



# National Health and Nutrition Examination Survey (NHANES)

## MEC Interviewers Procedures Manual



January 2008

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# 1. OVERVIEW OF THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

This chapter provides a general history and description of the National Health and Nutrition Examination Survey (NHANES), and an overview of the tasks that staff perform during the survey.

## 1.1 History

The National Health Survey Act, passed in 1956, provided the legislation authorizing for a survey to provide current statistical data on the amount, distribution, and effects of illness and disability in the United States. NHANES was created to fulfill the purpose of this act. The NHANES 99 for 2004 was the eighth in a series of national examination studies conducted in the United States since 1960, but effective in 2005, NHANES has become a continuous field survey with year-round data collection.

To fulfill the purposes of this act, it was recognized that data collection would involve at least three sources: (1) direct interviews with Americans of all ages; (2) clinical tests, measurements, and physical examinations on sample persons; and (3) facilities where persons received medical care such as hospitals, clinics, and doctors' offices.

To comply with the 1956 act, the National Center for Health Statistics (NCHS), a branch of the U.S. Public Health Service in the U.S. Department of Health and Human Services, has conducted eight separate examination surveys to collect interview and physical examination data.

The first three of these national health examination surveys were conducted in the 1960s:

1. 1960-62—National Health Examination Survey I (NHES I);
2. 1963-65—National Health Examination Survey II (NHES II); and
3. 1966-70—National Health Examination Survey III (NHES III).

NHES I focused on selected chronic disease of adults aged 18-79. NHES II and NHES III focused on the growth and development of children. The NHES II sample included children aged 6-11,

while NHES III focused on youths aged 12-17. All three surveys had an approximate sample size of 7,500 individuals.

Beginning in 1970 a new emphasis was introduced. The study of nutrition and its relationship to health status gained importance as researchers began to discover links between dietary habits and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutrition Surveillance System was instituted by NCHS. The purpose of this system was to measure the nutritional status of the U.S. population and changes over time. A special task force recommended that a continuing surveillance system include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutrition Surveillance System was combined with the National Health Examination Survey to form the National Health and Nutrition Examination Survey (NHANES). Five surveys of this type have been conducted since 1970:

1. 1971-75—National Health and Nutrition Examination Survey I (NHANES I);
2. 1976-80—National Health and Nutrition Examination Survey II (NHANES II);
3. 1982-84—Hispanic Health and Nutrition Examination Survey (HHANES);
4. 1988-94—National Health and Nutrition Examination Survey (NHANES III); and
5. 1999-05—National Health and Nutrition Examination Survey (NHANES 99).

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1975. This survey was based on a national sample of about 28,000 persons between the ages of 1-74. Extensive data on health and nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

NHANES II began in 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months and 74 years. This survey was completed in 1980. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. This means that in both surveys many of the same measurements were taken in the same way, on the same age segment of the U.S. population.

While the NHANES I and NHANES II studies provided extensive information about the health and nutritional status of the general U.S. population, comparable data were not available for many

of the ethnic groups within the United States. HHANES, conducted from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the United States—Mexican Americans, Cuban Americans, and Puerto Ricans—that were comparable to the estimates available for the general population. HHANES was similar in design to the previous HANES studies, interviewing and examining about 16,000 people in various regions across the country with large Hispanic populations.

NHANES III, conducted between 1988 and 1994, included about 40,000 people selected from households in 81 counties across the United States. As previously mentioned, the health status and characteristics of minority groups can be very different from that of nonminority groups. Thus, black Americans and Mexican Americans were selected in large proportions in NHANES III. Each of these groups comprised separately 30 percent of the sample. It was the first survey to include infants as young as 2 months of age and to include adults with no upper age limit. For the first time a home examination was developed for those persons who were unable or unwilling to come into the examination center but would agree to an abbreviated examination in their homes. To obtain reliable estimates, infants and young children (1-5 years) and older persons (60+ years) were sampled at a higher rate. NHANES III also placed an additional emphasis on the effects of the environment upon health. Data were gathered to measure the levels of pesticide exposure, the presence of certain trace elements in the blood, and the amounts of carbon monoxide present in the blood.

