustic neuroma	5
Choesteatoma	6
Meniere's disease	7
Otosclerosis	8
Other (Specify: _____)	9
Refused	777
Don't Know	999

SDQ.070. Have you ever worn a hearing aid?

Yes	1
No	2 ( <b>Skip to SDQ.080</b> )
Refused	777 ( <b>Skip to SDQ.080</b> )
Don't Know	999 ( <b>Skip to SDQ.080</b> )

SDQ.071. In the last 12 months, have you worn a hearing aid?

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.080. In the last 12 months, have you had buzzing, ringing, or noise in your ears?

Yes	1
No	2 ( <b>Skip to SDQ.090</b> )
Refused	777 ( <b>Skip to SDQ.090</b> )
Don't Know	999 ( <b>Skip to SDQ.090</b> )

SDQ.081. Do you hear this noise only following very loud sounds (i.e., concerts, shooting, or noise at work)?

Yes	1
No	2
Refused	777
Don't Know	999

**SENSORY AND DENTAL (SDQ)**

SDQ.090. During the past 12 months have you had dizziness, difficulty with balance and/or difficulty with falling?

Yes	1
No	2 ( <b>Skip to SDQ.094</b> )
Refused	777 ( <b>Skip to SDQ.094</b> )
Don't Know	999 ( <b>Skip to SDQ.094</b> )

SDQ.091a-c. Which of these problems have you had? [**Enter all that apply**]

a. Dizziness	1	if yes, ask 92a
b. Difficulty with balance	2	if yes, ask 92b
c. Falling	3	if yes, ask 92c
Refused	777	( <b>Skip to SDQ.094</b> )
Don't Know	999	( <b>Skip to SDQ.094</b> )

SDQ.092a-c. How long did the {name indicated problems from question 091 individually and answer the following} last? Would you say...?

92a	92b	92c
Dizziness	Difficulty with balance	Falling
<2 weeks 1	< 2 weeks 1	< 2 weeks 1
2 wks to 3 mo 2	2 wks to 3 mo 2	2 wks to 3 mo 2
> 3 months 3	>3 months 3	>3 months 3
Refused 777	Refused 777	Refused 777
Don't Know 999	Don't Know 999	Don't Know 999

SDQ.093 How often have you fallen in the last 12 months?

--	--	--	--

Enter number of times fallen

Refused	777
Don't Know	999

SDQ.094. Have you ever been treated by a doctor or other health professional for a dizziness, a balance problem, or falling?

Yes	1
No	2 ( <b>Skip to SDQ.100</b> )
Refused	777 ( <b>Skip to SDQ.100</b> )
Don't Know	999 ( <b>Skip to SDQ.100</b> )

SDQ.095. How long ago were you treated? Would you say...?

Less than 1 year ago	1
1 to 5 years ago	2
More than 5 years ago	3
Refused	777
Don't Know	999

**SENSORY AND DENTAL (SDQ)****NOISE EXPOSURE**

SDQ.100. At your current job, how often is it noisy (so that you need to speak in a raised voice or louder to be heard when a person is two feet away)? **[HAND CARD]**

None of the time	1	(Skip to SDQ.121)
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Refused	777	
Don't Know	999	

SDQ.110. At your current job, how often do you wear hearing (ear) protection? **[HAND CARD]**

None of the time	1
25% of the time	2
50% of the time	3
75% of the time	4
100% of the time	5
Occasionally	6
Refused	777
Don't Know	999

SDQ.121. How often was it noisy at your longest held job (you needed to speak in a raised voice or louder to be heard when a person was two feet away)? **[HAND CARD]**

None of the time	1	[Skip to SDQ 130]
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Refused	777	
Don't Know	999	

SDQ.122. At that job (longest held), how often did you wear hearing (ear) protection? **[HAND CARD]**

None of the time	1
25% of the time	2
50% of the time	3
75% of the time	4
100% of the time	5
Occasionally	6
Refused	777
Don't Know	999

**SENSORY AND DENTAL (SDQ)**

SDQ.130. Have you held any other noisy jobs (1 year or longer) where you had to speak in a raised voice (or louder) to be heard?

Yes	1
No	2 ( <b>Skip to SDQ.140</b> )
Refused	777 ( <b>Skip to SDQ.140</b> )
Don't Know	999 ( <b>Skip to SDQ.140</b> )

SDQ.131. What type of work did you do the longest on those other jobs?

---

Refused	777
Don't Know	999

SDQ.132. How many hours/week did you work?

Enter hours/week			
Refused			777
Don't Know			999

SDQ.133. How many years did you do this job?

Enter years	
Refused	77
Don't Know	99

SDQ.140. Have you ever fired a gun?

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.150. Outside of work have you ever been exposed to loud noise, such as noise from power tools, or loud music for an average of at least once a month for a year?

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.160. Did you listen to a personal music system (e.g., iPod, MP3, or CD) using earphones during the past seven days?

Yes	1
No	2 ( <b>Skip to SDQ.270</b> )
Refused	777 ( <b>Skip to SDQ.270</b> )
Don't Know	999 ( <b>Skip to SDQ.270</b> )

**SENSORY AND DENTAL (SDQ)**

SDQ.162. Did you listen...? **[HAND CARD]**

Less than 1 hour	1
1 to 2 hours	2
2 to 4 hours	3
4 to 6 hours	4
6 to 8 hours	5
8 to 10 hours	6
More than 10 hours	7
Refused	777
Don't Know	999

**DENTAL**

SDQ.270. Overall, how would you rate the health of your teeth and gums?

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5
Refused	777
Don't Know	999

SDQ.280. How often during the last 12 months have you had painful aching anywhere in your mouth? Would you say...? **[HAND CARD]**

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5
Refused	777
Don't Know	999

SDQ.290. How often during the last 12 months have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]**

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5
Refused	777
Don't Know	999

SDQ.300. How often during the last 12 months have you had difficulty doing your usual job or attending school because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]**

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5

**SENSORY AND DENTAL (SDQ)**

Not applicable (not in a job or attending school)	6
Refused	777
Don't Know	999

SDQ.310. How often during the last 12 months have you avoided particular foods or have you found it uncomfortable to eat any food because of problems with your teeth, mouth, or dentures? Would you say...? **[HAND CARD]**

Very Often	1
Fairly often	2
Occasionally	3
Hardly Ever	4
Never	5
Refused	777
Don't Know	999

SDQ.320. Have you lost any of your natural (adult, permanent) teeth? (Include wisdom teeth.)

