

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**?

HHQ 100 FMT_YES_NO

Yes **1**

No **2**

Refused **77**

Don't Know **99**

HHQ.110. Has a doctor or other health professional ever told you that you had **coronary heart disease**?

HHQ 110 FMT_YES_NO

Yes **1**

No **2** (Skip to HHQ.120)

Refused **77** (Skip to HHQ.120)

Don't Know **99** (Skip to HHQ.120)

HHQ.112. How old were you when you were first told you had coronary heart disease?

HHQ112 FMT_NUMERIC

|_|_|_|

Enter age in years

Refused **77**

Don't Know **99**

HEALTH HISTORY PART I

HHQ.120. {Has a doctor or other health professional ever told you that you had}
angina, also called **angina pectoris**?

HHQ120 FMT_YES_NO

Yes **1**

No **2** (Skip to HHQ.130)

Refused **77** (Skip to HHQ.130)

Don't Know **99** (Skip to HHQ.130)

HHQ.122. How old were you when you were first told you had angina?

HHQ122 FMT_NUMERIC

|_|_|_|
Enter age in years

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**)?

HHQ130 FMT_YES_NO

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?

HHQ131 FMT_NUMERIC

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)?

HEALTH HISTORY PART I

HHQ132

FMT_NUMERIC

|_|_|_|

Enter age in years

Refused **77**

Don't Know **99**

HEALTH HISTORY PART I

HHQ.140. Have you ever had heart surgery?

HHQ 140 FMT_YES_NOYes **1**No **2** (Skip to HHQ.150)Refused **77** (Skip to HHQ.150)Don't Know **99** (Skip to HHQ.150)HHQ.141. Which of the following types of heart surgery have you had?
[HAND CARD. Enter all that apply]Bypass surgery **1**Angioplasty **2**Valve surgery **3**Pacemaker **4**Other (Specify: _____) **5**Refused **77**Don't Know **99**

FIRST RESPONSE	HHQ141_A	FMT_HHQ141_
2ND RESPONSE	HHQ141_B	FMT_HHQ141_
3RD RESPONSE	HHQ141_C	FMT_HHQ141_
4TH RESPONSE	HHQ141_D	FMT_HHQ141_
5TH RESPONSE	HHQ141_E	FMT_HHQ141_
OTHER RESPONSE	HHQ141_OTHER	\$FMT_CHAR.

HHQ.150. Has a doctor or other health professional ever told you that you had a
transient ischemic attack (TIA)?**HHQ 150 FMT_YES_NO**Yes **1**No **2** (Skip to HHQ.160)Refused **77** (Skip to HHQ.160)

HEALTH HISTORY PART I

Don't Know **99** (Skip to HHQ.160)

HHQ.151. How many TIAs have you had?
HHQ151 FMT_NUMERIC

Enter # _____

Refused **77**

Don't Know **99**

HEALTH HISTORY PART I

HHQ.152. How old were you when you were first told that you had a TIA?

HHQ152

FMT_NUMERIC

|_|_|_|

Enter age in years

Refused **77**

Don't Know **99**

HHQ.160. {Has a doctor or other health professional ever told you that you had} a **stroke?**

HHQ160

FMT_YES_NO

Yes **1**

No **2**

(Skip to HHQ.170)

Refused **77**

(Skip to HHQ.170)

Don't Know **99**

(Skip to HHQ.170)

HHQ.161. How many strokes have you had?

HHQ161

FMT_NUMERIC

Enter # _____

Refused **77**

Don't Know **99**

HHQ.162. How old were you when you were first told that you had a stroke?

HHQ162

FMT_NUMERIC

|_|_|_|

Enter age in years

Refused **77**

Don't Know **99**

HHQ.170. {Has a doctor or other health professional ever told you that you had} **peripheral artery disease?**

HHQ 170

FMT_YES_NO

HEALTH HISTORY PART IYes **1**No **2** (Skip to HHQ.180)Refused **77** (Skip to HHQ.180)Don't Know **99** (Skip to HHQ.180)

HEALTH HISTORY PART I

HHQ.172. How old were you when you were first told that you had peripheral artery disease?

