

DEMOGRAPHICS INFORMATION – DMQ

DMQ.140 What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY.

ENTER HIGHEST LEVEL OF SCHOOL.

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 (EXAMPLE: BA, AB, BS, BBA).....	18
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA).....	19
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD).....	20
DOCTORAL DEGREE (EXAMPLE: PhD, EdD)	21
REFUSED	77
DON'T KNOW	99

SFQ.180{Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

- MARRIED 1
- WIDOWED 2
- DIVORCED..... 3
- SEPARATED..... 4
- NEVER MARRIED..... 5 (DMQ.100G)
- LIVING WITH PARTNER..... 6
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM DMQ.075:
 IF SP IS MALE OR IS CODED AS 'NEVER MARRIED=5' IN QUESTION SFQ.180, GO TO DMQ.100G.
 OTHERWISE, CONTINUE.

DMQ.080 {Do you/Does SP} have a maiden name?

ASK IF NOT KNOWN

- YES 1
- NO 2 (DMQ.100G)
- REFUSED 7 (DMQ.100G)
- DON'T KNOW..... 9 (DMQ.100G)

DMQ.090 What is {your/SP's} **maiden** name?

VERIFY SPELLING

CAPI INSTRUCTION:
 DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.

- ENTER MAIDEN NAME 1
- or
- SAME AS CURRENT LAST NAME 2
- REFUSED 7
- DON'T KNOW..... 9

DMQ.100 What is {your/SP's} **father's** last name?

VERIFY SPELLING

CAPI INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060.

IF MAIDEN NAME ENTERED IN DMQ.090, AND MAIDEN NAME IS DIFFERENT FROM CURRENT LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090.

ENTER NAME	1
or	
SAME AS CURRENT LAST NAME	2
SAME AS MAIDEN NAME	3
REFUSED	7
DON'T KNOW.....	9

DMQ.105 In what country {were you/was SP} born?

UNITED STATES	10	(DMQ.130)
PUERTO RICO.....	11	(DMQ.161M)
DOMINICAN REPUBLIC	12	(DMQ.161M)
JAMAICA	13	(DMQ.161M)
MEXICO	14	(DMQ.161M)
CHINA	15	(DMQ.161M)
RUSSIA	16	(DMQ.161M)
OTHER	66	

DMQ.111

ENTER COUNTRY NAME

REFUSED	7
DON'T KNOW.....	9

SELECT COUNTRY FROM LIST.

CHECK ITEM DMQ.120:

IF 'OTHER' THAN '10' IN DMQ.105, GO TO DMQ.161M. OTHERWISE, CONTINUE.

DMQ.130 In what state {were you/was SP} born?

ENTER STATE NAME

REFUSED 7
DON'T KNOW..... 9

SELECT STATE FROM CAPI STATE LIST.

CAPI INSTRUCTION:

DISPLAY STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM LIST.

CHECK ITEM DMQ.150: GO TO DMQ240.

DMQ.161 In what month and year did {you/SP} come to the United States to stay?

|_|_|
ENTER MONTH NUMBER

REFUSED 77
DON'T KNOW..... 99

|_|_|_|_|
ENTER 4-DIGIT YEAR

REFUSED 7777
DON'T KNOW..... 9999

DMQ.240 {Do you/Does SP} consider {yourself/himself/herself} Hispanic/Latino? [Where did {your/his/her} ancestors come from?]

HAND CARD DMQ4
READ HAND CARD CATEGORIES IF NECESSARY

YES 1
NO 2 (DMQ.265)
REFUSED 7 (DMQ.265)
DON'T KNOW..... 9 (DMQ.265)

DMQ.251 Please give me the number of the group that represents {your/SP's} Hispanic origin or ancestry. Please select 1 or more of these categories.

HAND CARD DMQ4
SELECT 1 OR MORE

PUERTO RICAN.....	10
DOMINICAN (REPUBLIC).....	12
MEXICAN/MEXICANO	13
MEXICAN AMERICAN	14
CHICANO	15
CUBAN	18
CUBAN AMERICAN	19
CENTRAL OR SOUTH AMERICAN	20
OTHER LATIN AMERICAN (SPECIFY COUNTRY)40	
OTHER HISPANIC (SPECIFY COUNTRY)...	41
REFUSED	77
DON'T KNOW.....	99

DMQ.265 What race {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories.

HAND CARD DMQ5
SELECT 1 OR MORE

WHITE	100
BLACK/AFRICAN AMERICAN	110
INDIAN (AMERICAN)/ALASKA NATIVE	120
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	140
ASIAN.....	180
SOME OTHER RACE (SPECIFY).....	250
REFUSED	777
DON'T KNOW.....	999

CHECK ITEM DMQ.270:
IF MORE THAN 1 ENTRY (CODE 100-250) IN DMQ.265, CONTINUE.
OTHERWISE, GO TO DMQ.280.

DMQ.275 Which one of these groups would you say **best** represents {your/SP's} race?

CAPI INSTRUCTION: DISPLAY RACE CODES PREVIOUSLY SELECTED IN DMQ.265.

|_|_|_|
ENTER RACE CODE

CANNOT CHOOSE 1 RACE 666
REFUSED 777
DON'T KNOW..... 999

DMQ.280 We also need {your/SP's} Social Security Number. The New York City Department of Health and Mental Hygiene will use {your/his/her} Social Security Number to conduct health-related research by linking {your/his/her} survey data with vital statistics. We may also use it if we need to recontact {you/him/her} or {your/his/her} family. Except for this purpose, the Department will not release {your/his/her} SSN to anyone, including any government agency. Providing this information is voluntary. There will be no effect on {your/his/her} benefits if you do not provide it.

What is {your/SP's} Social Security Number?

|_|_|_| |_|_| |_|_|_|_|_|
ENTER SOCIAL SECURITY NUMBER

or
DOES NOT HAVE SOCIAL SECURITY NUMBER 2
REFUSED 7
DON'T KNOW 9

TELEPHONE COVERAGE – TCQ

TCQ.010 Now I have a few questions about any telephones that {you/SP} may use.

Is there a telephone in {your/SP's} house or apartment? Do not include cell phones or numbers that are only used by a computer or fax machine.

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

TCQ.020 During the **past 12 months**, has {your/SP's} household ever been without telephone service for more than 24 hours?

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

TCQ.030 During the **past 12 months**, what was the total amount of time that {your/SP's} household was without telephone service for more than 24 hours?

|_|_|_|
ENTER NUMBER

- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3

INCOME - INQ

INQ.610 The next questions are about {your/SP's} combined family} income in the **last 12 months**. By family, I mean those related by blood, marriage or a marriage like relationship, adopted and foster children and others {you consider/SP considers} to be family. When answering these questions, please remember that by "combined family income", I mean {your/SP's} income **plus** the income of all family members living in the household **before taxes**. This would include income sources that {you collect/SP collects} on behalf of children like SSI, WIC, etc.

Did {you/SP} or **any** family members 16 years old and older receive income in the **last 12 months** from **wages and salaries**, or **self-employment** including business and farm income?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

INQ.620 Did {you/SP} or **any** family members receive income in the **last 12 months** from **Social Security, Railroad Retirement, any disability, retirement or survivor pension, or Supplemental Security Income [SSI]**?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

INQ.630 At any time in the **last 12 months**, even for 1 month, did {you/SP} or **any** family members receive any **government** payments because {your/SP's} income was low, such as welfare, public assistance, AFDC, or some other program?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

INQ.640 Now I am going to ask about the **total combined income** for {your/SP's} total family in the **last 12 months**. Can you tell me if this income in the **last 12 months** was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

\$20,000 or more, or..... 1
 less than \$20,000? 2
 REFUSED 7(END OF SECTION)
 DON'T KNOW 9(END OF SECTION)

INQ.650 Of these income groups, can you tell me which letter **best** represents {your/SP's} total family income in the **last 12 months**?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:

IF CODE 1 IN INQ.640, DISPLAY {HAND CARD INQ2} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 2.

IF CODE 2 IN INQ.640, DISPLAY {HAND CARD INQ3} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 3.