Yes, but only my wisdom teeth	1
Yes, other teeth beside or in addition to wisdom teeth	2
No	3 <b>(Skip to SDQ.340)</b>
Refused	777 <b>(Skip to SDQ.340)</b>
Don't Know	999 <b>(Skip to SDQ.340)</b>

SDQ.321. How many of your natural teeth have you lost?

_____	_____
Enter number	
Refused	77
Don't Know	99

**SENSORY AND DENTAL (SDQ)**

SDQ.322. Did you lose your teeth because...? [ENTER ALL THAT APPLY]

Cavities	1
Gum disease	2
An accident	3
Wisdom tooth (teeth) pulled	4
Pulled because of over crowding	5
Other (Specify: _____)	6
Refused	777
Don't Know	999

SDQ.340. Have you ever been diagnosed by a dentist as having gum (periodontal) disease?

Yes	1
No	2 (Go to SDQ.350)
Refused	777 (Go to SDQ.350)
Don't Know	999 (Go to SDQ.350)

SDQ.341. How old were you when you were first diagnosed with gum disease?

\_\_\_\_\_

Enter age in years

Refused	77
Don't Know	99

SDQ.342. Have you ever been treated for your gum disease? [Enter all that apply]

Yes, with frequent cleanings (by dental hygienist)	1
Yes, with surgery	2
Yes, with other treatment	3
No	4
Refused	777
Don't Know	999

SDQ.350. Have you ever had any of the following? [ENTER ALL THAT APPLY. HAND CARD]

None	1
Braces	2
Bridge/false tooth (teeth)	3
Crown (cap)	4
Dental implant	5
Root canal	6
Denture	7
Refused	777
Don't Know	999

SDQ.360. During the past 12 months, was there a time when you needed dental care but did not get it at that time?

Yes	1
No	2 (End of Questionnaire)
Refused	777 (End of Questionnaire)
Don't Know	999 (End of Questionnaire)

**SENSORY AND DENTAL (SDQ)**

SDQ.361. What were the reasons that you could not get the dental care you needed?  
**[ENTER ALL THAT APPLY. HAND CARD]**

Could not afford the cost	1
Did not want to spend the money	2
Do not have insurance	3
Insurance did not cover recommended procedures	4
Insurance only covers a portion of the cost	5
Dental office is too far away	6
Dental office is not open at convenient times	7
Another dentist recommended not doing it	8
Afraid, or do not like dentists	9
Unable to take time off from work	10
Too busy	11
I did not think anything serious was wrong--expected dental problems to go away	12
The dentist would not accept my insurance	13
Other (Specify: _____)	14
Refused	777
Don't Know	999

**SENSORY AND DENTAL (SDQ)**

**SEXUAL BEHAVIOR (SXQ)**

SPID# \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

*The next set of questions is about your sexual behavior. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential and you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the Refused or Don't Know response.*

1. [SXQ.010] What is your gender? Please circle male or female.

Male	1
Female	2 ( <b>Skip to Female Questionnaire, page 2</b> )
Refused	R
Don't Know	D

**Male Questionnaire**

2. [SXQ.020] Have you ever had sex? Please circle your answer.

Yes	1
No	2 ( <b>Skip to Question 11</b> )
Refused	R ( <b>Skip to Question 11</b> )
Don't Know	D ( <b>Skip to Question 11</b> )

3. [SXQ.050] The last time you had sex, did you or your partner use a condom? Please circle your answer

Yes	1
No	2
Refused	R
Don't Know	D

*The next question is about HIV (the virus that causes AIDS) and other sexually transmitted diseases. Please remember that your answers are strictly confidential and you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the Refused or Don't Know response.*

11. [SQX.220] Have you been tested for HIV in the last 12 months (including fluid testing from your mouth)? Do not count tests you may have had as part of a blood donation. Please circle your answer.

Yes	1	(End of the Questionnaire)
No	2	(End of the Questionnaire)
Refused	R	(End of the Questionnaire)
Don't Know	D	(End of the Questionnaire)

**SEXUAL BEHAVIOR (SXQ)****Female Questionnaire**

2. [SXQ.025] Have you ever had sex? Please circle your answer.

- |            |                                  |
|------------|----------------------------------|
| Yes        | 1                                |
| No         | 2 ( <b>Skip to Question 11</b> ) |
| Refused    | R ( <b>Skip to Question 11</b> ) |
| Don't Know | D ( <b>Skip to Question 11</b> ) |

3. [SXQ.055] The last time you had sex, did you or your partner use a condom? Please circle your answer.

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Refused    | R |
| Don't Know | D |

*The next question is about HIV (the virus that causes AIDS) and other sexually transmitted diseases. Please remember that your answers are strictly confidential and you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the Refused or Don't Know response.*

11. [SQX.225] Have you been tested for HIV in the last 12 months (including fluid testing from your mouth)? Do not count tests you may have had as part of a blood donation. Please circle your response.

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Refused    | R |
| Don't Know | D |

## Section A: Your Health

The next questions ask about your views about your health. This information will help you keep track of how you feel, and how well you are able to do your usual activities.

For each question, please mark the one circle that comes closest to the way you have been feeling.

**1. In general, would you say your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

**2. The following questions are about activities you might do during a typical day.**

**Does your health now limit you in these activities? If so, how much?**

<b>Yes, limited a lot</b>	<b>Yes, limited a little</b>	<b>No, not limited at all</b>
▼	▼	▼

**2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf .....**  .....  .....

**2b. Climbing several flights of stairs .....**  .....  .....

**3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
▼	▼	▼	▼	▼

**3a. Accomplished less than you would like .....**  .....  .....  .....

**3b. Were limited in the kind of work or other activities .....**  .....  .....  .....

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

4a. Accomplished less than you would like .....  .....  .....  .....  .....

4b. Did work or activities less carefully than usual .....  .....  .....  .....  .....

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- a little bit
- Moderately
- Quite a bit
- Extremely

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

All of the time	Most of the time	Some of the time	a little of the time	None of the time
▼	▼	▼	▼	▼

6a. Have you felt calm and peaceful.....  .....  .....  .....  .....

6b. Did you have a lot of energy.....  .....  .....  .....  .....