HHQ172**FMT_NUMERIC**

Enter age in years

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

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

HHQ180**FMT_YES_NO**Yes **1**No **2****(Skip to HHQ.190)**Refused **77****(Skip to HHQ.190)**Don't Know **99****(Skip to HHQ.190)**

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

HHQ182**FMT_NUMERIC**

Enter age in years

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

HHQ.183. How is your high cholesterol/hyperlipidemia currently being treated? **[HAND CARD. Enter all that apply.]**

No treatment **1**Prescribed medicine **2**Weight control/loss **3**Exercise **4**Special diet **5**Other (Specify: _____) **6**

HEALTH HISTORY PART I

Refused 77

Don't Know 99

FIRST RESPONSE	HHQ183_A	FMT_HHQ183_
2ND RESPONSE	HHQ183_B	FMT_HHQ183_
3RD RESPONSE	HHQ183_C	FMT_HHQ183_
4TH RESPONSE	HHQ183_D	FMT_HHQ183_
5TH RESPONSE	HHQ183_E	FMT_HHQ183_
OTHER RESPONSE	HHQ183_OTHER	\$FMT_CHAR.

HEALTH HISTORY PART I

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

HHQ 184 FMT_YES_NO

Yes	1
No	2
Refused	77
Don't Know	99

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

HHQ 190 FMT_YES_NO

Yes	1	
No	2	(Skip to HHQ.200)
Refused	77	(Skip to HHQ.200)
Don't Know	99	(Skip to HHQ.200)

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

HHQ191 FMT_HHQ191_

Type I	1
Type II	2
Only when pregnant	3
Borderline diabetes (also called pre-diabetes)	4
Refused	77
Don't Know	99

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

HHQ192 FMT_NUMERIC

|_|_|_|
Enter age in years

Refused **77**

HEALTH HISTORY PART I

Don't Know **99**

HEALTH HISTORY PART I

HHQ 193. How is your diabetes currently being treated or controlled? **[HAND CARD. ENTER ALL THAT APPLY]**

No treatment 1

Insulin 2

Oral anti-diabetics (pills) 3

Weight control/loss 4

Exercise 5

Special Diet 6

Other (Specify: _____) 7

Refused 77

Don't Know 99

FIRST RESPONSE	HHQ193_A	FMT_HHQ193_
2ND RESPONSE	HHQ193_B	FMT_HHQ193_
3RD RESPONSE	HHQ193_C	FMT_HHQ193_
4TH RESPONSE	HHQ193_D	FMT_HHQ193_
5TH RESPONSE	HHQ193_E	FMT_HHQ193_
6TH RESPONSE	HHQ193_F	FMT_HHQ193_
OTHER RESPONSE	HHQ193_OTHER	\$FMT_CHAR.

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

HHQ200 FMT_YES_NO

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?**

HEALTH HISTORY PART I**HHQ202****FMT_NUMERIC**

|_|_|_|

Enter age in years

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

HEALTH HISTORY PART I

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

FIRST RESPONSE	HHQ203_A	FMT_HHQ203_
2ND RESPONSE	HHQ203_B	FMT_HHQ203_
3RD RESPONSE	HHQ203_C	FMT_HHQ203_
4TH RESPONSE	HHQ203_D	FMT_HHQ203_
5TH RESPONSE	HHQ203_E	FMT_HHQ203_
OTHER RESPONSE	HHQ203_OTHER	\$FMT_CHAR.

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

HHQ210 FMT_YES_NO

Yes **1**

No **2** (Skip to HHQ.220)

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

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

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

HHQ212 FMT_NUMERIC

|_|_|_|
Enter age in years

Refused **77**

HEALTH HISTORY PART IDon't Know **99**

HHQ.214. Do you still have asthma?

