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

CAPI INSTRUCTION:
IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE":
IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.

YES ............................................................... 1
NO ................................................................. 2 (MCQ.053)
REFUSED ..................................................... 7 (MCQ.053)
DON'T KNOW ............................................... 9 (MCQ.053)

MCQ.025 How old (were you/was SP) when (you were/s/he was) first told (he/she) had asthma?

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE".
IF SP AGE = 12-15, DISPLAY "WAS (SP)" AND "S/HE WAS".
IF SP AGE < 12, DISPLAY "WAS (SP)" AND "YOU WERE".

ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

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

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

YES ............................................................... 1
NO ................................................................. 2 (MCQ.053)
REFUSED ..................................................... 7 (MCQ.053)
DON'T KNOW ............................................... 9 (MCQ.053)

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.053)
REFUSED ..................................................... 7 (MCQ.053)
DON'T KNOW ............................................... 9 (MCQ.053)
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.053 During the **past 3 months** , {have you/has SP} been on treatment for anemia, sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

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

**BOX 2**

CHECK ITEM MCQ.055:  
IF SP AGE < 2, GO TO END OF SECTION.  
IF SP AGE 2-15, GO TO BOX 3.  
IF SP AGE 16+, CONTINUE.  
OTHERWISE, CONTINUE.

MCQ.080 Has a doctor or other health professional **ever** told {you/SP} that {you were/s/he/SP was} overweight?

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

**BOX 2A**

OMITTED

**BOX 3**

CHECK ITEM MCQ.085:  
IF SP'S AGE >= 6, CONTINUE.  
OTHERWISE, GO TO MCQ.140.

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

- YES ...............................................................  1
- NO .................................................................  2 (MCQ.140)
- REFUSED .....................................................  7 (MCQ.140)
- DON'T KNOW ...............................................  9 (MCQ.140)
MCQ.093 In what year did {you/SP} receive {your/his/her} first transfusion?

ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:
HARD EDIT: 1900-2006

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

MCQ.140 {Do you/Does SP} have trouble seeing, even when wearing glasses or contact lenses, if {you/he/she} wear(s) them?

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

MCQ.149 Have {SP's} periods or menstrual cycles started yet?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
MCQ.150 During the **past 12 months**, that is, since (DISPLAY CURRENT MONTH) of (DISPLAY LAST YEAR), about how many days did (you/SP) miss school because of an illness or injury?

IF NONE, ENTER 0

|___|___|___|
ENTER NUMBER OF DAYS

DID NOT GO TO SCHOOL ........................... 666
REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

**BOX 8**

CHECK ITEM MCQ.155:
IF SP AGE >= 16, GO TO MCQ.245.
OTHERWISE, GO TO END OF SECTION.
<table>
<thead>
<tr>
<th>MCQ.160</th>
<th>Has a doctor or other health professional ever told (you/SP) that (you/s/he) . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>had arthritis?</td>
</tr>
<tr>
<td></td>
<td>YES............ 1 →</td>
</tr>
<tr>
<td></td>
<td>NO............... 2 (b)</td>
</tr>
<tr>
<td></td>
<td>REFUSED........... 7 (b)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..... 9 (b)</td>
</tr>
<tr>
<td>b.</td>
<td>had congestive heart failure?</td>
</tr>
<tr>
<td></td>
<td>YES............ 1 →</td>
</tr>
<tr>
<td></td>
<td>NO............... 2 (c)</td>
</tr>
<tr>
<td></td>
<td>REFUSED........... 7 (c)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..... 9 (c)</td>
</tr>
<tr>
<td>c.</td>
<td>had coronary heart disease?</td>
</tr>
<tr>
<td></td>
<td>YES............ 1 →</td>
</tr>
<tr>
<td></td>
<td>NO............... 2 (d)</td>
</tr>
<tr>
<td></td>
<td>REFUSED........... 7 (d)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..... 9 (d)</td>
</tr>
<tr>
<td>d.</td>
<td>had angina, also called angina pectoris?</td>
</tr>
<tr>
<td></td>
<td>YES............ 1 →</td>
</tr>
<tr>
<td></td>
<td>NO............... 2 (e)</td>
</tr>
<tr>
<td></td>
<td>REFUSED........... 7 (e)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..... 9 (e)</td>
</tr>
<tr>
<td>e.</td>
<td>had a heart attack (also called myocardial infarction)?</td>
</tr>
<tr>
<td></td>
<td>YES............ 1 →</td>
</tr>
<tr>
<td></td>
<td>NO............... 2 (f)</td>
</tr>
<tr>
<td></td>
<td>REFUSED........... 7 (f)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..... 9 (f)</td>
</tr>
<tr>
<td>MCQ.170</td>
<td>(Do you/Does SP) still . . .?</td>
</tr>
<tr>
<td>MCQ.180</td>
<td>How old (were you/was SP) when (you were/s/he was) first told (you/s/he) . . .</td>
</tr>
<tr>
<td>MCQ.190</td>
<td>Which type of arthritis was it?</td>
</tr>
<tr>
<td></td>
<td>had arthritis?</td>
</tr>
<tr>
<td></td>
<td>RHEUMATOID ARTHRITIS .................. 1</td>
</tr>
<tr>
<td></td>
<td>OSTEOARTHRITIS ....................... 2</td>
</tr>
<tr>
<td></td>
<td>OTHER .................................. 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................ 7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 9</td>
</tr>
<tr>
<td></td>
<td>ENTER AGE IN YEARS</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................ 777</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 999</td>
</tr>
<tr>
<td></td>
<td>had congestive heart failure?</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................ 777</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 999</td>
</tr>
<tr>
<td></td>
<td>had coronary heart disease?</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................ 777</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 999</td>
</tr>
<tr>
<td></td>
<td>had angina, also called angina pectoris?</td>
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</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 999</td>
</tr>
<tr>
<td></td>
<td>had a heart attack (also called myocardial infarction)?</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................ 777</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................... 999</td>
</tr>
</tbody>
</table>
### f. had a stroke?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Enter age in years**