6c. Have you felt downhearted and.....  .....  .....  .....  .....   
depressed

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### Section D: Sleep Habits and Problems

**IF YOU CURRENTLY WORK OR ARE IN SCHOOL**—including working out of your home or regular unpaid activities that affect your sleep schedule such as homemaking or volunteering—please fill out Question 1 (this page). **IF YOU ARE UNEMPLOYED OR RETIRED** and do not have a sleep schedule that changes throughout the week, skip this page and go to Question 2 (next page)

- 1a. **In a typical week over the past month, how many days out of 7 did you usually work?**

*Please check only one*

- 1 day     2 days     3 days     4 days     5 days     6 days     7 days

- 1b. **Do you typically work:** *Please check only one*

- Day and/or evening hours (between 6 a.m. and 10 p.m.)  
 Night hours (4 or more hours between 10 p.m. and 6 a.m.)  
 Rotating hours (rotating day or evening hours and night hours)  
 Other

- 1c. **On work or school days, over the past month, what time did you usually turn off the lights to go to sleep before a workday? For example: 8:30 p.m.**

:	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> (time)	<input type="radio"/> a.m.    or <input type="radio"/> p.m.	<input type="radio"/> Don't know
---	--	---	----------------------------------

- 1d. **On work or school days, over the past month, what time did you usually get out of bed to start the day? For example: 6:30 a.m.**

:	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> (time)	<input type="radio"/> a.m.    or <input type="radio"/> p.m.	<input type="radio"/> Don't know
---	--	---	----------------------------------

- 1e. **On a typical work or school day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed. For example, 7 hours and 45 minutes.**

<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> hours and	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> minutes	<input type="radio"/> Don't know
---	---	----------------------------------

- 1f. **On NON-work or non-school days, over the past month, what time did you usually turn off the lights to go to sleep before a NON-workday? For example: 8:30 p.m.**

:	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> (time)	<input type="radio"/> a.m.    or <input type="radio"/> p.m.	<input type="radio"/> Don't know
---	--	---	----------------------------------

- 1g. **On NON-work or non-school days, over the past month, what time did you usually get out of bed to start the day? For example: 6:30 a.m.**

:	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> (time)	<input type="radio"/> a.m.    or <input type="radio"/> p.m.	<input type="radio"/> Don't know
---	--	---	----------------------------------

- 1h. **On a typical NON-work or non-school day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed.**

<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> hours and	<input style="width: 100%; height: 1.2em; border: 1px solid black; padding: 2px; margin-right: 10px;" type="text"/> minutes	<input type="radio"/> Don't know
---	---	----------------------------------

**PLEASE GO TO QUESTION 3 (SKIP QUESTION 2 on the next page).**

**IF YOU ARE CURRENTLY UNEMPLOYED OR RETIRED, please fill out this page  
(Question 2). Otherwise, skip to question 3 on the next page.**

2a. **Over the past month, what time did you usually turn off the lights to go to sleep?**

For example: 8:30 p.m.

:

(time)

a.m. or  p.m.

Don't know

2b. **Over the past month, what time did you usually get out of bed to start the day?**

For example: 6:30 a.m.

:

(time)

a.m. or  p.m.

Don't know

2c. **On a typical day, over the past month, how many hours and minutes do you think you actually slept? This may be different than the time spent in bed.**

For example, 7 hours and 45 minutes.

hours and

minutes

Don't know

**Please continue to Question 3 on the next page.**

SHOW 2010

3a. **In the past month, did you have a daytime or evening nap that lasted more than 5 minutes?**

- Yes
- No → Go to question 4
- Don't know

3b. **In a typical week over the past month, how many days out of 7 did you usually have a daytime or evening nap? Please check only one**

- Less than 1 day per week in the last month
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know

3c. **On average, how many hours and minutes do you usually nap at one time? For example: 0 hours and 45 minutes.**

\_\_\_\_\_ hours and \_\_\_\_\_ minutes       Don't know

3d. **What are the reasons you usually nap? Please check all that apply**

- I do not get enough sleep at night
- I nap due to illness or for medical reasons
- I nap because it makes me feel refreshed in general
- I feel unhappy or unwell
- Other reasons—specify: \_\_\_\_\_
- Don't know

4. **Over the past month, how would you rate your sleep quality overall?**

- Excellent
- Very good
- Good
- Fair
- Poor

5. **Different people may need different amounts of sleep. How many hours and minutes of sleep do you think you currently need each day to feel well-rested and alert?**

\_\_\_\_\_ hours and \_\_\_\_\_ minutes       Don't know

**6. In the past 12 months, how often did you snore while you were sleeping?**

- Never
- Rarely (1-2 nights per week)
- Occasionally (3-4 nights per week)
- Frequently (5 or more nights per week)
- Don't know (no one has told you that you snore)

**7. In the past 12 months, how often did you snort, gasp, or stop breathing while you were asleep?**

- Never
- Rarely (1-2 nights per week)
- Occasionally (3-4 nights per week)
- Frequently (5 or more nights per week)
- Don't know (no one has told you that you snort, gasp, or stop breathing while sleeping)

**8a. Have you ever told a doctor or other health professional that you have sleep problems or trouble sleeping?**

- Yes
- No (**Go to question 9a**)
- Don't know (**Go to question 9a**)

**8b. Which type(s) of sleep problem(s) did you report to your doctor?**

- Snoring
- Sleep Apnea
- Insomnia
- Other, please specify \_\_\_\_\_

**9a. Have you ever been told by a doctor or other health professional that you have sleep apnea?**

- Yes  
 No → Go to question 10  
 Don't know → Go to question 10

**9b. If yes, which treatments for sleep apnea have you had? *Please check all that apply***

- None  
 Weight loss       CPAP/BiPAP       Surgery       Dental device  
 Other—specify:   
 Don't know

**10. Have you ever been told by a doctor or other health professional that you have a sleep disorder other than sleep apnea? *Please check all that apply***

- Yes, insomnia  
 Yes, restless legs  
 Yes, narcolepsy  
 Yes, other sleep disorder—specify   
 No  
 Don't know

**11. Do you routinely use over-the-counter or prescription medications, alcohol, or behavioral techniques to help you fall or stay asleep? *Please check all that apply***

- Yes, over-the-counter (such as Benedryl) or herbal medications  
 Yes, prescription medications (such as Ambien, Rozerem, ProSom, etc.)  
 Yes, alcoholic beverages near bedtime  
 Yes, relaxation techniques or changes in sleep habits  
 Yes, cognitive behavioral therapy (CBT) prescribed by a physician  
 Yes, other—specify   
 No  
 Don't know

12. **In the past month, how often did you have trouble falling asleep? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

13. **In the past month, how often did you wake up during the night and have trouble getting back to sleep? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

14. **In the past month, how often did you wake up too early in the morning and were unable to get back to sleep? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

15. **In the past month, how often did you feel excessively sleepy during the day? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