*HHQ214 FMT_YES_NO*Yes **1**No **2**Refused **77**Don't Know **99**

HEALTH HISTORY PART I

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

HHQ215 FMT_YES_NO

Yes **1**

No **2**

Refused **77**

Don't Know **99**

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

HHQ216 FMT_YES_NO

Yes **1**

No **2**

Refused **77**

Don't Know **99**

HHQ.217. How is your asthma currently being treated or controlled? List all that apply. **[Enter 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 **8**

Other (Specify: _____) **9**

Refused **77**

Don't Know **99**

HEALTH HISTORY PART I

FIRST RESPONSE	HHQ217_A	FMT_HHQ217_
2ND RESPONSE	HHQ217_B	FMT_HHQ217_
3RD RESPONSE	HHQ217_C	FMT_HHQ217_
4TH RESPONSE	HHQ217_D	FMT_HHQ217_
5TH RESPONSE	HHQ217_E	FMT_HHQ217_
6TH RESPONSE	HHQ217_F	FMT_HHQ217_
7TH RESPONSE	HHQ217_G	FMT_HHQ217_
OTHER RESPONSE	HHQ217_OTHER	\$FMT_CHAR.

HEALTH HISTORY PART I

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

HHQ218**FMT_HHQ218_**

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?

HHQ219**FMT_HHQ219_**

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

60-99 times (in the past 30 days) 6

More than 100 times (in the past 30 days) 8

Refused 77

Don't Know 99

HHQ.220. {Has a doctor or other health professional ever told you that you had} **emphysema?**

HHQ220**FMT_YES_NO**

Yes 1

HEALTH HISTORY PART I

No **2**

Refused **77**

Don't Know **99**

HEALTH HISTORY PART I

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

HHQ 230 FMT_YES_NO

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?

HHQ 240 FMT_YES_NO

Yes **1**

No **2** (Skip to HHQ.250)

Refused **77** (Skip to HHQ.250)

Don't Know **99** (Skip to HHQ.250)

HHQ.242. For how many years have you had this cough?

HHQ242 FMT_NUMERIC

|_|_|_|

Enter number of years [If less than 1 year, enter 1]

Refused **77**

Don't Know **99**

HHQ.250. Do you bring up phlegm on most days for **3 consecutive months or more**
during the year?

HHQ 250 FMT_YES_NO

Yes **1**

No **2** (Skip to HHQ.260)

Refused **77** (Skip to HHQ.260)

Don't Know **99** (Skip to HHQ.260)

HEALTH HISTORY PART I

HHQ.252. For how many years have you had trouble with phlegm?
HHQ252 FMT_NUMERIC

|_|_|_|

Enter number of years [If less than 1 year, enter 1]

Refused 77

Don't Know 99

HHQ.260. In the **past 12 months** have you had wheezing or whistling in your chest?
HHQ260 FMT_YES_NO

Yes 1

No 2 (Skip to HHQ.270)

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?
HHQ262 FMT_NUMERIC

|_|_|_|

Enter number of episodes [If 12 or more, enter 12]

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**?
HHQ270 FMT_YES_NO

Yes 1

No 2 (Skip to HHQ.280)

Refused 77 (Skip to HHQ.280)

Don't Know 99 (Skip to HHQ.280)

HEALTH HISTORY PART I

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 10

Other (Specify): _____) 11

Refused 77

Don't Know 99

FIRST RESPONSE	HHQ271_A	FMT_HHQ271_
2ND RESPONSE	HHQ271_B	FMT_HHQ271_
3RD RESPONSE	HHQ271_C	FMT_HHQ271_
4TH RESPONSE	HHQ271_D	FMT_HHQ271_
5TH RESPONSE	HHQ271_E	FMT_HHQ271_
6TH RESPONSE	HHQ271_F	FMT_HHQ271_
7TH RESPONSE	HHQ271_G	FMT_HHQ271_
8TH RESPONSE	HHQ271_H	FMT_HHQ271_
9TH RESPONSE	HHQ271_I	FMT_HHQ271_
OTHER RESPONSE	HHQ271_OTHER	\$FMT_CHAR.