[CODES FROM HAND CARD ARE LISTED BELOW.]

|_|_|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED 77
 DON'T KNOW..... 99

INQ 3

A.	Less than \$1,000	K.	\$10,000 - \$10,999
B.	\$1,000 - \$1,999	L.	\$11,000 - \$11,999
C.	\$2,000 - \$2,999	M.	\$12,000 - \$12,999
D.	\$3,000 - \$3,999	N.	\$13,000 - \$13,999
E.	\$4,000 - \$4,999	O.	\$14,000 - \$14,999
F.	\$5,000 - \$5,999	P.	\$15,000 - \$15,999
G.	\$6,000 - \$6,999	Q.	\$16,000 - \$16,999
H.	\$7,000 - \$7,999	R.	\$17,000 - \$17,999
I.	\$8,000 - \$8,999	S.	\$18,000 - \$18,999
J.	\$9,000 - \$9,999	T.	\$19,000 - \$19,999

INQ 2

U.	\$20,000 - \$20,999	GG.	\$32,000 - \$32,999
V.	\$21,000 - \$21,999	HH.	\$33,000 - \$33,999
W.	\$22,000 - \$22,999	II.	\$34,000 - \$34,999
X.	\$23,000 - \$23,999	JJ.	\$35,000 - \$39,999
Y.	\$24,000 - \$24,999	KK.	\$40,000 - \$44,999
Z.	\$25,000 - \$25,999	LL.	\$45,000 - \$49,999
AA.	\$26,000 - \$26,999	MM.	\$50,000 - \$54,999
BB.	\$27,000 - \$27,999	NN.	\$55,000 - \$59,999
CC.	\$28,000 - \$28,999	OO.	\$60,000 - \$64,999
DD.	\$29,000 - \$29,999	PP.	\$65,000 - \$69,999
EE.	\$30,000 - \$30,999	QQ.	\$70,000 - \$74,999
FF.	\$31,000 - \$31,999	RR.	\$75,000 and over

OCCUPATION – OCQ

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

- working at a job or business, 1
- with a job or business but not at work,.... 2 (OCQ.210)
- looking for work, or 3 (END OF SECTION)
- not working at a job or business? 4 (OCQ.380)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

OCQ.180 How many hours did {you/SP} work **last week** at **all** jobs or businesses?

|_|_|_|_|
ENTER NUMBER OF HOURS

- REFUSED 777
- DON'T KNOW..... 999

<p>CHECK ITEM OCQ.200: IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE. OTHERWISE, GO TO OCQ.240.</p>
--

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at **all** jobs or businesses?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

OCQ.240 What kind of work {were you/was SP} doing at {your/his/her} **main** job or business? (For example: farming, mail clerk, computer specialist.)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** JOB.

ENTER NAME OF OCCUPATION

REFUSED 7----7
DON'T KNOW..... 9----9

OCQ.250 What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

ENTER NAME OF DUTIES

REFUSED 7----7
DON'T KNOW..... 9----9

OCQ.260 Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR.
HAND CARD OCQ1

AN EMPLOYEE OF A **PRIVATE** COMPANY,
BUSINESS, OR INDIVIDUAL FOR WAGES,
SALARY, OR COMMISSION..... 1
A **FEDERAL** GOVERNMENT EMPLOYEE ... 2
A **STATE** GOVERNMENT EMPLOYEE 3
A **LOCAL** GOVERNMENT EMPLOYEE..... 4
SELF-EMPLOYED IN **OWN** BUSINESS,
PROFESSIONAL PRACTICE OR FARM 5
WORKING **WITHOUT PAY** IN FAMILY
BUSINESS OR FARM 6
REFUSED 7
DON'T KNOW..... 9

OCQ.280 Was health insurance offered to {you/SP} through this job or business?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

OCQ.290 At this job or business, how many hours per day can {you/SP} smell the smoke from other people's cigarettes, cigars, and/or pipes?

|_|_|

ENTER NUMBER OF HOURS

- NEVER 2
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM OCQ.370:
GO TO END OF SECTION.

OCQ.380 What is the **main** reason {you/SP} did not work **last week**?

- 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 7
- REFUSED 77
- DON'T KNOW..... 99

SMOKING AND TOBACCO USE - SMQ

These next questions are about cigarette smoking.

SMQ.020 {Have you/Has SP} smoked at least 100 **cigarettes** in {your/his/her} entire life?

- YES..... 1
- NO2 (END SECTION)
- REFUSED.....7 (END SECTION)
- DON'T KNOW.....9 (END SECTION)

SMQ.030 How old {were you/was SP} when {you/s/he} first started to smoke cigarettes fairly regularly?

|_|_|_|
ENTER AGE IN YEARS

- NEVER SMOKED CIGARETTES
- REGULARLY..... 2
- REFUSED 7
- DON'T KNOW..... 9

SMQ.040 {Do you/Does SP} **now** smoke cigarettes . . .

- every day,1 (SMQ.070)
- some days, or2 (SMQ.641)
- not at all?3
- REFUSED.....7 (END SECTION)
- DON'T KNOW.....9 (END SECTION)

SMQ.050 How long has it been since {you/SP} quit smoking cigarettes?

|_|_|_|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS 4

CHECK ITEM SMQ.053:
IF SMQ.050 >= 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR),
CONTINUE.
OTHERWISE, GO TO END OF SECTION.

SMQ.055 How old {were you/was SP} when {you/s/he} **last** smoked cigarettes {fairly regularly}?

CAPI INSTRUCTION:
DISPLAY "FAIRLY REGULARLY" EXCEPT WHEN SMQ.030 = 666 (NEVER SMOKED CIGARETTES
REGULARLY).

|_|_|_|
ENTER AGE IN YEARS

REFUSED777
DON'T KNOW.....999

SMQ.057 At that time, about how many cigarettes did {you/SP} **usually** smoke per day?

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 1
IF 95 OR MORE PER DAY, ENTER 95

|_|_|_|
ENTER NUMBER OF CIGARETTES

REFUSED777
DON'T KNOW.....999

CHECK ITEM SMQ.060:
GO TO END OF SECTION.

SMQ.070 On average, how many cigarettes {do you/does SP} **now** smoke per day?

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 1
IF 95 OR MORE PER DAY, ENTER 95

|_|_|_|
ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED777
DON'T KNOW.....999

SMQ.075 For about how many years {have you/has SP} smoked this amount?

IF LESS THAN 1 YEAR, ENTER 1

|_|_|_|

ENTER NUMBER OF YEARS

REFUSED 777

DON'T KNOW..... 999

SMQ.077 How soon after {you/SP} wake{s} up {do you/does s/he} smoke? Would you say . . .

within 5 minutes, 1 (END OF SECTION)

from 6 to 30 minutes, 2 (END OF SECTION)

from more than 30 minutes to 1 hour, or..... 3 (END OF SECTION)

more than 1 hour? 4 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON'T KNOW..... 9 (END OF SECTION)

SMQ.641 During the past **30 days**, on how many days did you smoke cigarettes?

|_|_|

ENTER NUMBER OF DAYS

REFUSED 77

DON'T KNOW..... 99

CHECK ITEM SMQ.645:

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.641, GO TO END OF SECTION. OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650 During the **past 30 days**, on the days that {you/SP} smoked, how many cigarettes did {you/s/he} smoke per day?

1 PACK EQUALS 20 CIGARETTES

IF LESS THAN 1 PER DAY, ENTER 1

IF 95 OR MORE PER DAY, ENTER 95

|_|_|_|

ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED 777

DON'T KNOW..... 999

BLOOD PRESSURE - BPQ

BPQ.010 About how long has it been since {you/SP} **last** had {your/his/her} blood pressure taken by a doctor or other health professional? Was it . . .

- less than 6 months ago,..... 1
- 6 months to 1 year ago,..... 2
- more than 1 year to 2 years ago,..... 3
- more than 2 years ago, or..... 4
- never?..... 5 (BPQ.060)
- REFUSED 7 (BPQ.060)
- DON'T KNOW..... 9 (BPQ.060)

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension, also called high blood pressure?

- YES 1
- NO 2 (BPQ.060)
- REFUSED 7 (BPQ.060)
- DON'T KNOW..... 9 (BPQ.060)

BPQ.030 {Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension, also called high blood pressure?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BPQ.041a Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **take prescribed medicine**?

- YES 1
- NO 2 (BPQ.041b)
- REFUSED 7 (BPQ.041b)
- DON'T KNOW..... 9 (BPQ.041b)

BPQ.051a {Are you/Is SP} **now** taking prescribed medicine?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BPQ.041b Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **control {your/his/her} weight or lose weight?**

YES 1
 NO 2 (BPQ.041c)
 REFUSED 7 (BPQ.041c)
 DON'T KNOW..... 9 (BPQ.041c)

BPQ.051b {Are you/Is SP} **now** controlling {your/his/her} weight or losing weight?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.041c Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **cut down on salt or sodium in {your/his/her} diet?**

YES 1
 NO 2 (BPQ.041d)
 REFUSED 7 (BPQ.041d)
 DON'T KNOW..... 9 (BPQ.041d)

BPQ.051c {Are you/Is SP} **now** cutting down on salt or sodium in {your/his/her} diet?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.041d Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **exercise more?**

YES 1
 NO 2 (BPQ.041e)
 REFUSED 7 (BPQ.041e)
 DON'T KNOW..... 9 (BPQ.041e)

BPQ.051d {Are you/Is SP} **now** exercising more?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.041e Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **cut down {your/his/her} alcohol consumption?**

- YES 1
- NO 2 (BPQ.042)
- REFUSED 7 (BPQ.042)
- DON'T KNOW..... 9 (BPQ.042)

BPQ.051e {Are you/Is SP} **now** cutting down on {your/his/her} alcohol consumption?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM BPQ.042:
IF SMQ020 = 1 then CONTINUE, otherwise go to BPQ041g.