16. **In the past month, how often did you feel unrested during the day, no matter how many hours of sleep you have had? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Don't know

17. **In the past month, how often did you take sleeping pills or other medication to help you sleep? Please check only one**

- Never
- Rarely (1 time a month)
- Sometimes (2-4 times a month)
- Often (5-15 times a month)
- Almost always (16-30 times a month)
- Refuse to answer
- Don't know

18. **Do you generally have difficulty performing employed or volunteer work (or school work if you are in school) because you are sleepy? Please check only one**

- Don't do this activity for other reasons (such as being retired)
- No difficulty
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

19. **Do you generally have difficulty concentrating or remembering because you feel sleepy? Please check only one**

- No difficulty
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

**20. Do you generally have difficulty getting things done because you are too sleepy to drive?**  
*Please check only one*

- I do not drive for other reasons other than being sleepy
- No difficulty
- Yes, a little difficulty
- Yes, moderate difficulty
- Yes, extreme difficulty
- Don't know

**21. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.**

**Chance of Dozing or Falling Asleep**

No chance ▼	Slight chance ▼	Some chance ▼	High chance ▼
----------------	--------------------	------------------	------------------

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 21a. Sitting and reading.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21b. Watching TV .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21c. Sitting inactive in a public place (e.g., a theater or a meeting)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21d. As a passenger in a car for an hour without a break .....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21e. Lying down to rest in the afternoon when circumstances permit.....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21f. Sitting and talking to someone .....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21g. Sitting quietly after a lunch without alcohol .....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21h. In a car, while stopped for a few minutes in traffic.....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**SMOKING HISTORY & ETS (SMQ)**

SPID \_\_\_\_\_

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

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

*The next questions are about your history of smoking. Please **circle** 1 for Yes, 2 for NO, D if you don't know or are not sure, and R if you refuse to answer the question.*

*The next set of questions will take about 10 minutes.*

1. [SMQ.020] Have you smoked 100 or more cigarettes in your entire life?

Yes	1
No	2 <b>(Skip to Question 18)</b>
Refused	R <b>(Skip to Question 18)</b>
Don't Know	D <b>(Skip to Question 18)</b>

2. [SMQ.030] How old were you when you started smoking cigarettes regularly? Please type in your age at the time that you started to smoke regularly. *If you never smoked regularly, write 0.*

|\_\_|\_\_|  
Enter age in years

Refused	R
Don't Know	D

3. [SMQ.040] Do you smoke cigarettes now?

Yes	1
No	2 <b>(Skip to Question 13)</b>
Refused	R <b>(Skip to Question 18)</b>
Don't Know	D <b>(Skip to Question 18)</b>

4. [SMQ.050] On average, how many cigarettes do you now smoke per day?

Please write in the number of cigarettes you now smoke per day. 1 pack equals 20 cigarettes. If you smoke less than 1 cigarette per day, write in 1. Please ask the interviewer if you need help in calculating the amount.

|\_\_|\_\_|\_\_|  
Enter number of cigarettes (per day)

Refused	R
Don't Know	D

5. [SMQ.060] For about how many years have you smoked this amount? Please write in the number of years. If you have smoked this amount for less than 1 year, write in 1.

|\_\_|\_\_|  
Enter number of years

Refused	R
Don't Know	D

**SMOKING HISTORY & ETS (SMQ)**

**6. [SMQ.062]** How soon after you wake up do you smoke your first cigarette?  
**Please circle one response.**

- |  |   |
|--|---|
| Circle 1 if you smoke your first cigarette within 5 minutes. | 1 |
| Circle 2 if it is within 6 to 30 minutes.                    | 2 |
| Circle 3 if it is within 31 to 60 minutes.                   | 3 |
| Circle 4 if you smoke your first cigarette after 60 minutes. | 4 |

Refused	R
Don't Know	D

**7. [SMQ.064]** Would you like to completely quit smoking cigarettes?

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Refused    | R |
| Don't Know | D |

**8. [SMQ.066]** Are you seriously considering quitting smoking within the next 6 months?

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Refused    | R |
| Don't Know | D |

**9 [SMQ.070]** In your whole life, how many times have you stopped smoking for one day or longer because you were trying to quit smoking? Please write in the number of times.

\_\_\_\_\_ | **(If 0, skip to Question 18)**  
Enter times

Refused	R
Don't Know	D

**10. [SMQ.080]** About how many months ago was your most recent serious quit attempt?

Please type in numbers of months. If your most recent attempt was within the past month, please write 1. If your most recent attempt was years ago, please convert the years to months. Feel free to ask your interviewer for assistance.

\_\_\_\_\_ |  
Enter number of months

Refused	R
Don't Know	D

**SMOKING HISTORY & ETS (SMQ)**

**11.** [SMQ.100] About how many months did you quit during your most recent serious quit attempt?

Please write in the number of months. If your most recent attempt was within the past month, please write 1. If your most recent attempt was years ago, **please convert the years to months**. Feel free to ask your interviewer for assistance.

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

Enter number of months

Refused R

Don't Know D

**12.** [SMQ.115a] What methods have you used in your attempts to stop smoking?

For each method, answer: **1 for Yes,**  
**2 for No,**  
**R for Refused,**  
**D for Don't Know**

- \_\_\_\_\_ a. Cold turkey (QUIT ALL AT ONCE WITH NO CUTTING DOWN AND NO OTHER HELP)
- \_\_\_\_\_ b. Self-help guides
- \_\_\_\_\_ c. Tobacco Quit Line
- \_\_\_\_\_ d. Individual or group counseling
- \_\_\_\_\_ e. Smoking cessation medication such as the nicotine patch, gum, or lozenge, or Zyban, or Chantix
- \_\_\_\_\_ f. Something else (specify)

**[After any response to Question 12, skip to Question 18.]**

**SMOKING HISTORY & ETS (SMQ)**

13. [SMQ.120] How old were you when you stopped smoking? Please write in your age when you stopped smoking.

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

Enter age in years

Refused

R

Don't Know

D

14. [SMQ.130] When you were smoking regularly, how soon after you woke up did you smoke your first cigarette?

**Please circle one response.**

Circle 1 if you smoke your first cigarette within 5 minutes.

1

Circle 2 if it is within 6 to 30 minutes.

2

Circle 3 if it is within 31 to 60 minutes.

3

Circle 4 if you smoke your first cigarette after 60 minutes.

4

Refused

R

Don't Know

D

15. [SMQ.140] On average, over the entire time you smoked, how many cigarettes did you smoke per day?

