

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: When using paper, 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

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HHQ580_A \$FMT_CHAR

HHQ580_B \$FMT_CHAR

HHQ580_C \$FMT_CHAR

HHQ580_D \$FMT_CHAR

HHQ580_E \$FMT_CHAR

HHQ580_F \$FMT_CHAR

HHQ580_G \$FMT_CHAR

HHQ580_H \$FMT_CHAR

HHQ580_I \$FMT_CHAR

HHQ580_J \$FMT_CHAR

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

HHQ400 FMT_YES_NO

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

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

HHQ412 FMT_NUMERIC

|_|_|_|

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?**

HHQ480 FMT_YES_NO

Yes	1	
No	2	(Skip to HHQ.500)
Refused	77	(Skip to HHQ.500)
Don't Know	99	(Skip to HHQ.500)

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

Bladder	10	Brain	13
Blood	11	Breast	14
Bone	12	Cervix/Cervical	15

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

HHQ481_A FMT_HHQ481_
 HHQ481_B FMT_HHQ481_
 HHQ481_C FMT_HHQ481_
 HHQ481_D FMT_HHQ481_
 HHQ481_OTHER \$FMT_CHAR.

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**?

HHQ500 FMT_YES_NO

Yes 1
 No 2 (Skip to HHQ.510)
 Refused 77 (Skip to HHQ.510)
 Don't Know 99 (Skip to HHQ.510)

HHQ.501. Which biological (blood) relatives were diagnosed with cancer?

[Circle all that apply in box below]

HHQ501_A FMT_RELATIVE
 HHQ501_B FMT_RELATIVE
 HHQ501_C FMT_RELATIVE
 HHQ501_D FMT_RELATIVE
 HHQ501_E FMT_RELATIVE
 HHQ501_F FMT_RELATIVE

1 Mother
 2 Father
 3 Brother
 4 Sister

} HHQ

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- 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]**

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 (unknown)	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/		More than 3	66
Hodgkins Disease	24	Refused	77
Melanoma	25	Don't Know	99
Mouth/ Tongue/Lip	26		

HHQ.501 Family Member	HHQ.502 Cancer type	HHQ.502 Cancer type	HHQ.502 Cancer type	HHQ.502 Cancer type	HHQ.502 Cancer type	HHQ.502 Cancer type
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

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HHQS02A_A	FMT_HHQS02_	HHQS02D_A	FMT_HHQS02_
HHQS02A_B	FMT_HHQS02_	HHQS02D_B	FMT_HHQS02_
HHQS02A_C	FMT_HHQS02_	HHQS02D_C	FMT_HHQS02_
HHQS02A_D	FMT_HHQS02_	HHQS02D_D	FMT_HHQS02_
HHQS02B_A	FMT_HHQS02_	HHQS02E_A	FMT_HHQS02_
HHQS02B_B	FMT_HHQS02_	HHQS02E_B	FMT_HHQS02_
HHQS02B_C	FMT_HHQS02_	HHQS02E_C	FMT_HHQS02_
HHQS02B_D	FMT_HHQS02_	HHQS02E_D	FMT_HHQS02_
HHQS02C_A	FMT_HHQS02_	HHQS02F_A	FMT_HHQS02_
HHQS02C_B	FMT_HHQS02_	HHQS02F_B	FMT_HHQS02_
HHQS02C_C	FMT_HHQS02_	HHQS02F_C	FMT_HHQS02_
HHQS02C_D	FMT_HHQS02_	HHQS02F_D	FMT_HHQS02_
		HHQS02_OTHER	\$FMT_CHAR.

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

HHQS10 FMT_YES_NO

Yes	1
No	2 (Skip to HHQ.520)
Refused	77 (Skip to HHQ.520)
Don't Know	99 (Skip to HHQ.520)

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

1	Mother	HHQS11_A	FMT_RELATIVE
2	Father	HHQS11_B	FMT_RELATIVE
3	Brother	HHQS11_C	FMT_RELATIVE
4	Sister	HHQS11_D	FMT_RELATIVE
5	Daughter	HHQS11_E	FMT_RELATIVE
6	Son	HHQS11_F	FMT_RELATIVE
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**?