BPQ.041f Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **stop smoking?**

- YES 1
- NO 2 (BPQ.041g)
- REFUSED 7 (BPQ.041g)
- DON'T KNOW..... 9 (BPQ.041g)

BPQ.051f {Are you/Is SP} **now** reducing/stopping smoking?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BPQ.041g Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **do something else?**

- YES 1
- NO 2 (BPQ.060)
- REFUSED 7 (BPQ.060)
- DON'T KNOW..... 9 (BPQ.060)

BPQ.044 What else?
CODE ALL THAT APPLY

- INCREASE POTASSIUM INTAKE 1
- OTHER CHANGES IN DIET 2
- OTHER 3
- REFUSED 7
- DON'T KNOW..... 9

- BPQ.060 {Have you/Has SP} **ever** had {your/his/her} blood cholesterol checked?
- | | |
|-----------------|--------------|
| YES | 1 |
| NO | 2 (BPQ.110a) |
| REFUSED | 7 (BPQ.110a) |
| DON'T KNOW..... | 9 (BPQ.110a) |
- BPQ.070 About how long has it been since {you/SP} **last** had {your/his/her} blood cholesterol checked? Has it been...
- | | |
|--|---|
| less than 1 year ago, | 1 |
| 1 year but less than 2 years ago,..... | 2 |
| 2 years but less than 5 years ago, or..... | 3 |
| 5 years or more?..... | 4 |
| REFUSED | 7 |
| DON'T KNOW..... | 9 |
- BPQ.080 {Have you/Has SP} **ever** been told by a doctor or other health professional that {your/his/her} blood cholesterol level was high?
- | | |
|-----------------|--------------|
| YES | 1 |
| NO | 2 (BPQ.110a) |
| REFUSED | 7 (BPQ.110a) |
| DON'T KNOW..... | 9 (BPQ.110a) |
- BPQ.090a To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to eat fewer high fat or high cholesterol foods**?
- | | |
|-----------------|--------------|
| YES | 1 |
| NO | 2 (BPQ.090b) |
| REFUSED | 7 (BPQ.090b) |
| DON'T KNOW..... | 9 (BPQ.090b) |
- BPQ.100a {Are you/Is SP} **now** following this advice to eat fewer high fat or high cholesterol foods?
- | | |
|-----------------|---|
| YES | 1 |
| NO | 2 |
| REFUSED | 7 |
| DON'T KNOW..... | 9 |
- BPQ.090b To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to control {your/his/her} weight or lose weight**?
- | | |
|-----------------|--------------|
| YES | 1 |
| NO | 2 (BPQ.090c) |
| REFUSED | 7 (BPQ.090c) |
| DON'T KNOW..... | 9 (BPQ.090c) |

BPQ.100b {Are you/Is SP} **now** following this advice to control {your/his/her} weight or lose weight?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.090c To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to increase {your/his/her} physical activity or exercise?**

YES 1
 NO 2 (BPQ.090d)
 REFUSED 7 (BPQ.090d)
 DON'T KNOW..... 9 (BPQ.090d)

BPQ.100c {Are you/Is SP} **now** following this advice to increase {your/his/her} physical activity or exercise?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.090d To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to take prescribed medicine?**

YES..... 1
 NO 2(END OF SECTION)
 REFUSED..... 7(END OF SECTION)
 DON'T KNOW 9(END OF SECTION)

BPQ.100d {Are you/Is SP} **now** following this advice to take prescribed medicine?

YES..... 1(END OF SECTION)
 NO 2(END OF SECTION)
 REFUSED..... 7(END OF SECTION)
 DON'T KNOW 9(END OF SECTION)

BPQ.110a {Even though {you have/SP has} never had {your/his/her} blood cholesterol checked} {Even though a doctor or other health professional has never told {you/SP} that {your/his/her} blood cholesterol was high} we are now going to ask if {you have/SP has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol. Specifically **{do you/does s/he} eat fewer high fat or high cholesterol foods in order to lower {your/his/her} blood cholesterol?**

CAPI INSTRUCTIONS:

DISPLAY "EVEN THOUGH YOU HAVE NEVER HAD YOUR BLOOD CHOLESTEROL CHECKED" ONLY IF BPQ.060 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

DISPLAY "EVEN THOUGH A DOCTOR OR OTHER HEALTH PROFESSIONAL HAS NEVER TOLD YOU THAT YOUR BLOOD CHOLESTEROL IS HIGH" ONLY IF BPQ.080 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.110b {Even though {you have/SP has} never had {your/his/her} blood cholesterol checked} {Even though a doctor or other health professional has never told {you/SP} that {your/his/her} blood cholesterol was high} we are now going to ask if {you have/SP has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol. Specifically **{have you/has s/he} controlled {your/his/her} weight or lost weight in order to lower {your/his/her} blood cholesterol?**

CAPI INSTRUCTIONS:

DISPLAY "EVEN THOUGH YOU HAVE NEVER HAD YOUR BLOOD CHOLESTEROL CHECKED" ONLY IF BPQ.060 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

DISPLAY "EVEN THOUGH A DOCTOR OR OTHER HEALTH PROFESSIONAL HAS NEVER TOLD YOU THAT YOUR BLOOD CHOLESTEROL IS HIGH" ONLY IF BPQ.080 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

BPQ.110c {Even though {you have/SP has} never had {your/his/her} blood cholesterol checked} {Even though a doctor or other health professional has never told {you/SP} that {your/his/her} blood cholesterol was high} we are now going to ask if {you have/SP has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol. Specifically **{have you/has s/he} increased {your/his/her} physical activity or exercise in order to lower {your/his/her} blood cholesterol?**

CAPI INSTRUCTIONS:

DISPLAY "EVEN THOUGH YOU HAVE NEVER HAD YOUR BLOOD CHOLESTEROL CHECKED" ONLY IF BPQ.060 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

DISPLAY "EVEN THOUGH A DOCTOR OR OTHER HEALTH PROFESSIONAL HAS NEVER TOLD YOU THAT YOUR BLOOD CHOLESTEROL IS HIGH" ONLY IF BPQ.080 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW..... 9

PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ

PAQ.020 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 {your/his/her} daily activities, and finally, about physical activities that {you do/he/she does} in {your/his/her} leisure time.

Over the **past 30 days**, {have/has} {you/SP} walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

- YES 1
- NO 2 (PAQ.180)
- UNABLE TO DO ACTIVITY 3 (PAQ.180)
- REFUSED 7 (PAQ.180)
- DON'T KNOW..... 9 (PAQ.180)

PAQ.050 [Over the **past 30 days**], how often did {you/SP} do this? [Walk or bicycle as part of getting to and from work, or school, or to do errands.]

PROBE: How many times per day, per week, or per month did {you/s/he} do these activities?

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

- REFUSED 7 (PAQ.180)
- DON'T KNOW..... 9 (PAQ.180)

ENTER UNIT

- DAY 1
- WEEK 2
- MONTH 3

PAQ.080 On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

|_|_|_|
ENTER NUMBER (OF MINUTES OR HOURS)

- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- MINUTES 1
- HOURS..... 2

PAQ.180 Please tell me which of these four sentences **best** describes {your/SP's} usual daily activities? [Daily activities may include {your/his/her} work, housework if {you are/s/he is} a homemaker, going to and attending classes if {you are/s/he is} a student, and what {you/s/he} normally {do/does} throughout a typical day if {you are/he/she is} a retiree or unemployed.] . . .

HAND CARD PAQ1

- {You sit/He/She sits} during the day and {do/does} not walk about very much; 1
- {You stand or walk/He/She stands or walks} about quite a lot during the day, but {do/does} not have to carry or lift things very often; 2
- {You lift or carry/He/She lifts or carries} light loads, or {have/has} to climb stairs or hills often; or 3
- {You do/He/She does} heavy work or {carry/ carries} heavy loads..... 4
- REFUSED 7
- DON'T KNOW..... 9

PAQ.206 The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time 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.

Over the **past 30 days**, did {you/SP} 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 PAQ2

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

- YES 1
- NO 2 (PAQ.326)
- UNABLE TO DO ACTIVITY 3 (PAQ.326)
- REFUSED 7 (PAQ.326)
- DON'T KNOW..... 9 (PAQ.326)

PAQ.280 [Over the **past 30 days**], how often did {you/SP} do these **vigorous** activities?
PROBE: How many times per day, per week, or per month?