Please write in the average number of cigarettes you smoked per day. 1 pack equals 20 cigarettes. If you smoked less than 1 cigarette per day, write in 1. If you smoked more than 95 cigarettes per day, write in 95, .

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

Enter cigarettes per day

Refused

R

Don't Know

D

16. [SMQ.150] In your whole life, how many times have you stopped smoking for one day or longer because you were trying to quit smoking (including your successful attempt)?

Please write the number of times.

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

Enter times

Refused

R

Don't Know

D

**SMOKING HISTORY & ETS (SMQ)**

**17. [SMQ.170] What methods did you use in your most recent successful attempt to stop smoking? For each method, answer:**

**1 for Yes,  
2 for No,  
R for Refused,  
D for Don't Know**

**Did you use.....?**

- a. Quit cold turkey
- b. Gradual Reduction
- c. Tobacco quit line
- d. Self-Help guides
- e. Support Group
- f. Group counseling/therapy
- g. Hypnosis
- h. Individual counseling/therapy
- i. Nicotine gum
- j. Nicotine inhaler
- k. Nicotine lozenge
- l. Nicotine nasal spray
- m. Nicotine patch
- n. Acupuncture
- o. Bupropion
- p. Chantix (varenicline)
- q. Wellbutrin
- r. Zyban
- s. Other (Specify)

**18. [SMQ.180] Do other people currently smoke cigarettes inside your home?**

- |            |                                  |
|------------|----------------------------------|
| Yes        | 1                                |
| No         | 2 ( <b>Skip to Question 22</b> ) |
| Refused    | R ( <b>Skip to Question 22</b> ) |
| Don't Know | D ( <b>Skip to Question 22</b> ) |

**SMOKING HISTORY & ETS (SMQ)**

**19.**[SMQ.190] How many people who live in your home, including yourself, smoke cigarettes inside your home? Please write in the number of people, including yourself.

Enter number of people

Refused

R

Don't Know

D

**20.**[SMQ.200] How many cigarettes in total do they smoke per day inside your home?

Please write in the average number of cigarettes they smoke per day. 1 pack equals 20 cigarettes. If they smoke less than 1 cigarette per day write in 1. Please ask the interviewer if you need help in calculating the amount.

Enter cigarettes per day

Refused

R

Don't Know

D

**21.** [SMQ.210] How much of the time are you currently exposed to cigarette smoke where you are close enough to smell the smoke inside your home?

Please write in the number of hours per day.

Enter hours per day

Refused

R

Don't Know

D

**22.** [SMQ.220] How much of the time are you currently exposed to cigarette smoke where you are close enough to smell the smoke at work?

Please write in the number of hours per day.

Enter hours per day

Refused

R

Don't Know

D

**23.** [SMQ.230] Now think about a typical week. How many hours per week are you currently exposed to cigarette smoke in social settings outside your own home? This would include time spent with friends or relatives who smoke, time spent in restaurants or taverns, or other social affairs where people are smoking.

Please write in the number of hours that you are exposed to smoke in a social setting during a typical week.

Enter hours per week

Refused

R

Don't Know

D

**STOFHLA Introduction**

*"Now, I'm going to give you something slightly different from the types of questions you've been answering up until now.*

*This exercise is a measure of a person's ability to read and understand health care information, and draws on your experience in health care settings. It is like a test you might have taken in school but is focused on health care. The first section is on instructions for preparing for a medical procedure. The second section is focused on insurance rights and responsibilities.*

**[Hand booklet, read instructions from page 3]:**

*"These instructions are in sentences that have some of the words missing. Where a word is missing, there is a blank line, and 4 possible words that could go in the blank appear just below it. Please ready each sentence to determine which of the 4 words should go in the blank to make the sentence make sense. When you think you know which one it is, circle the letter in front of the word, and go on to the next one. When you finish the page, turn the page and keep going until you finish all the pages."*

**[Stop the SP after 7 minutes.]**

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_



## Test of Functional Health Literacy in Adults

Short Test of Functional Health Literacy in Adults (STOFHLA)

**STOFHLA**  
**Large Print Version**  
**English, 14 point font**

## PASSAGE A

Your doctor has sent you to have a \_\_\_\_\_ X-ray.

- a. stomach
- b. diabetes
- c. stitches
- d. germs

You must have an \_\_\_\_\_ stomach when you come for \_\_\_\_\_.

- |           |        |
|-----------|--------|
| a. asthma | a. is. |
| b. empty  | b. am. |
| c. incest | c. if. |
| d. anemia | d. it. |

The X-ray will \_\_\_\_\_ from 1 to 3 \_\_\_\_\_ to do.

- |         |           |
|---------|-----------|
| a. take | a. beds   |
| b. view | b. brains |
| c. talk | c. hours  |
| d. look | d. diets  |

## THE DAY BEFORE THE X-RAY.

For supper have only a \_\_\_\_\_ snack of fruit, \_\_\_\_\_ and jelly,

- |           |           |
|-----------|-----------|
| a. little | a. toes   |
| b. broth  | b. throat |
| c. attack | c. toast  |
| d. nausea | d. thigh  |

with coffee or tea.

After \_\_\_\_\_, you must not \_\_\_\_\_ or drink

- |              |          |
|--------------|----------|
| a. minute,   | a. easy  |
| b. midnight, | b. ate   |
| c. during,   | c. drank |
| d. before,   | d. eat   |

anything at \_\_\_\_\_ until after you have \_\_\_\_\_ the X-ray.

- |         |        |
|---------|--------|
| a. ill  | a. are |
| b. all  | b. has |
| c. each | c. had |
| d. any  | d. was |

## THE DAY OF THE X-RAY.

Do not eat \_\_\_\_\_.

- a. appointment.
- b. walk-in.
- c. breakfast.
- d. clinic.

Do not \_\_\_\_\_, even \_\_\_\_\_.

- |           |            |
|-----------|------------|
| a. drive, | a. heart.  |
| b. drink, | b. breath. |
| c. dress, | c. water.  |
| d. dose,  | d. cancer. |

If you have any \_\_\_\_\_, call the X-ray \_\_\_\_\_ at 616-4500.

- |               |               |
|---------------|---------------|
| a. answers,   | a. Department |
| b. exercises, | b. Sprain     |
| c. tracts,    | c. Pharmacy   |
| d. questions, | d. Toothache  |

## PASSAGE B

I agree to give correct information to \_\_\_\_\_ if I can receive Medicaid.