HHQS20 FMT_YES_NO

Yes	1
No	2 (Skip to HHQ.530)

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

1	Mother	HHQS21_A	FMT_RELATIVE
2	Father	HHQS21_B	FMT_RELATIVE
3	Brother	HHQS21_C	FMT_RELATIVE
4	Sister	HHQS21_D	FMT_RELATIVE
5	Daughter	HHQS21_E	FMT_RELATIVE
6	Son	HHQS21_F	FMT_RELATIVE
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?**

HHQ530 FMT_YES_NO

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	HHQS31_A FMT_RELATIVE
3	Brother	HHQS31_B FMT_RELATIVE
4	Sister	HHQS31_C FMT_RELATIVE
5	Daughter	HHQS31_D FMT_RELATIVE
6	Son	HHQS31_E FMT_RELATIVE
77	Refused	HHQS31_F FMT_RELATIVE
99	Don't Know	

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

HHQ540 FMT_YES_NO

Yes 1
No 2 **(Skip to HHQ.550)**
Refused 77 **(Skip to HHQ.550)**
Don't Know 99 **(Skip to HHQ.550)**

HHQ.541. Which biological (blood) relatives had osteoporosis or brittle bones? **[CIRCLE ALL THAT APPLY]**

1	Mother	<i>HHQ541_A FMT_RELATIVE</i>
2	Father	<i>HHQ541_B FMT_RELATIVE</i>
3	Brother	<i>HHQ541_C FMT_RELATIVE</i>
4	Sister	<i>HHQ541_D FMT_RELATIVE</i>
5	Daughter	<i>HHQ541_E FMT_RELATIVE</i>
6	Son	<i>HHQ541_F FMT_RELATIVE</i>
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**?

HHQ550 FMT_YES_NO

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

HHQ.551. Which biological (blood) relatives had high blood pressure or hypertension? **[CIRCLE ALL THAT APPLY]**

1	Mother	<i>HHQ551_A FMT_RELATIVE</i>
2	Father	<i>HHQ551_B FMT_RELATIVE</i>
3	Brother	<i>HHQ551_C FMT_RELATIVE</i>
4	Sister	<i>HHQ551_D FMT_RELATIVE</i>
5	Daughter	<i>HHQ551_E FMT_RELATIVE</i>
6	Son	<i>HHQ551_F FMT_RELATIVE</i>
77	Refused	
99	Don't Know	

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

HHQ560 FMT_YES_NO

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

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

1	Mother	HHQ561_A	FMT_RELATIVE
2	Father	HHQ561_B	FMT_RELATIVE
3	Brother	HHQ561_C	FMT_RELATIVE
4	Sister	HHQ561_D	FMT_RELATIVE
5	Daughter	HHQ561_E	FMT_RELATIVE
6	Son	HHQ561_F	FMT_RELATIVE
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	_ _ _ _	HHQ562A	FMT_NUMERIC
Father	_ _ _ _	HHQ562B	FMT_NUMERIC
Brother	_ _ _ _	HHQ562C	FMT_NUMERIC
Sister	_ _ _ _	HHQ562D	FMT_NUMERIC
Daughter	_ _ _ _	HHQ562E	FMT_NUMERIC
Son	_ _ _ _	HHQ562F	FMT_NUMERIC
	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**?

HHQ570 FMT_YES_NO

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

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

1	Mother	HHQS71_A	FMT_RELATIVE
2	Father	HHQS71_B	FMT_RELATIVE
3	Brother	HHQS71_C	FMT_RELATIVE
4	Sister	HHQS71_D	FMT_RELATIVE
5	Daughter	HHQS71_E	FMT_RELATIVE
6	Son	HHQS71_F	FMT_RELATIVE
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	_ _ _	HHQS72A FMT_NUMERIC
Brother	_ _ _	HHQS72B FMT_NUMERIC
Sister	_ _ _	HHQS72C FMT_NUMERIC
Daughter	_ _ _	HHQS72D FMT_NUMERIC
Son	_ _ _	HHQS72E FMT_NUMERIC
	Enter age in years	HHQS72F FMT_NUMERIC
777	Refused	
999	Don't Know	