CAPI INSTRUCTION:

|_|_|_|
 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED 7
 DON'T KNOW..... 9

ENTER UNIT

DAY 1
 WEEK 2
 MONTH 3

PAQ.300 [Over the **past 30 days**], on average about how long did {you/SP} these **vigorous** activities **each time**?

|_|_|_|
 ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED 7
 DON'T KNOW..... 9

ENTER UNIT

MINUTES 1
 HOURS..... 2

PAQ.326 [Over the **past 30 days**], did {you/SP} do **moderate** activities for **at least 10 minutes** that cause 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 PAQ3

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES 1
 NO 2 (PAQ.440)
 UNABLE TO DO ACTIVITY 3 (PAQ.440)
 REFUSED 7 (PAQ.440)
 DON'T KNOW..... 9 (PAQ.440)

PAQ.400 [Over the **past 30 days**], how often did {you/SP} do these **moderate** activities?
PROBE: How many times per day, per week, or per month?

CAPI INSTRUCTION:

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED 7
DON'T KNOW..... 9

ENTER UNIT

DAY 1
WEEK 2
MONTH 3

PAQ.420 [Over the **past 30 days**], on average about how long did {you/SP} these **moderate** activities **each time**?

|_|_|_|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED 7
DON'T KNOW..... 9

ENTER UNIT

MINUTES 1
HOURS..... 2

PAQ.440 Over the **past 30 days**, did {you/SP} do any physical activities specifically designed to **strengthen** {your/his/her} muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES 1
NO 2 (PAQ.481)
UNABLE TO DO ACTIVITY 3 (PAQ.481)
REFUSED 7 (PAQ.481)
DON'T KNOW..... 9 (PAQ.481)

PAQ.460 [Over the **past 30 days**], how often did {you/SP} do these physical activities? [Activities designed to strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups.]

|_|_|_|_|
 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED 7
 DON'T KNOW..... 9
 ENTER UNIT

DAY 1
 WEEK 2
 MONTH 3

PAQ.481 Now I will ask you about TV watching and computer use.

Over the **past 30 days**, on a typical day how much time altogether did {you/SP} spend on a typical day sitting and watching 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, or 4
 5 hours or more, or 5
 None {you do/SP does} not watch TV or
 videos or use a computer outside of work?. 6
 REFUSED 7
 DON'T KNOW..... 9

PAQ.482 Over the **past 30 days**, on a typical day how much time altogether did {you/SP} spend on a typical day using a computer **outside of work**? Would you say . . .

less than 1 hour, 0
 1 hour, 1
 2 hours, 2
 3 hours, 3
 4 hours, or 4
 5 hours or more, or 5
 None {you do/SP does} not watch TV or
 videos or use a computer outside of work?. 6
 REFUSED 7
 DON'T KNOW..... 9

PAQ.500 How does the amount of activity that you reported {for SP} for the **past 30 days** compare with {your/his/her} physical activity for the **past 12 months**? Over the **past 30 days**, {were you/was he/she}. . .

- more active, 1
- less active, or..... 2
- about the same? 3
- REFUSED 7
- DON'T KNOW..... 9

PAQ.520 Compared with most {men/women} {your/SP's} age, would you say that {you are/s/he is} . . .

- more active, 1
- less active, or..... 2
- about the same? 3
- REFUSED 7
- DON'T KNOW..... 9

DIET BEHAVIOR and NUTRITION - DBQ

DBQ.090 Now I have some questions about the **kinds** of food {you eat/SP eats}.

On average, how many times **per week** {do you/does SP} eat meals that were prepared in a restaurant? Please include eat-in restaurants, carry out restaurants and restaurants that deliver food to your house.

'MEALS' MEAN MORE THAN A BEVERAGE OR SNACK FOOD LIKE CANDY BARS OR BAG OF CHIPS

- | | | |
|------------------------|-----------------------------|---|
| _ _ | ENTER NUMBER OF TIMES | 1 |
| NEVER | | 2 |
| LESS THAN WEEKLY | | 3 |
| REFUSED | | 7 |
| DON'T KNOW | | 9 |

DBQ.102 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat dark green vegetables, such as the food listed on this card?

HAND CARD DBQ1

- | | | |
|------------------|-----------------------------|---|
| _ _ _ | ENTER NUMBER OF TIMES | 1 |
| NEVER | | 2 |
| REFUSED | | 7 |
| DON'T KNOW | | 9 |
| ENTER UNIT | | |
| DAY | | 1 |
| WEEK | | 2 |
| MONTH | | 3 |
| YEAR..... | | 4 |

DBQ.106 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat other types of vegetables (than dark green vegetables), such as those listed on this card?

HAND CARD DBQ6

_ _ _	
ENTER NUMBER OF TIMES	1
NEVER	2
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
DAY	1
WEEK	2
MONTH	3
YEAR.....	4

DBQ.107 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat fresh fruits, such as those listed on this card?

HAND CARD DBQ7

_ _ _	
ENTER NUMBER OF TIMES	1
NEVER	2
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
DAY	1
WEEK	2
MONTH	3
YEAR.....	4

DBQ.108 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat fruits or vegetables labeled 'organic', 'chemical free', or 'pesticide-free'?

_ _ _	ENTER NUMBER OF TIMES	1
NEVER		2
REFUSED		7
DON'T KNOW		9
ENTER UNIT		
DAY		1
WEEK		2
MONTH		3
YEAR.....		4

DBQ.110 {Do you/Does SP} **ever** eat poultry such as chicken and turkey? Please include foods that are made with poultry such as soups, sandwiches, stews and salads.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.130 {Do you/Does SP} **ever** eat meat such as beef, pork, lamb and veal? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.135 During the **past 30 days**, how many times did {you/SP} eat any type of fish or shellfish? Include any foods that had fish or shellfish in them such as sandwiches, soups, or salads?

_ _ _	ENTER NUMBER OF TIMES	1
NEVER		2
REFUSED		7
DON'T KNOW		9

HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ

HUQ.010 First I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

- excellent, 1
- very good,..... 2
- good,..... 3
- fair, or 4
- poor? 5
- REFUSED 7
- DON'T KNOW..... 9

HUQ.030 Is there a place that {you/SP} **usually** {go/goes} when {you are/he/she is} sick or {you/s/he} need{s} advice about {your/his/her} health?

- YES 1
- THERE IS **NO** PLACE 2 (HUQ.051)
- THERE IS **MORE THAN ONE** PLACE 3
- REFUSED 7 (HUQ.051)
- DON'T KNOW..... 9 (HUQ.051)

HUQ.040 What kind of place {do you/does SP} go to most often: is it a clinic, doctor's office, emergency room, or some other place?

- CLINIC OR HEALTH CENTER..... 1
- DOCTOR'S OFFICE OR HMO 2
- HOSPITAL EMERGENCY ROOM..... 3
- HOSPITAL OUTPATIENT DEPARTMENT.... 4
- SOME OTHER PLACE..... 5
- REFUSED 7
- DON'T KNOW..... 9

HUQ.051 During the **past 12 months**, how many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic, hospital emergency room, at home or some other place? **Do not include** times {you were/s/he was} hospitalized overnight.

- NONE 0 (HUQ.060)
- 1..... 1
- 2 TO 3..... 2
- 4 TO 9..... 3
- 10 TO 12..... 4
- 13 OR MORE 5
- REFUSED 7
- DON'T KNOW..... 9

HUQ.055 How many of these visits were for routine checkups? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- | | |
|-------------------|---|
| _ _ _ _ | |
| ENTER NUMBER..... | 1 |
| NONE | 2 |
| REFUSED | 7 |
| DON'T KNOW..... | 9 |

CHECK ITEM HUQ.057:
GO TO HUQ.090.

HUQ.060 About how long has it been since {you/SP} **last** saw or talked to a doctor or other health care professional about {your/his/her} health? **Include** doctors seen while {you were} {he/she was} a patient in a hospital. Has it been . . .

- | | |
|---|---|
| 6 months or less, | 1 |
| more than 6 months, but not more than
1 year ago,..... | 2 |
| more than 1 year, but not more than
3 years ago,..... | 3 |
| more than 3 years, or..... | 4 |
| never?..... | 5 |
| REFUSED | 7 |
| DON'T KNOW..... | 9 |

HUQ.090 During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?

- | | |
|-----------------|---|
| YES | 1 |
| NO | 2 |
| REFUSED | 7 |
| DON'T KNOW..... | 9 |

HUQ.095 During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} taken any **prescription medication** that was prescribed to you to treat a mental or emotional condition? Please look at this card that has examples of some commonly prescribed medications to help you remember. If your medication is not on this list, we still want to know about it.