- a. hair
- b. salt
- c. see
- d. ache

I \_\_\_\_\_ to provide the county information to \_\_\_\_\_ any

- |          |              |
|----------|--------------|
| a. agree | a. hide      |
| b. probe | b. risk      |
| c. send  | c. discharge |
| d. gain  | d. prove     |

statements given in this \_\_\_\_\_ and hereby give permission to

- a. emphysema
- b. application
- c. gallbladder
- d. relationship

the \_\_\_\_\_ to get such proof. I \_\_\_\_\_ that for

- |                 |                |
|-----------------|----------------|
| a. inflammation | a. investigate |
| b. religion     | b. entertain   |
| c. iron         | c. understand  |
| d. county       | d. establish   |

Medicaid I must report any \_\_\_\_\_ in my circumstances

- a. changes
- b. hormones
- c. antacids
- d. charges

within \_\_\_\_\_ (10) days of becoming \_\_\_\_\_ of the change.

- |          |          |
|----------|----------|
| a. three | a. award |
| b. one   | b. aware |
| c. five  | c. away  |
| d. ten   | d. await |

I understand \_\_\_\_\_ if I DO NOT like the \_\_\_\_\_ made on my

- |         |               |
|---------|---------------|
| a. thus | a. marital    |
| b. this | b. occupation |
| c. that | c. adult      |
| d. than | d. decision   |

case, I have the \_\_\_\_\_ to a fair hearing. I can \_\_\_\_\_ a

- |           |            |
|-----------|------------|
| a. bright | a. request |
| b. left   | b. refuse  |
| c. wrong  | c. fail    |
| d. right  | d. mend    |

hearing by writing or \_\_\_\_\_ the county where I applied.

- |             |
|-------------|
| a. counting |
| b. reading  |
| c. calling  |
| d. smelling |

If you \_\_\_\_\_ TANF for any family \_\_\_\_\_, you will have to

- |          |              |
|----------|--------------|
| a. wash  | a. member,   |
| b. want  | b. history,  |
| c. cover | c. weight,   |
| d. tape  | d. seatbelt, |

\_\_\_\_\_ a different application form. \_\_\_\_\_, we will use  
a. relax  
b. break  
c. inhale  
d. sign

a. Since,  
b. Whether,  
c. However,  
d. Because,

the \_\_\_\_\_ on this form to determine your \_\_\_\_\_.  
a. lung  
b. date  
c. meal  
d. pelvic

a. hypoglycemia.  
b. eligibility.  
c. osteoporosis.  
d. schizophrenia.

*Short Test of Functional Health Literacy in Adults (STOFHLA)*

Joanne R. Nurss, Ph.D., Ruth M. Parker, M.D., Mark V. Williams, M.D., & David W. Baker, M.D., M.P.H.

TOFHLA is a measure of the patient's ability to read and understand health care information, their functional health literacy. TOFHLA Numeracy assesses their understanding of prescription labels, appointment slips, and glucose monitoring. TOFHLA Reading Comprehension assesses their understanding of health care texts such as preparation for a diagnostic procedure and Medicare Rights & Responsibilities.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_ F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN or ID# \_\_\_\_\_

Hospital or Health-care Setting \_\_\_\_\_

City, State \_\_\_\_\_

Short Form Administered:     English     Spanish

STOFHLA - Score

TOFHLA Total Score:  
Reading Comprehension Raw Score (0-36)

Functional Health Literacy Level:

0 - 16 -- Inadequate Functional Health Literacy

17 - 22 -- Marginal Functional Health Literacy

23 - 36 -- Adequate Functional Health Literacy


July 1995  
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**TRACKING AND TRACING (TTQ)**

*The Survey of the Health of Wisconsin (SHOW) would like to contact you yearly to update your health history. In case we have trouble reaching you, please give me the contact information for two relatives or friends who would know where you could be reached. (Please give me the names of persons not currently living in the household.) All of this information will be kept strictly confidential with the rest of your survey information and will be covered by the Certificate of Confidentiality. Because this information is confidential, it will be kept in a secure location and not be shared with others unless it is a necessary part of this research study.*

TTQ.010. Who is your first contact, starting with first name? **[VERIFY SPELLING.]**

---

Enter first name

Enter last name

Refused

77 **(Skip to TTQ.090)**

Don't Know

99

TTQ.020. What is this person's address? If there is more than one address, please give us the address used most often. **[Encourage respondent to use phone book or other documentation if available. Repeat address.]**

---

Enter Street Number   Enter Street Direction & Name      {Enter Apartment Number}

---

Enter Town  
or City Name

---

Enter 2 Letter  
State Abbreviation

---

Enter Postal Code  
or Zipcode

Refused

77

Don't Know

99

## TRACKING AND TRACING (TTQ)

- TTQ.030. What is this person's telephone number, beginning with the area code?  
**[Repeat area code, repeat phone number, repeat extension.]**

_____	_____ - _____	_____
Enter area code	Enter telephone number	{Enter extension}

Refused	7777777777
Does not have phone	8888888888
Don't Know	9999999999

- TTQ.035. What is this person's email address?

---

Enter email address

Refused	7777777
Does not have email	8888888
Don't Know	9999999

- TTQ.040. What is the relationship of this contact person to you?

Spouse/ex-spouse not living in HH	1
Unmarried partner not living in HH	2
Child	3
Grandchild	4
Parent (mother or father)	5
Brother or sister	6
Grandparent	7
Other relative	8
Legal guardian	9
Friend	10
Co-worker	11
Neighbor	12
Other	13
Refused	77
Don't Know	99

- TTQ.050 Who is your second contact, starting with first name? **[VERIFY SPELLING.]**

---

Enter first name	Enter last name
------------------	-----------------

Refused	77 ( <b>Skip to TTQ.090</b> )
Don't Know	99

## **TRACKING AND TRACING (TTQ)**

- TTQ.060. What is this second person's address? If there is more than one address, please give us the address used most often. **[Encourage respondent to use phone book or other documentation if available. Repeat address.]**

---

<b>Enter Street Number</b>	<b>Enter Street Direction &amp; Name</b>	<b>{Enter Apartment Number}</b>
----------------------------	--	---------------------------------

---

<b>Enter Town or City Name</b>	<b>Enter 2 Letter State Abbreviation</b>	<b>Enter Postal Code or Zip code</b>
------------------------------------	--	--

Refused	77
Don't Know	99

- TTQ.070. What is this second person's telephone number, beginning with the area code? **[Repeat area code, repeat phone number, repeat extension.]**

<b>Enter area code</b>	<b>Enter telephone number</b>	<b>{Enter extension}</b>
------------------------	-------------------------------	--------------------------

Refused	7777777777
Does not have phone	8888888888
Don't know	9999999999

- TTQ.075. What is this second person's email address?