NHANES 99, conducted between 1999 and 2005, was the first of the series of surveys designed with the goal of becoming a continuous, annual survey. Each single year, and any combination of consecutive years of data collection, comprises a nationally representative sample of the U.S. population. This new design allows annual statistical estimates for broad groups and specific race-ethnicity groups as well as flexibility in the content of the questionnaires and exam components. New technologic innovations in computer-assisted interviewing and data processing result in rapid and accurate data collection, data processing, and publication of results.

The number of people examined in a 12-month period is about the same as in previous NHANES—about 5,000 a year from 15 different locations across the Nation. The data from the NHANES are used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

In addition to NHANES I, NHANES II, Hispanic HANES, and NHANES III, several other HANES projects have been underway since 1982. These projects have been a part of the HANES Epidemiological Follow-up Survey, a multiphase project that has been conducting follow-up interviews with the NHANES I survey population in order to provide a longitudinal picture of the health of the U.S. population.

## **1.2 Goals of the Survey**

NHANES 2005, the current version of the survey, was designed to continue the collection of information about the health and diet of people in the United States. These data are used to fulfill specific goals. The overall goals of NHANES 2005 are to:

- Estimate the number and percent of persons in the U.S. population and designated subgroups with selected diseases and risk factors;
- Monitor trends in the prevalence, awareness, treatment, and control of selected diseases;
- Monitor trends in risk behaviors and environmental exposures;
- Analyze risk factors for selected diseases;
- Study the relationship between diet, nutrition, and health;
- Explore emerging public health issues and new technologies; and
- Establish a national probability sample of genetic material for future genetic testing.

## **1.3 NHANES Data Accomplishments**

NHANES data have been used to influence policy and improve the health of the U.S. population in many ways since the survey series was established. For the past 40 years, the U.S. Public Health Service has been interviewing and examining tens of thousands of Americans. Currently, teams of doctors, nutritionists, and health technologists are conducting the National Health and Nutrition Examination Survey (NHANES) in communities across the United States. Information from the survey will be updated annually.

Some of the contributions of the NHANES data include:

- **Pediatric growth charts.** Developed by the National Health and Nutrition Examination Survey, the NHANES growth charts are found on the walls of pediatricians' offices and clinics not only across the United States, but also around the world. With new information on younger babies, the current charts have been expanded and improved.
- **Vitamins and minerals.** The earlier NHANES showed that low iron levels were a serious problem for many people, including women of childbearing age, preschool children, and the elderly. As a result, the government decided to fortify grain and cereal with iron to correct this deficiency. The surveys also showed the need for folate to eliminate another deficiency and prevent birth defects. Today, we have a wealth of information at our fingertips and, indeed, on our food labels to help us make better choices about our diets. Much of that information comes directly from the National Health and Nutrition Examination Survey.
- **Cholesterol levels.** The first survey in the 1960s led public health officials to sound the alarm about the link between high cholesterol levels and the risk of heart disease. When NHANES started testing, one-third of adults had high cholesterol. Today fewer than 1 in 5 adults have high cholesterol. Changes in diet and lifestyle, all built on information from the national survey, have sharply reduced our risk of dying from a heart attack. These strategies have also helped doctors find ways to better treat heart attack patients and speed their recovery.
- **Lead-free gasoline.** It was NHANES that gave the first clear-cut evidence that Americans had too much lead in their blood. This led Congress, the Environmental Protection Agency, and others to phase out the use of lead as an additive in gasoline, and the results have been remarkable. By the 1990s, NHANES found that only 4 percent of Americans had elevated lead in their blood, but it remains a problem for certain groups, especially poor children living in old houses, in cities where lead paint was once common. The survey helps public health agencies pinpoint where lead still remains a problem.

As the NHANES survey continues to collect and update health information, there are other ways in which the information will be of use, including:

- **Osteoporosis.** This condition, in which bones get weaker as people grow old, is blamed for many of the fractures among the elderly. The National Health and Nutrition Examination Survey measures bone density of participants.
- **Environmental smoke.** Recent NHANES data found that nearly 9 out of 10 nonsmoking Americans were exposed to smoke either at home or on the job.
- **Obesity.** Despite the public health gains in recent years, more Americans are overweight than ever before. Today, more than half of the adults in the U.S. are overweight, and the number of overweight children and teens has doubled in the past

decade. This has led public health experts to look for ways to improve both diet and fitness.