HHQ.274. Where do allergy symptoms occur? **[Enter all that apply]**

In breathing 1

In digestion 2

On skin 3

In eyes 4

HEALTH HISTORY PART IIn nose/sinuses **5**Other (Specify): _____) **6**Refused **77**Don't Know **99**

FIRST RESPONSE	HHQ274_A	FMT_HHQ274_
2ND RESPONSE	HHQ274_B	FMT_HHQ274_
3RD RESPONSE	HHQ274_C	FMT_HHQ274_
4TH RESPONSE	HHQ274_D	FMT_HHQ274_
5TH RESPONSE	HHQ274_E	FMT_HHQ274_
6TH RESPONSE	HHQ274_F	FMT_HHQ274_
OTHER RESPONSE	HHQ274_OTHER	\$FMT_CHAR.

HEALTH HISTORY PART I

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

HHQ275**FMT_NUMERIC**

Enter age in years

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

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

HHQ276**FMT_YES_NO**Yes **1**No **2**Refused **77**Don't Know **99**

HHQ.280. Have you ever had a serious **injury**?

HHQ280**FMT_YES_NO**Yes **1**No **2****(Skip to HHQ.290)**Refused **77****(Skip to HHQ.290)**Don't Know **99****(Skip to HHQ.290)**

HEALTH HISTORY PART I

HHQ.281a-z. What types of injury have you had? **[HAND CARD. Indicate the number corresponding to each injury separately in the spaces after HHQ.284 on page 16.]**

Broken leg or arm OR broke a bone (Which one?) **[Enter “1” and which bone in entry space after HHQ.284.] 1**

Brain trauma **2**

Internal injuries **3**

Facial injuries **4**

Dental injuries **5**

Burn **6**

Other (Specify) **[Enter “13” and specify injury in entry space after HHQ.284.] 13**

Refused **77**

Don't Know **99**

FIRST RESPONSE	HHQ281_A	FMT_HHQ281_
2ND RESPONSE	HHQ281_B	FMT_HHQ281_
3RD RESPONSE	HHQ281_C	FMT_HHQ281_
4TH RESPONSE	HHQ281_D	FMT_HHQ281_
5TH RESPONSE	HHQ281_E	FMT_HHQ281_
6TH RESPONSE	HHQ281_F	FMT_HHQ281_
7TH RESPONSE	HHQ281_G	FMT_HHQ281_
OTHER RESPONSE	HHQ281_OTHER	\$FMT_CHAR.
WHICH BONE? RESPONSE	HHQ281_BONE	\$FMT_CHAR.

HEALTH HISTORY PART I

HHQ.284a-z. Was it from a ...? [Indicate the number corresponding to the cause of each injury in HHQ.281 in the spaces after response options. Loop back through HHQ.281-HHQ.284 until all injuries/causes are recorded.]

Fall 1

Motor vehicle crash 2

Fire 3

Work place injury 4

Assault 5

Military combat 6

Electrical lightning 7

Near drowning 8

Gunshot 9

Other (Specify) [Enter "10" and specify injury in entry space after response options] 10

Refused 77

Don't Know 99

CAUSE OF BROKEN BONE	HHQ284_1	FMT_HHQ284_
CAUSE OF BRAIN TRAUMA	HHQ284_2	FMT_HHQ284_
CAUSE OF INTERNAL INJURIES	HHQ284_3	FMT_HHQ284_
CAUSE OF FACIAL INJURIES	HHQ284_4	FMT_HHQ284_
CAUSE OF DENTAL INJURIES	HHQ284_5	FMT_HHQ284_
CAUSE OF BURN	HHQ284_6	FMT_HHQ284_
CAUSE OF OTHER INJURY	HHQ284_13	FMT_HHQ284_
OTHER CAUSE OF INJURY	HHQ284_OTHER	\$FMT_CHAR.