SHOW HANDCARD HUQ1

YES	1
NO	2 (END OF SECTION)
REFUSED	7 (END OF SECTION)
DON'T KNOW.....	9 (END OF SECTION)

HUQ.097 What are the names of the medications that have been prescribed for you to treat a mental or emotional condition? Please look at this card that has examples of some commonly prescribed medications to help you remember. If your medication is not on this list, we still want to know about it.

SHOW HANDCARD HUQ1

USE POPUP LIST TO SELECT MEDICATION.

IF REPORTED MEDICATION NOT LISTED, SELECT '*** MEDICATION NOT ON LIST ***' AND SPECIFY NAME OF OTHER MEDICATION(S).

MEDICATION 1 _____

IF NO MORE MEDICATIONS REPORTED, SELECT '***NO MORE MEDICATIONS REPORTED***' AND GO TO END OF SECTION.

MEDICATION 2 _____

MEDICATION 3 _____

IF MEDICATION NOT ON PICKLIST, SPECIFY: _____

REFUSED	7777
DON'T KNOW	9999

DIABETES - DIQ

DIQ.010 The next questions are about specific medical conditions.

{Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} **ever** been told by a doctor or health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP IS FEMALE , DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".

- YES 1
- NO 2 (END OF SECTION)
- BORDERLINE 3 (DIQ.050)
- REFUSED 7 (DIQ.050)
- DON'T KNOW..... 9 (DIQ.050)

DIQ.040 How old {was SP/were you} when a doctor or other health professional **first** told {you/him/her} that {you/he/she} had diabetes or sugar diabetes?

- |_|_|
ENTER AGE IN YEARS 1
- LESS THAN 1 YEAR 2
- REFUSED 7
- DON'T KNOW..... 9

DIQ.050 {Is SP/Are you} **now** taking insulin?

- YES 1
- NO 2 (DIQ.065)
- REFUSED 7 (DIQ.065)
- DON'T KNOW..... 9 (DIQ.065)

DIQ.060 For how long {have you/has SP} been taking insulin?

- |_|_|_|
ENTER NUMBER 1
- LESS THAN 1 MONTH..... 2
- REFUSED 7
- DON'T KNOW..... 9
- ENTER UNIT
- MONTHS 1
- YEARS 2

CHECK ITEM DIQ.065:
 IF 'YES' (CODE 1) IN DIQ.010, CONTINUE.
 OTHERWISE, GO TODIQ.090.

DIQ.070 {Is SP/Are you} **now** taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

DIQ.080 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

DIQ.082 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} kidneys or that {you/s/he} had **renal** or **kidney disease**?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

DIQ.090 {Have you/Has SP} **ever** had an ulcer or sore on {your/his/her} leg or foot that took more than **4 weeks** to heal?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

DIQ.100 During the **past 3 months**, {have you/has SP} had numbness or loss of feeling in {your/his/her} hands or feet, other than from {your/his/her} hands or feet falling asleep?

- YES 1
- NO 2 (DIQ.120)
- REFUSED 7 (DIQ.120)
- DON'T KNOW..... 9 (DIQ.120)

DIQ.110 Has the numbness or loss of feeling been in {your/his/her} hands, feet, or both?

- HANDS 1
- FEET 2
- BOTH..... 3
- REFUSED 7
- DON'T KNOW..... 9

DIQ.120 During the **past 3 months**, {have you/has SP} had a painful sensation or tingling in {your/his/her} hands or feet? Do not include normal foot aches from standing or walking for long periods.

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

DIQ.130 Has the painful sensation or tingling been in {your/his/her} hands, feet, or both?

- HANDS 1
- FEET 2
- BOTH..... 3
- REFUSED 7
- DON'T KNOW..... 9

IMMUNIZATION - IMQ

IMQ.010 {Have you/Has SP} **ever** received the hepatitis A vaccine series? This is a two dose vaccine that is given to people who travel outside the United States. It has only been available since 1995.

CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT

YES AT LEAST 2 DOSES	1
LESS THAN 2 DOSES	2
NO DOSES.....	3
REFUSED	7
DON'T KNOW.....	9

IMQ.020 {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine? This vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine.

CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT

YES ALL 3 DOSES.....	1
LESS THAN 3 DOSES	2
NO DOSES.....	3
REFUSED	7
DON'T KNOW.....	9

IMQ.030 {Have you/Has SP} **ever** had a pneumonia vaccination? This shot is usually given only once in a person's lifetime and is different from a flu shot.

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

IMQ.040 During the past 12 months, {have you/has SP} had a flu shot?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

MEDICAL CONDITIONS - MCQ

MCQ.010 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} asthma?

- YES 1
- NO 2 (MCQ.092)
- REFUSED 7 (MCQ.092)
- DON'T KNOW..... 9 (MCQ.092)

MCQ.021 How old {were you/was SP} when {you were/s/he was} **first** told {he/she} had asthma?

|_|_|_|
ENTER AGE IN YEARS

- REFUSED 777
- DON'T KNOW..... 999

MCQ.035 {Do you/Does SP} still have asthma?

- YES 1
- NO 2 (MCQ.092)
- REFUSED 7 (MCQ.092)
- DON'T KNOW..... 9 (MCQ.092)

MCQ.040 During the **past 12 months**, {have you/has SP} had an episode of asthma or an asthma attack?

- YES 1
- NO 2 (MCQ.092)
- REFUSED 7 (MCQ.092)
- DON'T KNOW..... 9 (MCQ.092)

MCQ.050 [During the **past 12 months**], {have you/has SP} had to visit an emergency room or urgent care center because of asthma?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

MCQ.092 {Have you/Has SP} **ever** received a blood transfusion?

- YES 1
- NO 2 (MCQ.160a)
- REFUSED 7 (MCQ.160a)
- DON'T KNOW..... 9 (MCQ.160a)

MCQ.093 In what year did {you/SP} receive {your/his/her} **first** transfusion?

|_|_|_|
ENTER 4-DIGIT YEAR

- REFUSED 7777
- DON'T KNOW..... 9999

<p>MCQ.160</p> <p>Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.</p>	<p>MCQ.180</p> <p>How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .</p>
<p>a. had arthritis?</p> <p>YES→..... 1</p> <p>NO 2 (b)</p> <p>REFUSED..... 7 (b)</p> <p>DON'T KNOW..... 9 (b)</p>	<p>had arthritis?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>b. had congestive heart failure?</p> <p>YES→..... 1</p> <p>NO 2 (c)</p> <p>REFUSED..... 7 (c)</p> <p>DON'T KNOW..... 9 (c)</p>	<p>had congestive heart failure?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>c. had coronary heart disease?</p> <p>YES→..... 1</p> <p>NO 2 (d)</p> <p>REFUSED..... 7 (d)</p> <p>DON'T KNOW..... 9 (d)</p>	<p>had coronary heart disease?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>d. had angina, also called angina pectoris?</p> <p>YES..... 1</p> <p>NO →..... 2 (e)</p> <p>REFUSED..... 7 (e)</p> <p>DON'T KNOW..... 9 (e)</p>	<p>had angina, also called agina pectoris?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>e. had a heart attack (also called myocardial infarction)?</p> <p>YES→..... 1</p> <p>NO 2 (f)</p> <p>REFUSED..... 7 (f)</p> <p>DON'T KNOW..... 9 (f)</p>	<p>had a heart attack (also called myocardial infarction)?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>f. had a stroke?</p> <p>YES→..... 1</p> <p>NO 2 (g)</p> <p>REFUSED..... 7 (g)</p> <p>DON'T KNOW..... 9 (g)</p>	<p>had a stroke?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>g. had emphysema?</p> <p>YES→..... 1</p> <p>NO 2 (MCQ.161h)</p> <p>REFUSED..... 7 (MCQ.161h)</p> <p>DON'T KNOW..... 9 (MCQ.161h)</p>	<p>had emphysema?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>

<p>MCQ.161</p> <p>Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .</p> <p>CAPI INSTRUCTION:</p>	<p>MCQ.181</p> <p>How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .</p>
--	---

TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.	
<p>h. had osteoporosis?</p> <p>YES→..... 1</p> <p>NO 2 MCQ.161i</p> <p>REFUSED..... 7 MCQ.161i</p> <p>DON'T KNOW..... 9 MCQ.161i</p>	<p>had osteoporosis?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>
<p>i. had depressed?</p> <p>YES→..... 1</p> <p>NO 2 MCQ.160j</p> <p>REFUSED..... 7 MCQ.160j</p> <p>DON'T KNOW..... 9 MCQ.160j</p>	<p>were depressed?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 777</p> <p>DON'T KNOW..... 999</p>

<p>MCQ.160</p> <p>Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.</p>
<p>j. were overweight?</p> <p>YES..... 1</p> <p>NO 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>

MCQ.200 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had an ulcer; this could be a stomach, duodenal or peptic ulcer?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

MCQ.220 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy of any kind?