- **Changes in Food/Diet.** Today consumers can find a wide range of low fat and light foods in their grocery stores, from dinner entrees to snacks. As the food we eat changes, NHANES helps monitor whether these new foods and dietary changes actually are in the best interest of our health.
- **Immunizations.** The National Health and Nutrition Examination Survey has turned up important information about the extent of hepatitis B infections, and led to the recommendation that all infants and children be vaccinated against it. Though babies and children are the primary targets for immunizations, the survey also has alerted doctors to the importance of tetanus shots for older people.

#### **1.4 National Center for Health Statistics**

The Division of Health and Nutrition Examination Surveys (DHANES) is one of the survey divisions at the CDC's National Center for Health Statistics (NCHS).

DHANES is responsible for planning, operations, informatics, analysis, and reporting activities related to the family of health and nutrition examination surveys. These surveys range from the capstone cross-sectional National Health and Nutrition Examination Survey, to longitudinal studies, and more recent efforts with community-based studies. DHANES is comprised of more than 60 Federal employees who have training and expertise in diverse areas including public health, informatics, survey methodology, and statistics. The Federal staff are augmented by contractor staff working on- and offsite.

The Division consists of four branches and the Office of the Division Director. The DHANES Office of the Director coordinates the major activities in the Division. Each of the four branches consists of a multidisciplinary team with specific duties and responsibilities.

#### **1.5 Sample Selection**

A sample is defined as a representative part of a larger group. Since it is impossible to interview and examine everyone in the United States for NHANES, a representative sample is taken of the U.S. population. By studying a representative sample of the population, it is assumed that the findings would not have been too different had every person in the U.S. been studied. Because generalizations

about the population will be made, it is extremely important that the sample be selected in a way that accurately represents the whole population. Statisticians calculate the size of the sample needed and take into consideration the geographic distribution and demographic characteristics of the population, such as age, gender, race, and income.

An introductory letter is sent to each household in the sample. A few weeks after the letter goes out, interviewers visit each listed household and use carefully designed screening procedures to determine whether any residents are eligible for the survey. If eligible residents are present, the interviewer then proceeds to introduce the study, presents the Sample Person (SP) with a survey brochure, and obtains a signed consent for the household interview. The brochure contains detailed information on the survey, the household interview, and the Mobile Examination Center (MEC) examination.

A signed consent form must be obtained from each eligible individual before the household interview can be conducted. A refusal to sign the consent form is considered a refusal to participate in the survey. After the interview is completed, the interviewer then explains the MEC exam, obtains another signed consent form for the MEC exam, and contacts the field office to schedule a MEC appointment for the SP. All SPs aged 12 years and older must sign the Examination Consent forms to participate in the MEC examination. Parental consent is also required for SPs under 18 years of age. SPs aged 7-11 years old are asked to sign the Examination Assent form. An additional consent form is required for consent to future general research and genetics testing for both adults (ages 18+) and parents of children under 18 years. This consent form gives permission to store a small sample of blood and urine for future specimen testing and to collect a sample for genetics testing. A refusal to sign the MEC consent or assent form is considered a refusal to participate in the examination phase of the survey. Examinations will not be performed on sample persons who do not sign a consent form.

## **1.6 Field Organization for NHANES**

There are two levels of field organization for this study - the home office staff and the field staff.

- **Home Office Staff from Westat** – Project staff from Westat are responsible for overseeing the field teams and field work.

- **Field Office (FO) Staff** – For this survey, an office will be opened at every survey location (stand). Each field office will have a Study Manager (SM), Office Manager (OM), a Field Manager (FM), and one Assistant Office Manager (AOM).
  - The **Study Manager (SM)** is responsible for the overall management of operations at a stand.
  - The **Office Manager (OM)** is responsible for the stand office operations and is the main conduit for the flow of work and information between the MEC and the household interviewing staff. She or he will supervise one or more local office clerks hired to assist with office activities. The OM reports to the SM.
  - The **Field Manager (FM)** has primary responsibility for the supervision of the household interviewers. The FM also assists the SM and supervises the activities of the Assistant Office Managers. She or he will deal with administrative issues, ISIS problems, and preparations for the next stand.
  - The **Assistant Office Managers (AOMs)** are primarily responsible for data entry into the Integrated Survey Information System (ISIS), editing data collection materials, and verification of interviewer work. The AOMs report to the FM and also work closely with the OM.
- **Facilities Specialist (FES)**– One Facilities and Equipment Specialist will travel with each field office team and caravan to oversee the maintenance and operation of the trailers.
- **Household Interviewers** – These staff members are primarily responsible for identifying and enrolling the survey participants, conducting the household interviews, and appointing the study participants for the MEC exam. Specifically, household interviewers will locate occupied residential dwelling units, administer the Screener to select eligible sample persons, obtain signed consents to the household interview, conduct the interviews, set up examination appointments, obtain consents for the MEC exam, conduct field reminders for MEC appointments, and assist in rescheduling broken, cancelled, and no-show appointments.