---

<b>Enter email address</b>
----------------------------

---

Refused	7777777
Does not have email	8888888
Don't Know	9999999

## **TRACKING AND TRACING (TTQ)**

TTQ.080. What is the relationship of this second contact person to you?

Spouse/ex-spouse not living in HH	1
Unmarried partner not living in HH	2
Child	3
Grandchild	4
Parent (mother or father)	5
Brother or sister	6
Grandparent	7
Other relative	8
Legal guardian	9
Friend	10
Co-worker	11
Neighbor	12
Other	13
Refused	77
Don't Know	99

*In long-term health studies, such as the SHOW, it is important to see how your current health status relates to your risk of future diseases. But it is easy to lose track of people because they move or because they change their name when they marry, divorce or for other reasons. The social security number gives us a very reliable way to link data we collect with other records such as health registries and hospital discharge databases. This will give us the opportunity to monitor long-term changes in your health. It will also help us find you if we need to re-contact you or your family. SHOW will not use your social security number for any other purpose. We will never, under any circumstances release the number to anyone, including any government agency.*

*Your social security number is one of the identifiers that we store separate from your health data in a highly secured server where access is narrowly restricted to administrative staff.*

TTQ.090. What is your social security number?

|—|—|—|-|—|—|-|—|—|—|—|—| **(Skip to TTQ.100)**  
Doesn't have a number 6 **(Skip to TTQ.100)**  
Refused 777777777 **(Skip to TTQ.095)**  
Don't Know 999999999 **(Skip to TTQ.095)**

TTQ.095. If you don't wish to share your social security number, would you be willing to provide just the last 4 numbers of it?

## TRACKING AND TRACING (TTQ)

*In long term studies, such as SHOW, it is easy to lose track of people because of name changes that take place when people marry, divorce or change their name for other reasons. Some people also use more than one name. It may help us find you if we know about other names you have used.*

TTQ.100     What {other} names have you had or used in your lifetime? **[Verify spelling.]**

First	Middle	Last	Suffix
-------	--------	------	--------

Only one Name	S		
Refused	R	(Try to get at least last name)	

**[Program can add up to 6 names.]**

**[INTERVIEWER: If SP was not the respondent for the household screener, ask TTQ.104-TTQ.130.]**

*The member of your household who gave SHOW the information about the household provided us with your name and this address, but we would also like to have your email and phone number in order to follow up with you in the future. As I said before, your information will not be used except to carry out the study.*

TTQ.104 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- |              |                        |  |
|--------------|------------------------|--|
| 1 YES        |                        |  |
| 2 NO         | <b>Skip to TTQ.110</b> |  |
| 7 Refused    | <b>Skip to TTQ.110</b> |  |
| 9 Don't know | <b>Skip to TTQ.110</b> |  |

TTQ.105.     What is this [land line] telephone number? \_\_\_\_\_

Refused R	<b>Skip to TTQ.110</b>
Don't Know D	<b>Skip to TTQ.110</b>

TTQ.106     Whose name is it listed under?:\_\_\_\_\_

Refused R	
Don't Know D	

## TRACKING AND TRACING (TTQ)

TTQ.110. Is there another number where you can be reached?

- Yes **Y**  
 No **N**                   **(Skip to TTQ.120)**  
 Refused **R**              **(Skip to TTQ.120)**  
 Don't Know **D**          **(Skip to TTQ.120)**

Work:                   |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| ext |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

Cell phone:           |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| ext |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

Other family cell phone: |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Other home           |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| ext |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

Relative cell:       |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| specify \_\_\_\_\_

Neighbor home       |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| specify \_\_\_\_\_

Cell phone:           |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| specify \_\_\_\_\_

Other                   |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| specify \_\_\_\_\_

Other                   |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|-|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| specify \_\_\_\_\_

TTQ.120. Is there a way to contact you by email?

- Yes **Y**  
 No **N**                   **(Skip to TTQ.130)**  
 Refused **R**              **(Skip to TTQ.130)**  
 Don't Know **D**          **(Skip to TTQ.130)**

TTQ.120.20 What is that email?: \_\_\_\_\_  
**[Repeat email address.]**

- Refused **R**  
 Don't Know **D**

TTQ.130. Is your mailing address the same address we have for the household, (give the address in the screen)?

- Yes **Y**                   **(End of Questionnaire)**  
 No **N**  
 Refused **R**              **(End of Questionnaire)**  
 Don't Know **D**          **(End of Questionnaire)**

**TRACKING AND TRACING (TTQ)**TTQ.130.10 What is your mailing address? **[Repeat mailing address.]**

---

**Enter PO Box or Street # {Enter Street Direction & Name} {Enter Apartment #}**

---

**Enter Town****or City Name**

---

**Enter 2 Letter****State Abbreviation**

---

**Enter Postal Code****or Zipcode****Refused R****Don't Know D**

*Only asked of those for whom no DOB or age was given on screener.*

### VERIFICATION OF AGE (VAQ)

*At the time we screened your household for eligibility we were told you were between 21 and 74 but were not able to get your age or birth date at that time. Since so many health risks are age related, we'd now like to get the specifics about your age.*

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

**[If answered, go to next questionnaire]**

Refused R

Don't Know D

VAQ.502.10. What year were you born? |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| YYYY

**[If answered, go to next questionnaire]**

Refused R

Don't Know D

VAQ.502.20 How old are you? |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

**[If answered, go to next questionnaire]**

Refused R

Don't Know D

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]**

Refused R

Don't Know D

**Excluded from SHOW [Interviewer to 502.40]**

**Excluded from SHOW Interviewer to 502.40]**

*Because so much health information and risks are related to age, it is not worth your while or SHOW's to continue the interview without at least an estimate of your age within 5 years. I'm sorry but we will need to end your participation in SHOW at this point.*

VAQ502.40 Interviewer impression of age:

- |                                  |   |
|----------------------------------|---|
| Likely out of age range of 21-74 | 1 |
| Likely in age range              | 2 |
| Hard to Tell                     | 3 |

**WEIGHT HISTORY (WHQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

*In these next questions, we will ask you about how your weight has changed over your lifetime.*

WHQ.030. Do you consider yourself now to be...?

- 1      Overweight
- 2      Underweight
- 3      About the right weight
- 77     Refused
- 99     Don't Know

WHQ.040. Would you like to weigh...?