- REFUSED: 777
- DON'T KNOW: 999

### g. had emphysema?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Enter age in years**

- REFUSED: 777
- DON'T KNOW: 999

### m. had a thyroid problem?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Enter age in years**

- REFUSED: 777
- DON'T KNOW: 999

### k. had chronic bronchitis?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Enter age in years**

- REFUSED: 777
- DON'T KNOW: 999

### i. had any kind of liver condition?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Enter age in years**

- REFUSED: 777
- DON'T KNOW: 999
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
BLOOD........................................... 11
BONE ............................................. 12
BRAIN ............................................. 13
BREAST ......................................... 14
CERVIX (CERVICAL) ....................... 15
COLON ........................................... 16
ESOPHAGUS (ESOPHAGEAL) ........... 17
GALLBLADDER ................................. 18
KIDNEY .......................................... 19
LARYNX/WINDPIPE ............................ 20
LEUKEMIA........................................ 21
LIVER ............................................. 22
LUNG .............................................. 23
LYMPHOMA/HODGKIN'S DISEASE ....... 24
MELANOMA ....................................... 25
MOUTH/TONGUE/LIP ........................ 26
NERVOUS SYSTEM ............................ 27
OVARY (OVARIAN) ............................ 28
PANCREAS (PANCREATIC) .............. 29
PROSTATE ........................................ 30
RECTUM (RECTAL) ............................ 31
SKIN (NON-MELANOMA).................... 32
SKIN (DON'T KNOW WHAT KIND) ..... 33
SOFT TISSUE (MUSCLE OR FAT) ....... 34
STOMACH ......................................... 35
TESTIS (TESTICULAR) ...................... 36
THYROID ......................................... 37
UTERUS (UTERINE) ......................... 38
OTHER .............................................. 39
MORE THAN 3 KINDS ......................... 66
REFUSED ........................................... 77
DON'T KNOW ................................... 99

BOX 9

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 {DISPLAY 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

MCQ.300

Including living and deceased, **were any of** {SP's/your} close biological [that is, blood relatives including father, mother, sisters or brothers,] **ever told by a health professional that they had** . . .

**CAPI INSTRUCTION:**
TEXT OF QUESTION SHOULD BE OPTIONAL, "[]"'S, AFTER FIRST TIME.

a. **a heart attack or angina before the age of 50?**

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

b. **asthma?**

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

c. **diabetes?**

YES ......................................................... 1
NO ......................................................... 2
REFUSED .................................................. 7
DON'T KNOW ........................................... 9
CHECK ITEM MCQ.252:
IF SP IS MALE AGE >= 40, CONTINUE.
OTHERWISE, GO TO END OF SECTION

MCQ.265
Including living and deceased, were any of (SP's/your) biological that is, blood relatives including grandfathers, fathers, brothers, ever told by a health professional that they had prostate cancer?

YES ............................................................... 1
NO ................................................................. 2 (MCQ.310)
REFUSED ..................................................... 7 (MCQ.310)
DON'T KNOW ............................................... 9 (MCQ.310)

MCQ.268
Which biological [blood] family members?
CODE ALL THAT APPLY.

FATHER................................. 1
MOTHER'S FATHER ................. 2
FATHER'S FATHER .................... 3
BROTHER............................... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

MCQ.310
Have you/Has SP ever had a blood test that (your/his) doctor told (you/him) was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

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

MCQ.320
How old (were you/was SP) when (you/he) first had (your/his) PSA test?

ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999
MCQ.330  How long ago was (your/his) last PSA test?

|___|___|___|
ENTER NUMBER

CAPI INSTRUCTION:
HARD EDITS:  0-366.

ENTER UNIT

DAYS .........................................................  1
WEEKS .........................................................  2
MONTHS .......................................................  3
YEARS ..........................................................  4
REFUSED ..................................................  777
DON'T KNOW ..............................................  999

MCQ.340  How many PSA tests (have you/has SP) had in the last 5 years?

|___|___|
ENTER NUMBER

CAPI INSTRUCTION:
SOFT EDIT:  0-20

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

MCQ.350  Has a doctor or other health care professional ever told (you/SP) that (your/his) PSA test was not normal?

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