Several times a week, household interviewers visit the field office and report to the field manager. During the course of the study, interviewers also interact on a daily basis with other field office staff and home office staff.

- **MEC Staff** – These health professionals conduct the health exams. The survey includes two exam teams. There are 16 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 3 medical technologists, 4 health technologists, 2 MEC interviewers, 2 dietary interviewers, and 1 phlebotomist. In addition, local assistants are recruited, trained, and employed at each stand to assist the exam staff.

The following section describes the steps that are always completed before the opening of a stand and provides an overview of the tasks that interviewers are expected to perform.

Steps completed prior to interviewing include:

1. Statisticians scientifically select certain segments in the sampling area. A segment is an area with definite boundaries, such as a city block or group of blocks containing a cluster of households.
2. Segments are listed by NHANES staff. Listing is the systematic recording on special forms of the address of every dwelling unit (DU) located within the segment. Commercial buildings and other structures not intended as living quarters are not listed.
3. A sample of dwelling units is selected from the listing forms. This sample is the group of addresses that interviewers visit in order to conduct interviews.
4. Immediately before data collection begins, an advance letter is sent to each dwelling unit with a mailing address. This letter briefly describes the study and informs the household that an interviewer will contact them in the near future.

Steps followed by the interviewers at a stand include:

1. Obtain assignment of sampled dwelling units to contact from the field manager.
2. Locate dwelling units using addresses on the Household Folders and listing/mapping materials in the Segment Folder.
3. Contact an adult who lives in the selected household (occupied residential dwelling unit) and administer the Screener using a laptop computer.
  - The Screener is an interview that lists all the individuals who live in the household, divides the household into families, and collects all the demographic characteristics necessary to immediately determine if there are persons in the household eligible for further interviewing.
  - All instructions necessary to determine eligibility and to select sample persons (SPs) are programmed in the CAPI Screener.
4. If all persons in a household are ineligible, no further work is done with the case. If eligible household members are identified, interviewers continue to conduct all the necessary tasks associated with the case.
5. In eligible households, obtain a signed interview consent form prior to completing the medical history and/or the family questionnaire.

6. Administer the appropriate medical history CAPI interview to eligible respondents. The questions asked depend on the age of the SP.
7. Administer the Family questionnaire to one adult family member from each eligible family in the household.
8. Schedule a MEC appointment for each SP, coordinating the MEC schedule and the SP schedule.
9. Obtain signed consent form(s) for each SP for the examination, confirm the examination appointment(s) with the field office, and give each SP an appointment slip.
10. If there is more than one eligible family in a household, repeat this process with each additional family.
11. Record the result of each contact or attempted contact with the household on the Call Record located in the Household Folder.

Interviewers also support the survey by conducting field reminders prior to MEC appointments and reschedule broken, cancelled, or no-show MEC appointments. When an interview has been completed, interviewers edit their work, carefully reviewing all forms for completeness and legibility. Interviewers report in person to the field manager at the stand office for regularly scheduled conferences, usually every other day. During these conferences, interviewers discuss completed cases, discuss problems with incomplete cases, receive new case assignments, and report time, expenses, and production.

To ensure the accuracy and completeness of the survey, all interviewer work is edited by the field office staff, and then validated by recontacting respondents. After this review, supervisors provide interviewers with feedback concerning the quality of the work.

## **1.7 Exams and Interviews in the Mobile Examination Center (MEC)**

Examinations and interviews are conducted in a mobile examination center (MEC), which is composed of four specially equipped trailers. Each trailer is approximately 48 feet long and 8 feet wide. The trailers are set up side-by-side and connected by enclosed passageways. During the main survey, detachable truck tractors drive the trailers from one geographic location to another.