HHQ.281a. _____ HHQ.284a. _____
 [Enter number corresponding to injury] [Enter number corresponding to cause]

HHQ.281b. _____ HHQ.284b. _____
 [Enter number corresponding to injury] [Enter number corresponding to cause]

HHQ.281c. _____ HHQ.284c. _____

HEALTH HISTORY PART I

[Enter number corresponding to injury] [Enter number corresponding to cause]

HHQ.281d. _____ HHQ.284d. _____
[Enter number corresponding to injury] [Enter number corresponding to cause]

HHQ.281e. _____ HHQ.284e. _____
[Enter number corresponding to injury] [Enter number corresponding to cause]

HHQ.281f. _____ HHQ.284f. _____
[Enter number corresponding to injury] [Enter number corresponding to cause]

**[Record any additional injuries/causes on a separate sheet of paper and
insert after page 16 of HHQ questionnaire; continue alphabetical series.]**

HEALTH HISTORY PART I

HHQ.290. Has a doctor or other health professional ever told you that you had arthritis?

HHQ290 FMT_YES_NO

Yes 1

No 2 (Skip to HHQ.300)

Refused 77 (Skip to HHQ.300)

Don't Know 99 (Skip to HHQ.300)

HHQ.291. Which types of arthritis have you had? (List all that apply.) **[Enter all that apply.]**

Rheumatoid arthritis 1

Osteoarthritis 2

Other 3

Refused 77

Don't Know 99

FIRST RESPONSE	<i>HHQ291_A</i>	<i>FMT_HHQ291_</i>
2ND RESPONSE	<i>HHQ291_B</i>	<i>FMT_HHQ291_</i>
3RD RESPONSE	<i>HHQ291_C</i>	<i>FMT_HHQ291_</i>

HHQ.300. {Has a doctor or other health professional ever told you that you had} chronic bone or skeletal problems?

HHQ300 FMT_YES_NO

Yes 1

No 2 (Skip to HHQ.310)

Refused 77 (Skip to HHQ.310)

Don't Know 99 (Skip to HHQ.310)

HEALTH HISTORY PART I

HHQ.301. Which types of chronic bone or skeletal problems have you had?
[HAND CARD. ENTER ALL THAT APPLY]

Osteoporosis 1

Osteopenia 2

Broken bone with minimal injury 3

Degenerative disc 4

Other (Specify: _____) 5

Bone cancer 6

Refused 77

Don't Know 99

FIRST RESPONSE	HHQ301_A	FMT_HHQ301_
2ND RESPONSE	HHQ301_B	FMT_HHQ301_
3RD RESPONSE	HHQ301_C	FMT_HHQ301_
4TH RESPONSE	HHQ301_D	FMT_HHQ301_
5TH RESPONSE	HHQ301_E	FMT_HHQ301_
6TH RESPONSE	HHQ301_F	FMT_HHQ301_
OTHER RESPONSE	HHQ301_OTHER	\$FMT_CHAR.

HHQ.310. {Has a doctor or other health professional ever told you that you had}
brain or nerve problems?

HHQ310 FMT_YES_NO

Yes 1

No 2 (Skip to HHQ.320)

Refused 77 (Skip to HHQ.320)

Don't Know 99 (Skip to HHQ.320)

HEALTH HISTORY PART I

HHQ.311. Which types of brain or nerve problems have you had? List all that apply. **[Enter all that apply.]**

Epilepsy 1

Developmental disabilities 2

Multiple sclerosis 3

Mild cognitive impairment 4

Alzheimer's disease 5

Other dementia 6

Paraplegia 7

Quadriplegia 8

Lyme disease 9

Polio 10

Autism 11

Parkinson's disease 12

Muscular dystrophy 13

Migraine headaches 14

Learning disabilities 15

Other (Specify: _____) 16

Refused 77

Don't Know 99

FIRST RESPONSE	HHQ311_A	FMT_HHQ311_
2ND RESPONSE	HHQ311_B	FMT_HHQ311_
3RD RESPONSE	HHQ311_C	FMT_HHQ311_
4TH RESPONSE	HHQ311_D	FMT_HHQ311_
5TH RESPONSE	HHQ311_E	FMT_HHQ311_
6TH RESPONSE	HHQ311_F	FMT_HHQ311_
7TH RESPONSE	HHQ311_G	FMT_HHQ311_
8TH RESPONSE	HHQ311_H	FMT_HHQ311_