- YES 1
- NO 2 (MCQ.245)
- REFUSED 7 (MCQ.245)
- DON'T KNOW..... 9 (MCQ.245)

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

CAPI INSTRUCTIONS:
 ALLOW UP TO 3 ENTRIES.
 ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

() () () ()

BLADDER 10	LEUKEMIA21	SKIN (NON-MELANOMA) 32
BLOOD 11	LIVER22	SKIN (DON'T KNOW WHAT KIND).....33
BONE 12	LUNG23	SOFT TISSUE (MUSCLE OR FAT).....34
BRAIN 13	LYMPHOMA/HODGKINS' DISEASE ...24	STOMACH35
BREAST..... 14	MELANOMA25	TESTIS (TESTICULAR)36
CERVIX (CERVICAL) 15	MOUTH/TONGUE/LIP26	THYROID.....37
COLON 16	NERVOUS SYSTEM.....27	UTERUS (UTERINE)38
ESOPHAGUS (ESOPHAGEAL) 17	OVARY (OVARIAN)28	OTHER39
GALLBLADDER 18	PANCREAS (PANCREATIC)29	MORE THAN 3 KINDS66
KIDNEY..... 19	PROSTATE30	REFUSED77
LARYNX/WINDPIPE 20	RECTUM (RECTAL)31	DON'T KNOW99

LOOP 1

ASK MCQ.240 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99)
 ENTERED IN MCQ.230.

MCQ.240 How old {were you/was SP} when {TYPE OF CANCER/cancer} was **first** diagnosed?

CAPI INSTRUCTIONS:

DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230.

DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.

|_|_|_|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW..... 999

END LOOP 1

ASK MCQ.240 FOR NEXT TYPE OF CANCER (CODES 10-39 AND CODE 99)
ENTERED IN MCQ.230.
IF NO NEXT TYPE, CONTINUE WITH MCQ.245.

MCQ.245 During the **past 12 months**, that is since {CURRENT_MONTH} of last year, about how many days did {you/SP} miss work at a job or business because of an illness or injury {do not include maternity leave}?

CAPI INSTRUCTION:

DISPLAY "DO NOT INCLUDE MATERNITY LEAVE" ONLY IF SP IS FEMALE.

|_|_|_|
ENTER NUMBER OF DAYS

DOES NOT WORK..... 666
REFUSED 777
DON'T KNOW..... 999

<p style="text-align: center;">MCQ.400-MCQ.460</p> <p>Including living and deceased, were any of {SP's/ your} biological that is, blood relatives including grandparents, parents, brothers, sisters ever told by a health professional that they had . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, "[]S, AFTER FIRST TIME.</p>	<p style="text-align: center;">MCQ.401-MCQ.461</p> <p style="text-align: center;">Which biological [blood] family member?</p> <p style="text-align: center;">CODE ALL THAT APPLY</p>
<p>MCQ.400</p> <p>a. diabetes?</p> <p>YES 1 →</p> <p>NO..... 2 MCQ.410</p> <p>REFUSED 7 MCQ.410</p> <p>DON'T KNOW 9 MCQ.410</p>	<p>MCQ.401</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER..... 6</p> <p>BROTHER 7</p> <p>SISTER..... 8</p> <p>OTHER 9</p> <p>REFUSED77</p> <p>DON'T KNOW99</p>
<p>MCQ.410</p> <p>b. Alzheimer's disease?</p> <p>YES 1 →</p> <p>NO..... 2 MCQ.420</p> <p>REFUSED 7 MCQ.420</p> <p>DON'T KNOW 9 MCQ.420</p>	<p>MCQ.411</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER..... 6</p> <p>BROTHER 7</p> <p>SISTER..... 8</p> <p>OTHER 9</p> <p>REFUSED77</p> <p>DON'T KNOW99</p>
<p>MCQ.420</p> <p>c. asthma?</p> <p>YES 1 →</p> <p>NO..... 2 MCQ.430</p> <p>REFUSED 7 MCQ.430</p> <p>DON'T KNOW 9 MCQ.430</p>	<p>MCQ.421</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER..... 6</p> <p>BROTHER 7</p> <p>SISTER..... 8</p> <p>OTHER 9</p> <p>REFUSED77</p> <p>DON'T KNOW99</p>

<p>MCQ.430</p> <p>d. arthritis?</p> <p>YES 1 →</p> <p>NO 2 MCQ.440</p> <p>REFUSED 7 MCQ.440</p> <p>DON'T KNOW 9 MCQ.440</p>	<p>MCQ.431</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER 7</p> <p>SISTER 8</p> <p>OTHER 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>MCQ.440</p> <p>e. osteoporosis or brittle bones?</p> <p>YES 1 →</p> <p>NO 2 MCQ.450</p> <p>REFUSED 7 MCQ.450</p> <p>DON'T KNOW 9 MCQ.450</p>	<p>MCQ.441</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER 7</p> <p>SISTER 8</p> <p>OTHER 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>MCQ.450</p> <p>f. high blood pressure or stroke before the age of 50?</p> <p>YES 1 →</p> <p>NO 2 MCQ.460</p> <p>REFUSED 7 MCQ.460 DON'T KNOW</p> <p>..... 9 MCQ.460</p>	<p>MCQ.451</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER 7</p> <p>SISTER 8</p> <p>OTHER 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>MCQ.460</p> <p>g. heart attack or angina before the age of 50?</p> <p>YES 1 →</p> <p>NO 2 MCQ.465</p> <p>REFUSED 7 MCQ.465</p> <p>DON'T KNOW 9 MCQ.465</p>	<p>MCQ.461</p> <p>MOTHER 1</p> <p>FATHER 2</p> <p>MOTHER'S MOTHER 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER 7</p> <p>SISTER 8</p> <p>OTHER 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>

<p>CHECK ITEM MCQ.465: IF SP IS AGED 20-49 YEARS, GO TO END OF SECTION. OTHERWISE, CONTINUE.</p>

MCQ.470 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. {Have you/Has SP} ever had either of these exams?

- YES 1
- NO 2 (MCQ.510)
- REFUSED 7 (MCQ.510)
- DON'T KNOW..... 9 (MCQ.510)

MCQ.480 Which examinations did {you/SP} have performed?

- COLONOSCOPY..... 1
- SIGMOIDOSCOPY..... 2 (MCQ.500)
- BOTH COLONOSCOPY AND SIGMOIDOSCOPY
..... 3
- REFUSED 7 (MCQ.510)
- DON'T KNOW..... 9 (MCQ.510)

MCQ.490 About how long has it been since {you/SP} **last** had a colonoscopy? Was it...

- up to 1 year ago,..... 1
- more than 1 year to 5 years ago, 2
- more than 5 years to 10 years ago, or 3
- more than 10 years ago? 4
- REFUSED 7
- DON'T KNOW..... 9

<p>CHECK ITEM MCQ.495: IF MCQ.480 = 'COLONOSCOPY', (CODE 1), GO TO MCQ.510. OTHERWISE, CONTINUE.</p>

MCQ.500 About how long has it been since {you/SP} **last** had a sigmoidoscopy? Was it...

- up to 1 year ago,..... 1
- more than 1 year to 5 years ago, 2
- more than 5 years to 10 years ago, or 3
- more than 10 years ago? 4
- REFUSED 7
- DON'T KNOW..... 9

MCQ.510 A test for blood in your stool is where you have a bowel movement and use a stick to smear a small sample of it on a special card. {Have you/Has SP} ever had a blood stool test?

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

MCQ.520 About how long has it been since (you/SP) **last** had a blood stool test? Was it...

- up to 1 year ago,..... 1
- more than 1 year to 2 years ago, 2
- more than 2 years to 5 years ago, or 3
- more than 5 years ago? 4
- REFUSED 7
- DON'T KNOW..... 9

HEALTH INSURANCE - HIQ

HIQ.012 The next questions are about health insurance.

{Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

- YES 1
- NO 2 (HIQ.220)
- REFUSED 7 (HIQ.220)
- DON'T KNOW..... 9 (HIQ.220)

HIQ.030 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/he/she has} more than one kind of health insurance, just tell me about the **first** kind.

HAND CARD HIQ1

- PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR
WORKPLACE..... 1
- PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY 2
- PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR
LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM.. 3
- MEDICARE..... 4
- MEDI-GAP..... 5
- MEDICAID ({DISPLAY STATE PLAN NAME}) 6
- CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)..... 7
- MILITARY HEALTH CARE/VA 8
- CHAMPUS/TRICARE/CHAMP-VA 9
- INDIAN HEALTH SERVICE..... 10
- STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE
PLAN NAME})..... 11
- OTHER GOVERNMENT PROGRAM..... 12
- SINGLE SERVICE PLAN (E.G., DENTAL, VISION,
PRESCRIPTIONS) 13 (HIQ.190)
- REFUSED 77 (HIQ.217)
- DON'T KNOW..... 99 (HIQ.217)

HIQ.040 Does the insurance {you have/SP has} through {TYPE OF INSURANCE} cover any part of dental care?