Exhibit 1-1 shows a floor plan for the MEC. The interior of the MEC is designed specifically for this survey. For example, the trailers are divided into specialized rooms to assure the privacy of each study participant during exams and interviews. Many customized features have been incorporated including an audiometry room that uses a soundproof booth, a wheelchair lift, and a wheelchair-accessible bathroom available to assist participants with mobility problems. Exhibit 1-2 shows the locations of the various exams within the MEC.

### 1.7.1 Exam Sessions

The MEC operates 5 days a week and includes weekday, evening, and weekend sessions. Two 4-hour sessions are scheduled each day with approximately 10-12 SPs per session. During a stand, workweeks rotate to offer a variety of MEC appointments on weekday mornings, afternoons, and evenings, and every weekend.

Exhibit 1-1. Floor plan of the MEC

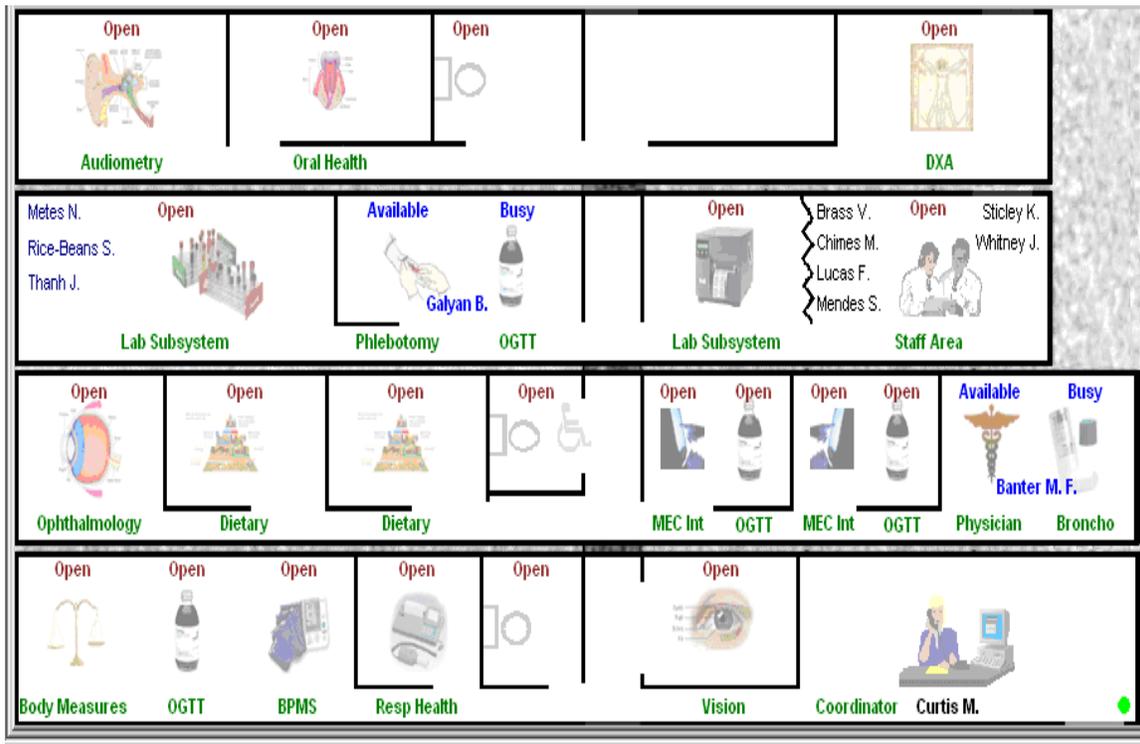


Exhibit 1-2. MEC exams and rooms

Trailer	Room	Room Use
Trailer 1	Coordinator Vision Respiratory Health  OGTT Anthropometry	Welcoming and waiting area for SPs Vision tests Exhaled Nitric Oxide Spirometry Bronchodilator with repeat spirometry Oral glucose tolerance Trutol administration Body measurements
Trailer 2	Physician MEC Interview 1 MEC Interview 2 Dietary Interview 1 Dietary Interview 2 Ophthalmology	Physician examination Health interview/OGTT Trutol administration Health interview/OGTT Trutol administration Dietary interview Dietary interview Vision tests
Trailer 3	Phlebotomy/OGTT  Laboratory Label/shipping area Staff area	Drawing of blood samples Oral glucose tolerance Trutol administration Processing of biological samples Lab area for labeling and shipping specimens Staff area that houses main computer system
Trailer 4	Bone Density (DXA) Oral Health Audiometry	Bone Density scans Dental examination Hearing tests