HEALTH HISTORY PART I

9TH RESPONSE	HHQ311_I	FMT_HHQ311_
10TH RESPONSE	HHQ311_J	FMT_HHQ311_
11TH RESPONSE	HHQ311_K	FMT_HHQ311_
12TH RESPONSE	HHQ311_L	FMT_HHQ311_
13TH RESPONSE	HHQ311_M	FMT_HHQ311_
14TH RESPONSE	HHQ311_N	FMT_HHQ311_
15TH RESPONSE	HHQ311_O	FMT_HHQ311_
16TH RESPONSE	HHQ311_P	FMT_HHQ311_
OTHER RESPONSE	HHQ311_OTHER	\$FMT_CHAR.

HHQ.312. How old were you when you were first told you had {type brain or nerve problem}?

Enter age in years

Refused 77

Don't Know 99

AGE OF EPILEPSY ONSET	HHQ312_1	FMT_NUMERIC
AGE OF DEVELOPMENTAL DISABILITIES ONSET	HHQ312_2	FMT_NUMERIC
AGE OF MULTIPLE SCLEROSIS ONSET	HHQ312_3	FMT_NUMERIC
AGE OF MILD COGNITIVE IMPAIRMENT ONSET	HHQ312_4	FMT_NUMERIC
AGE OF ALZHEIMER'S DISEASE ONSET	HHQ312_5	FMT_NUMERIC
AGE OF OTHER DEMENTIA ONSET	HHQ312_6	FMT_NUMERIC
AGE OF PARAPLEGIA ONSET	HHQ312_7	FMT_NUMERIC
AGE OF QUADRIPLLEGIA ONSET	HHQ312_8	FMT_NUMERIC
AGE OF LYME DISEASE ONSET	HHQ312_9	FMT_NUMERIC
AGE OF POLIO ONSET	HHQ312_10	FMT_NUMERIC
AGE OF AUTISM ONSET	HHQ312_11	FMT_NUMERIC
AGE OF PARKINSON'S DISEASE ONSET	HHQ312_12	FMT_NUMERIC
AGE OF MUSCULAR DYSTROPHY ONSET	HHQ312_13	FMT_NUMERIC
AGE OF MIGRAINE HEADACHES ONSET	HHQ312_14	FMT_NUMERIC
AGE OF LEARNING DISABILITIES ONSET	HHQ312_15	FMT_NUMERIC
AGE OF OTHER ONSET	HHQ312_16	FMT_NUMERIC

HEALTH HISTORY PART I

HHQ.320. {Has a doctor or other health professional ever told you that you had} a
skin disease or condition?

HHQ320

FMT_YES_NO

Yes 1

No 2 (End of questionnaire)

Refused 77 (End of questionnaire)

Don't Know 99 (End of questionnaire)

HHQ.321. Which types of skin problems have you had?. **[HAND CARD.
Enter all that apply.]**

Eczema/dermatitis 1

Psoriasis 2

Severe acne 3

Rosacea 4

Skin cancer 5

Fungal infection 6

Herpes Type 1/cold sores 8

Shingles 10

Chicken pox 12

Other (Specify: _____) 11

Refused 77

Don't Know 99

FIRST RESPONSE

HHQ321_A

FMT_HHQ321_

2ND RESPONSE

HHQ321_B

FMT_HHQ321_

3RD RESPONSE

HHQ321_C

FMT_HHQ321_

4TH RESPONSE

HHQ321_D

FMT_HHQ321_

5TH RESPONSE

HHQ321_E

FMT_HHQ321_

6TH RESPONSE

HHQ321_F

FMT_HHQ321_

7TH RESPONSE

HHQ321_G

FMT_HHQ321_

HEALTH HISTORY PART I

8TH RESPONSE	HHQ321_H	FMT_HHQ321_
9TH RESPONSE	HHQ321_I	FMT_HHQ321_
10TH RESPONSE	HHQ321_J	FMT_HHQ321_
OTHER RESPONSE	HHQ321_OTHER	\$FMT_CHAR.