CAPI INSTRUCTION:
DISPLAY PLAN TYPE LISTED IN HIQ030 IN {TYPE OF INSURANCE} FOR DISPLAY OF HIQ040.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

HIQ.190 {Do you/Does SP} have another type of health insurance or health care coverage?

YES	1
NO	2 (HIQ.210)
REFUSED	7 (HIQ.210)
DON'T KNOW.....	9 (HIQ.210)

HIQ.200 What other type of insurance {do you/does SP} have?

HAND CARD HIQ1

PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE.....	1
PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY.....	2
PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM..	3
MEDICARE.....	4
MEDI-GAP.....	5
MEDICAID ({DISPLAY STATE PLAN NAME})	6
CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM).....	7
MILITARY HEALTH CARE/VA	8
CHAMPUS/TRICARE/CHAMP-VA	9
INDIAN HEALTH SERVICE.....	10
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}).....	11
OTHER GOVERNMENT PROGRAM.....	12
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)	13
REFUSED	77 (HIQ.217)
DON'T KNOW.....	99 (HIQ.217)

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

<p>CHECK ITEM HIQ.217: IF HIQ.012 = 1 THEN GO TO END OF SECTION.</p>

HIQ.220 About how long has it been since {you/SP} **last** had health care coverage?

HAND CARD HIQ2

6 MONTHS OR LESS.....	1
MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO	2
MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO.....	3
MORE THAN 3 YEARS	4
NEVER	5
REFUSED	7
DON'T KNOW.....	9

HIQ.230 Which of these are reasons {you/SP} stopped being covered by or {do/does} not have health insurance?

HAND CARD HIQ3

CODE ALL THAT APPLY

PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS	10
GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT	11
BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL.....	12
EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE.....	13
COST IS TOO HIGH.....	14
INSURANCE COMPANY REFUSED COVERAGE	15
MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY	16
LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME	17
LOST MEDICAID (OTHER).....	18
OTHER (SPECIFY) _____	19
REFUSED	77
DON'T KNOW.....	99

WEIGHT HISTORY - WHQ

WHQ.010 These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life.

How tall {are you/is SP} without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

|_|_|
ENTER NUMBER OF FEET

AND

|_|_|
ENTER NUMBER OF INCHES 1

OR

|_|_|
ENTER NUMBER OF METERS

AND

|_|_|_|
ENTER NUMBER OF CENTIMETERS 2

OR

REFUSED 7
DON'T KNOW 9

WHQ.025 How much {do you/does SP} weigh without clothes or shoes? {If {you are/she is} currently pregnant, how much did {you/she} weigh **before** {your/her} pregnancy?}

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE {If {you are/she is} currently pregnant . . .} **ONLY** IF SP IS FEMALE
AND AGE IS 20 THROUGH 59.

|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS..... 2

OR

REFUSED 7
DON'T KNOW 9

WHQ.030 {Do you/Does SP} consider {your/his/her}self now to be . . .

- overweight, 1
- underweight, or 2
- about the right weight? 3
- REFUSED 7
- DON'T KNOW 9

WHQ.052 How much did {you/SP} weigh **a year ago**? {If {you were/she was} pregnant a year ago, how much did {you/she} weigh **before** {your/her} pregnancy?}

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {If {you were/she was} pregnant . . .} **ONLY** IF SP IS FEMALE **AND** SP AGE IS 20 THROUGH 59.

|_|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|_|
ENTER NUMBER OF KILOGRAMS..... 2

OR

REFUSED 7
DON'T KNOW 9

WHQ.070 During the **past 12 months**, {have you/has SP} tried to lose weight?

- YES 1
- NO 2 (WHQ.147)
- REFUSED 7 (WHQ.147)
- DON'T KNOW 9 (WHQ.147)

WHQ.087 How did {you/SP} try to lose weight?

HAND CARD WHQ1
CODE ALL THAT APPLY

- ATE LESS FOOD (AMOUNT) 10
- SWITCHED TO FOODS WITH LOWER
CALORIES 11
- ATE LESS FAT 12
- EXERCISED 13
- SKIPPED MEALS 14
- ATE "DIET" FOODS OR PRODUCTS 15
- USED A LIQUID DIET FORMULA SUCH
AS SLIMFAST OR OPTIFAST 16
- JOINED A WEIGHT LOSS PROGRAM
SUCH AS WEIGHT WATCHERS, JENNY
CRAIG, TOPS, OR OVEREATERS
ANONYMOUS 17
- FOLLOWED A SPECIAL DIET SUCH AS
DR. ATKINS, OTHER HIGH PROTEIN OR
LOW CARBOHYDRATE DIET, ZONE,
GRAPEFRUIT, PRITIKIN (SPECIFY) 30
- TOOK DIET PILLS PRESCRIBED BY A
DOCTOR 31
- TOOK OTHER PILLS, MEDICINES, HERBS,
OR SUPPLEMENTS NOT NEEDING A
PRESCRIPTION 32
- TOOK LAXATIVES OR VOMITED 33
- DRANK A LOT OF WATER 34
- OTHER 40
- REFUSED 77
- DON'T KNOW 99

WHQ.147 What is the most {you have/SP has} **ever** weighed? {Do not include any times when {you were/she was} pregnant.}

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS..... 2

OR

REFUSED 7 (WHQ.160)

DON'T KNOW 9 (WHQ.160)

WHQ.150 How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

|_|_|_|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW..... 999

WHQ.160 What is the least {you have/SP has} **ever** weighed since {you were/s/he was} 18? {Do not include any times when {you were/she was} pregnant.}

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS..... 2

OR

REFUSED 7 (END OF SECTION)
DON'T KNOW 9 (END OF SECTION)

WHQ.170 How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

|_|_|_|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW..... 999

PHYSICAL FUNCTIONING - PFQ

The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

PFQ.048a Does a physical problem **now** keep {you/SP} from working at a job or business?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

PFQ.048b Does a mental or emotional problem **now** keep {you/SP} from working at a job or business?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM PFQ.049:
If SP prevented from working at a job or business (PFQ.048a = 1 or PFQ.048b = 1) then CONTINUE. OTHERWISE, GO TO PFQ.056.

PFQ.050 {Are you/Is SP} limited in the kind **or** amount of work {you/s/he} can do because of a physical, mental or emotional problem?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

PFQ.055 Because of a health problem, {do you/does SP} have difficulty walking **without** using any **special equipment**?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

PFQ.056 {Are you/Is SP} **limited in any way** because of difficulty remembering or because {you/s/he} experience{s} periods of confusion?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM PFQ.058:

IF 'YES' (CODE 1) IN PFQ.048, PFQ.050, PFQ.055, OR PFQ.056, GO TO END OF SECTION. OTHERWISE, CONTINUE.

PFQ.059 {Are you/Is SP} **limited in any way** in any activity because of a physical, mental or emotional problem?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

SOCIAL SUPPORT - SSQ

SSQ.010 Now I would like to ask a few questions about {your/SP's} friends and family.

Can {you/SP} count on anyone to provide {you/him/her} with **emotional** support such as talking over problems or helping {you/him/her} make a difficult decision?

- YES 1
- NO 2 (SSQ.050)
- SP DOESN'T NEED HELP 3 (SSQ.050)
- REFUSED 7 (SSQ.050)
- DON'T KNOW..... 9 (SSQ.050)

SSQ.030 [In the **last 12 months**], could {you/SP} have used more **emotional** support than {you/s/he} received?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

SSQ.050 If {you/SP} need{s} some extra help financially, could {you/s/he} count on anyone to help {you/him/her}; for example, by paying any bills, housing costs, hospital visits, or providing {you/him/her} with food or clothes?

- YES 1
- NO 2
- OFFERED HELP BUT WOULDN'T
ACCEPT IT 3
- REFUSED 7
- DON'T KNOW..... 9

SSQ.060 In general, how many close friends {do you/does SP} have?

PROBE: By "close friends" I mean relatives or non-relatives that {you s/he} feel{s} at ease with, can talk to about private matters, and can call on for help.

- |_|_|_|
ENTER NUMBER OF CLOSE FRIENDS
- REFUSED 77
 - DON'T KNOW..... 99

ALCOHOL USE - ALQ

ALQ.101 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 alcoholic beverage.

In **any one year**, {have you/has SP} 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 half ounces of liquor.