### 1.7.2 Exam Team Responsibilities

There are 15 individuals on each exam team. In addition, a local assistant will be hired to assist the staff in managing examinee flow. The duties of the exam team members are summarized below:

- One MEC manager supervises the exam staff, oversees exam flow, and supports exam operations.
- One coordinator directs the flow of SPs through the MEC examination process. The coordinator manages all SP appointments, verifies that all components are completed for each SP, and exits SPs from the MEC.
- One physician conducts the medical examination and records results, reviews the results of the complete blood count and pregnancy test, and serves as the safety officer for the MEC.

- Two health (MEC) interviewers administer questionnaires for physical and mental health information.
- Two dietary interviewers administer the dietary questionnaire. The interviewers record a 24-hour dietary recall of the types and amounts of foods consumed by the SP in the last 24 hours.
- Four health technologists (some with radiologic technology and/or other health training) take and record body measurements, perform vision tests, conduct respiratory health exams and bone density (DXA) scans, administer hearing tests, and administer the Trutol solution for the glucose tolerance test.
- Three medical technologists conduct clinical laboratory tests on biological and environmental specimens, record the results of the tests, and prepare and ship specimens to various laboratories.
- One phlebotomist conducts the phlebotomy interview, administers the fasting questionnaire, and draws blood for laboratory tests and special studies like the volatile organic compound special study. The phlebotomist is also responsible for administering the Trutol and drawing a second blood sample for the GTT test. They are trained as a backup examiner for other MEC components like body measures and the physical activity monitor.

Each staff member is part of a team of professional persons with specific assignments that must be completed in order to accomplish the overall objective of the survey. Each individual must be aware of and respect the job demands placed upon other staff members, maintain an attitude of tolerance and consideration for fellow members of the team, and willingly perform extra tasks that may be assigned to support other staff members in the performance of their duties. MEC staff members may be requested to perform tasks not directly related to their specific professional skills in order to implement the overall data collection plan.

### **1.7.3 Examination Components**

The full examination for an adult takes approximately 3½ hours, but the actual length depends on the SP's age. Some exams are done only on certain age groups so the exam profiles vary, even among adult SPs. The exam components are described briefly below and summarized in Exhibit 1-3.

Exhibit 1-3. Examination components

Examination	Age group
Audiometry	12-19
Bone Density (DXA)	8 +
Body Measures	All ages
Dietary Interview	All ages
Glucose Tolerance	12+
Laboratory	1+
Urine Sample	6+
MEC (Health) Interview	8 +
Ophthalmology	40+
Oral Health	5+
Phlebotomy	1+
Physician	All ages
Blood Pressure	8+
Respiratory Health	6-79
Spirometry	
Exhaled Nitric Oxide	
Bronchodilation with spirometry	Limited subsample
Vision	12+
Volatile Organic Compounds	12+

- **Audiometry**

The goals of the hearing exam are to obtain normative data on the hearing status of the adolescent U.S. population and to evaluate certain covariates that may be related to hearing loss, such as noise exposure. The hearing component tests youth aged 12-19 years by performing pure tone air conduction audiometry and tympanometry. Because air conduction thresholds alone cannot detect middle ear disease, tympanometry is conducted to identify potentially medically-correctible conditions which may be contributing to hearing impairment.

- **Body Composition**

The DXA component will use dual energy x-ray absorptiometry to evaluate skeletal health on SP's aged 8 years and older. Two DXA scans, AP spine and femur, will be used to assess overall skeletal changes that often occur with age by measuring bone

mineral content (BMC) and bone mineral density (BMD). DXA measurements can also be used to provide information on early gender and ethnic changes in the rate of bone accretion and to determine the age when skeletal accretion ceases and when peak bone mass occurs.

- **Body Measures or Anthropometry**

All SPs will have body measurements taken. The exam will include height, weight, and other body measurements such as skinfold and arm girth. These measurements will be used to assess growth, obesity, and body fat distribution, and will provide information that can be used as a reference for later studies. Measurements of height and weight will allow for a revision of the child growth charts now in widespread use. Measuring body fat is important because it is associated with hypertension, adult diabetes, cardiovascular disease, gallstones, arthritis, and some forms of cancer. Furthermore, obesity and overweight can have an affect on the mental, physical, and social well-being of individuals.