- 1      More
- 2      Less
- 3      Stay about the same
- 77     Refused
- 99     Don't Know

WHQ.053. How much did you weigh **a year ago?** [If SP is female, and younger than 60 years old, clarify]: (If you were pregnant a year ago, how much did you weigh before your pregnancy?)**[ENTER WEIGHT IN POUNDS OR KILOGRAMS]**


Enter Number of pounds

WHQ.053a

**OR**


Enter Number of Kilograms

WHQ.053b

**OR**

Refused                  777

Don't Know            999

WHQ.053c

**[INTERVIEWER: Look up self-reported weight of SP on Anthropometry and Blood Pressure form (WHQ.025A in pounds or WHQ.025B in Kilograms).****If weight in WHQ.053 is 10 pounds more than weight in WHQ.025A or 4.55 Kilograms more than weight in WHQ.025B, continue to WHQ.061. Otherwise, SKIP TO WHQ.070.]**WHQ.061. Was the decrease between your **current** weight and your weight **a year ago because you tried to lose weight?**

- |            |                     |
|------------|---------------------|
| Yes        | 1 (Skip to WHQ.088) |
| No         | 2                   |
| Refused    | 77                  |
| Don't Know | 99                  |

**WEIGHT HISTORY (WHQ)**

WHQ.070. During the **past 12 months**, did you try to either lose or maintain weight?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to WHQ.110</b> )  |
| Refused    | 77 ( <b>Skip to WHQ.110</b> ) |
| Don't Know | 99 ( <b>Skip to WHQ.110</b> ) |

WHQ.088. How did you try to lose or maintain weight? **[HAND CARD. CIRCLE ALL THAT APPLY]**

- 1 Ate less food (amount)
- 2 Switched to foods with lower calories
- 3 Ate less fat
- 4 Ate fewer carbohydrates
- 5 Exercised
- 6 Skipped meals
- 7 Ate "diet" foods or products
- 8 Used a liquid diet formula such as Slimfast or Optifast
- 9 Joined a weight loss program such as Weight Watchers, Jenny Craig, TOPS, or Overeaters Anonymous
- 10 Followed a special diet such as Dr. Atkins, other high protein or low carbohydrate diet, Zone, Grapefruit, Pritikin
- 11 Took diet pills prescribed by a doctor
- 12 Took other pills, medicines, herbs, or supplements not needing a prescription
- 13 Started to smoke or began to smoke again
- 14 Took laxatives or vomited
- 15 Drank a lot of water
- 16 Other (Specify: \_\_\_\_\_)
- 77 Refused
- 99 Don't Know

WHQ.090 In the **past 12 months**, did you seek help from a personal trainer, dietitian, nutritionist, doctor or other health professional to lose weight?

- |            |                               |
|------------|-------------------------------|
| Yes        | 1                             |
| No         | 2 ( <b>Skip to WHQ.110</b> )  |
| Refused    | 77 ( <b>Skip to WHQ.110</b> ) |
| Don't Know | 99 ( <b>Skip to WHQ.110</b> ) |

## WEIGHT HISTORY (WHQ)

WHQ.100. Was that a...? [CIRCLE ALL THAT APPLY]

Personal trainer	1
Dietitian	2
Nutritionist	3
Doctor	4
Other health professional	5
Refused	77
Don't Know	99

[Do not ask WHQ.110 if SP answered "yes" to either WHQ.061 or WHQ.070---  
Skip to WHQ.120]

WHQ.110. Have you **ever** tried to lose weight?

Yes	1
No	2 (Skip to WHQ.121)
Refused	77 (Skip to WHQ.121)
Don't Know	99 (Skip to WHQ.121)

WHQ.120. How much weight did you lose in your most successful attempt **ever** to lose weight?  
[ENTER WEIGHT IN POUNDS OR KILOGRAMS]

\_\_\_\_\_  
Enter Number of pounds  
WHQ.120a

OR

\_\_\_\_\_  
Enter Number of Kilograms  
WHQ.120b

OR

Refused	777
Don't Know	999

[If SP is age 25 or younger, skip to WHQ.147.]

WHQ.121. [Only for SPs age 26 and older]: How much did you weigh at **age 25**? If you don't know your exact weight, please make your best guess. (If you are or were pregnant, how much did you weigh before your pregnancy?)  
[ENTER WEIGHT IN POUNDS OR KILOGRAMS]

\_\_\_\_\_  
Enter Number of pounds  
WHQ.121a

OR

\_\_\_\_\_  
Enter Number of Kilograms  
WHQ.121b

OR

Refused	777
Don't Know	999

**WEIGHT HISTORY (WHQ)**

**[If SP is age 49 or younger, skip to question WHQ.147.]**

WHQ.122. **[Only for SPs age 50 and older]:** How tall were you at age 25?

**[Enter height in feet and inches OR meters and centimeters.]**

Enter Number of feet  
WHQ.122a

**AND**

Enter Number of inches  
WHQ.122b

**OR**

Enter Number of meters  
WHQ.122c

**AND**

Enter Number of centimeters  
WHQ.122d

**OR**

Refused	777
Don't Know	999

WHQ.147. What is the most you **ever** weighed? (Do not include any times when you were pregnant. If you don't know exactly, please make your best guess.)

**[ENTER WEIGHT IN POUNDS OR KILOGRAMS]**

Enter Number of pounds  
WHQ.147a

**OR**

Enter Number of Kilograms  
WHQ.147b

**OR**

Refused	777
Don't Know	999

WHQ.150. How old were you then? If you don't know the exact age, please make your best guess.

Enter age in years

Refused	77
Don't Know	99

**WEIGHT HISTORY (WHQ)**

WHQ.160. What was your weight at birth?

[Enter number in pounds and ounces OR Kilograms and grams.]

|\_\_\_\_\_|  
Enter Number of pounds  
WHQ.160a |\_\_\_\_\_|  
Enter Number of ounces  
WHQ.160b

OR

|\_\_\_\_\_|  
Enter Number of Kilograms  
WHQ.160c |\_\_\_\_\_|\_\_\_\_\_|  
Enter Number of grams  
WHQ.160d

[If SP responded with birth weight, this is the end of the questionnaire.]

OR

Refused	777	(Continue to WHQ.160.10)
Don't Know	999	(Continue to WHQ.160.10)

WHQ 160.10. Were you...?

- |                 |    |
|-----------------|----|
| A small baby    | 1  |
| An average baby | 2  |
| A large baby    | 3  |
| Refused         | 77 |
| Don't Know      | 99 |