- YES 1 (ALQ.120)
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

ALQ.110 In {your/SP's} **entire life**, {have you/has he/has she} had at least 12 drinks of any type of alcoholic beverage?

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

ALQ.120 In the **past 12 months**, how often did {you/SP} drink any type of alcoholic beverage?

PROBE: How many days per week, per month, or per year did {you/SP} drink?

|_|_|_|_|
ENTER QUANTITY

- NEVER 2
- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- WEEK 1
- MONTH 2
- YEAR 3
- REFUSED 7
- DON'T KNOW..... 9

CHECK ITEM ALQ.125:
IF SP DIDN'T DRINK (CODED '2') IN ALQ.120, GO TO ALQ.150.
OTHERWISE, CONTINUE WITH ALQ.130.

ALQ.130 In the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on the average, how many drinks did {you/he/she} have?

IF LESS THAN 1 DRINK, ENTER '1'.
IF 95 DRINKS OR MORE, ENTER '95'.

|_|_|_|
ENTER NUMBER OF DRINKS

REFUSED 777
DON'T KNOW..... 999

ALQ.140 In the **past 12 months**, on how many **days** did {you/SP} have 5 or more drinks of any alcoholic beverage?

PROBE: How many days per week, per month, or per year did {you/SP} have 5 or more drinks in a single day?

ENTER '0' FOR NONE.

|_|_|_|
ENTER QUANTITY

REFUSED 777
DON'T KNOW..... 999

ENTER UNIT

WEEK 1
MONTH 2
YEAR..... 3
REFUSED 7
DON'T KNOW..... 9

ALQ.150 Was there ever a time or times in {your/SP's} life when {you/he/she} **drank 5 or more drinks** of any kind of alcoholic beverage **almost every day**?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

CHECK ITEM ALQ.155:
IF SP DIDN'T DRINK (CODED '2') IN ALQ.120, GO TO END OF SECTION.
OTHERWISE, CONTINUE WITH ALQ.240.

ALQ.240 The next questions are about your use of alcoholic beverages during the past 30 days. When answering, think about {your/SP's} use over the **past 30 days**.

How often did {you/SP} drink beer or lite beer?

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

NEVER 2
REFUSED 7
DON'T KNOW 9

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
REFUSED 7
DON'T KNOW 9

ALQ.250 [During the **past 30 days**] how often did {you/SP} drink wine, wine coolers, sangria or champagne?

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

NEVER 2
REFUSED 7
DON'T KNOW 9

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
REFUSED 7
DON'T KNOW 9

ALQ.260 [During the **past 30 days**] how often did {you/SP} drink hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, or liqueurs, either alone or mixed?

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

NEVER 2
REFUSED 7
DON'T KNOW 9

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
REFUSED 7

ALQ.270 [During the **past 30 days**], how many times did {you/SP} have 5 or more alcoholic beverages on one occasion?

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

NEVER 2
REFUSED 7
DON'T KNOW 9

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
REFUSED 7

REPRODUCTIVE HEALTH – RHQ

Target: Females 20+

RHQ.030 {Have you/Has SP} had **regular periods** in the **past 12 months**? (Please do not include bleedings caused by medical conditions, hormone therapies, or surgeries.)

YES 1 (RHQ.130)
NO 2
REFUSED 7 (RHQ.130)
DON'T KNOW..... 9 (RHQ.130)

RHQ.040 What is the reason that {you have/SP has} not had **regular periods** in the past 12 months?

CAPI INSTRUCTION:

IF SP CURRENTLY PREGNANT (CODED '1' IN RHQ.040), MARK AS PREGNANT (CODE '1') IN RHQ.142, AND YES (CODE '1') IN RHQ.130.

PREGNANCY 1
BREAST FEEDING 2
PREGNANT IN PAST YEAR 3
PERIODS USUALLY IRREGULAR 4
GOING/GONE THROUGH MENOPAUSE 5
MEDICAL CONDITIONS/TREATMENTS 6
REFUSED 77
DON'T KNOW..... 99

RHQ.130 The next questions are about {your/SP's} pregnancy history.

{Have you/Has SP} **ever** been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

YES 1
NO 2 (RHQ.420)
REFUSED 7 (RHQ.420)
DON'T KNOW..... 9 (RHQ.420)

<p>CHECK ITEM RHQ.135:</p> <ul style="list-style-type: none"> ■ IF SP CURRENTLY AGED 20-59 YEARS, CONTINUE.. ■ OTHERWISE, GO TO RHQ.160.

RHQ.142 {Are you/Is SP} pregnant **now**?

YES 1
 NO 2 (RHQ.160)
 REFUSED 7 (RHQ.160)
 DON'T KNOW..... 9 (RHQ.160)

RHQ.150 {The next questions are about your pregnancy history.}

Which month of pregnancy {are you/is she} in?

CAPI INSTRUCTION:
 IF CODED '1' IN RHQ.040, DISPLAY BRACKETED TEXT.

|_|_|
 ENTER NUMBER OF MONTHS

REFUSED 77
 DON'T KNOW..... 99

RHQ.160 How many times {have you/has SP} been pregnant? ({Again, be/Be} sure to count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

|_|_|
 ENTER NUMBER OF PREGNANCIES

REFUSED 77
 DON'T KNOW..... 99

<p>CHECK ITEM RHQ.165:</p> <ul style="list-style-type: none"> ■ IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.142, SKIP TO RHQ.420. ■ OTHERWISE CONTINUE WITH RHQ.170.

RHQ.170 How many of {your/her} pregnancies resulted in a live birth?

COUNT THE NUMBER OF TOTAL PREGNANCIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE PREGNANCY.

ENTER NUMBER OF PREGNANCIES

REFUSED 77
DON'T KNOW..... 99

CHECK ITEM RHQ.175:
■ IF SP HAD NO PREGNANCIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.170, GO TO RHQ.420.
■ OTHERWISE, CONTINUE WITH RHQ.210.

RHQ.210 Did {you/SP} breast feed {your/her} child/any of {your/her} children?

CAPI INSTRUCTION:
IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.170, DISPLAY {YOUR CHILD}.
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY {ANY OF YOUR CHILDREN}.

YES 1
NO 2 (RHQ.420)
REFUSED 7 (RHQ.420)
DON'T KNOW..... 9 (RHQ.420)

CHECK ITEM RHQ.215:
■ IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.170, CONTINUE WITH RHQ.220.
■ OTHERWISE, GO TO RHQ.230.

RHQ.220 Did {you/SP} breast feed {your/her} child for **at least 1 month**?

YES 1 (RHQ.420)
NO 2 (RHQ.420)
REFUSED 7 (RHQ.420)
DON'T KNOW..... 9 (RHQ.420)

RHQ.230 How many of {your/SP's} children did {you/she} breast feed for **at least 1 month**?

|_|_|
ENTER NUMBER OF CHILDREN

REFUSED 77
DON'T KNOW..... 99

RHQ.420 Now I am going to ask you about {your/SP's} birth control history.

{Have you/Has SP} **ever** taken birth control pills for any reason?

YES 1
NO 2 (END OF SECTION)
REFUSED 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

RHQ.430 How old {were you/was SP} when {you/she} began using birth control pills?

|_|_|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

CHECK ITEM RHQ.435:
■ IF SP IS PREGNANT (CODED '1') IN RHQ.142 GO TO RHQ.450 OTHERWISE, CONTINUE.
■ OTHERWISE, CONTINUE.

RHQ.440 {Are you/Is SP} taking birth control pills **now**?

YES 1 (RHQ.460)
NO 2
REFUSED 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

RHQ.450 How old {were you/was SP} when {you/she} stopped taking birth control pills?

|_|_|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

RHQ.460 Not counting any time when {you/SP} stopped taking them, for how long **altogether** {have you taken/did you take/has she taken/did she take} birth control pills?

CAPI INSTRUCTION:

IF SP TAKING PILLS NOW (CODED '1') IN RHQ.440, DISPLAY {have you taken/has she taken}.

IF SP NOT TAKING PILLS NOW (CODED '2') IN RHQ.440, DISPLAY {did you take/did she take}.

CODE "1" FOR LESS THAN ONE MONTH.

|_|_|

ENTER NUMBER

REFUSED 7

DON'T KNOW..... 9

ENTER UNIT

MONTHS 1

YEARS 2

PESTICIDE USE - PUQ

PUQ.015 Now I have a few questions about products that {you/SP} use{s} or {your/SP's} family uses in or around {your/SP's} home.

In the **past three months**, were any chemicals used by a **pest control professional** to treat {your/SP's} home to control fleas, roaches, ants, termites, or other insects?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

PUQ.017 In the **past three months**, were any chemicals used by **{you/SP} or someone living in {your/SP's} home** to treat {your/SP's} home to control fleas, roaches, ants, termites, or other insects?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9