- **Dietary Interview**

Dietary information has been collected in NHANES since the 1970s. Researchers and policymakers rely on NHANES data for detailed information about the foods and beverages that are consumed by the U.S. population. In addition to providing important national reference data on food and nutrient intakes that are obtained on all survey participants, the data help us to learn about food patterns of ethnic subgroups, the adequacy of diets consumed by young children and older persons, and the contribution of food to total nutrient intakes. Total nutrient intakes from food and dietary supplements can be computed by combining NHANES Dietary Recall data with the dietary interview supplement and antacid recall information. Many Federal agencies use NHANES data to evaluate Federal regulations in the areas of food fortification and human risk assessment analyses that are used to measure human exposure to contaminants that are found in food.

The goal of the dietary component is to estimate total intake of foods, food energy and nutrients, nonnutrient food components, and plain drinking water by the U.S. population; and assess dietary behaviors and the relationship of diet to health. Quantitative dietary intake data are obtained for all subjects by means of a 24-hour dietary recall interview using a computer-assisted dietary data entry system.

Two dietary interviews will be administered to all SPs. The primary dietary interview is administered in person in the MEC (the MEC In-person interview). At the end of the MEC dietary interview, the interviewers will schedule the SPs for a Phone Follow-up (PFU) 3-10 days later. The PFU is a follow-up dietary interview conducted by telephone by dietary interviewers from the home office. In addition, a second telephone interview about food and food shopping will be offered to SPs 1+ who complete the MEC dietary interview. This interview, called the Flexible Consumer Behavior Survey, is also conducted by the home office dietary interviewers.

- **Oral Glucose Tolerance Test (OGTT or GTT)**

The purpose of this test is to reassess the prevalence of diabetes and impaired glucose tolerance (IGT) in the U.S. population. Persons with impaired glucose tolerance (IGT) – 15.6 percent of the U.S. population – are at high risk for developing diabetes. Also, IGT is an important risk factor for a number of other adverse health conditions and mortality. IGT is defined on the basis of an abnormal oral glucose tolerance test (OGTT). Persons without diabetes but with an OGTT 2-hr value of 140-199 mg/dl are considered to have IGT. Recent national and international randomized controlled trials have shown that diabetes can be delayed or prevented among persons with IGT.

The GTT will allow estimation of the prevalence of IGT and, thus, prediabetes in the U.S. population, surveillance of trends in the prevalence and awareness of these conditions, study of the risk factors for IGT and prediabetes, and examination of IGT as a risk factor for health conditions and mortality. Timely data on IGT and prediabetes are particularly important as the Nation initiates efforts to prevent diabetes among persons with prediabetes. These data on IGT and prediabetes are critical to targeting, designing, and evaluating prevention efforts.

A fasting glucose blood test is performed on all participants 12 years and older who are examined in the morning session after a 9-hour fast. After the venipuncture, participants are asked to drink 75 milligrams of Trutol® and to have a second venipuncture 2 hours (plus or minus 15 minutes) after consuming the Trutol. The blood glucose level from the second venipuncture will be used to determine if an SP has IGT.

- **Laboratory**

The laboratory component includes the collection and processing of various biological and environmental specimens including blood for subjects 1 year and older, and urine for subjects 6 years and older. On-site pregnancy testing excludes pregnant women from other examination components such as DXA. Complete Blood Counts (CBCs) are also performed in the MEC laboratory. All other specimen testing is performed by Federal, private, and university-based laboratories under contract to NCHS.

Urine is collected from SPs age 6 and older to assess kidney function, measure levels of mercury, heavy metals, iodine and arsenic, and assess environmental exposures to pesticides such as organophosphates, phthalates, polycyclic aromatic hydrocarbons, phytoestrogens, and perchlorates.

- **MEC (Health) Interview**

SPs aged 8 and older will have a health interview in the MEC. Generally, the questions asked in the MEC are considered to be more sensitive than the questions asked in the household. The MEC environment is believed to be a more appropriate setting for the administration of these questions. All eligible SPs will be asked questions in a face-to-face interview. In addition, persons who are 12-69 years old will be asked a series of more personal questions in complete privacy. The SP will listen to

questions through a set of earphones and will enter responses by touching a computer screen.

Depending upon the age of the SP, the interview may consist of questions about tobacco, drug, and alcohol use, reproductive health (birth control practices, pregnancy and reproductive history, sexual activity), health behaviors (physical activity, weight history), kidney conditions and bowel health, current health status and mental health, and exposure to certain chemicals. Children 8-11 years will only be asked questions about weight history.

## ■ **Ophthalmology**

The ophthalmology component consists of two eye examinations completed on all SPs 40 years and above. SPs will be excluded if they have an eye infection, eye patches or blindness. The first exam is visual field testing using Frequency Doubling Technology (FDT) perimetry to test for visual field loss from glaucoma. The second exam is digital fundus photography using an ophthalmic digital imaging system to assess the presence of diabetic retinopathy, age-related macular degeneration, and other retinal diseases.

The leading causes of visual impairment in the United States are primarily age-related eye diseases including cataract, diabetic retinopathy, glaucoma, and age-related macular degeneration. More than 3.4 million Americans aged 40 years and older are either blind or are visually impaired. Glaucoma is the leading cause of irreversible blindness and a prevalent disease associated with aging. Although glaucoma can usually be controlled by early detection and treatment, half of people with glaucoma are not diagnosed, and glaucoma is still the number one blinding disease among African Americans.

Diabetic retinopathy is the leading cause of new blindness among adults aged 20-74 years. It can affect almost anyone with diabetes, and contribute both to individual and societal burden. Age related macular degeneration (ARMD) is the leading cause of visual impairment and blindness in the United States among people 65 years and older. The frequency of ARMD is expected to increase as the population lives longer.

## ■ **Oral Health**

SPs aged 5 and older will receive a simplified oral health exam conducted by health technologists trained to administer the screening assessments. All examinees will be checked for tooth loss, cavities, restorations, and sealants. SPs 25 years and older will also be asked some questions about denture use and will be assessed for dental function.

Oral and dental diseases affect many in the United States. Dental caries and tooth loss remain significant problems affecting the Nation's oral health. Although average dental caries rates for school-aged children have declined, nearly a half of all children still have caries. Additionally, more than 90 percent of adults in the United States have experienced caries. Dental sealants, an effective caries prevention measure, have

been underutilized in the United States, with less than one-quarter of children aged 5-17 having them.

Over the past four decades, oral and dental health characteristics collected in national surveys supported by the Federal Government have been critical for monitoring health status, risk factors for disease, and access to preventive and treatment services. The 2005-06 NHANES oral health component will meet a critical need to continue monitoring trends in dental caries and tooth retention. More specifically, this NHANES will produce oral health data to monitor five oral health objectives in the Healthy People 2010 health promotion: dental caries experience, untreated dental decay, no permanent tooth loss, complete tooth loss, and dental sealants.

#### ■ **Phlebotomy**

SPs aged 1 and older will have blood drawn. The amount drawn will depend on the person's age. It is important to draw blood from study participants for a number of reasons:

- Knowledge can be gained about how healthy a person is by measuring for various substances in his or her blood.
- Blood tests can provide early warnings of potential health problems, perhaps before physical signs appear. For example, a blood test for lead might indicate exposure to unsafe lead levels before an individual shows any physical signs of lead poisoning. Also, diabetes mellitus will be assessed by measures of plasma glucose, insulin, and glycohemoglobin in examinees ages 12 years and older. Diabetes is a large, growing, and costly public health problem in the United States and disproportionately affects racial and ethnic minorities. About 17 million Americans have diabetes and more than 1 million new cases of diabetes are diagnosed each year. Alarmingly, type 2 diabetes (formerly considered an adult disease) is now being diagnosed in children and adolescents and there has been a large increase in diagnosed diabetes among adults <40 years of age.
- Blood tests will also indicate the presence of STDs such as Chlamydia and gonorrhea, hepatitis, herpes, and HIV infection.
- Blood tests help in monitoring nutritional status, one of the key goals of NHANES. What researchers discover from this data can lead to health policy recommendations—the need for more vitamin fortification, for example.
- The blood testing also provides information about the levels of cholesterol and other blood lipids, another important study goal.

#### ■ **Physician**

All SPs see the physician. The physician measures blood pressure and pulse of all participants over 8 years of age, explains to female SPs how the HPV examination will be completed and explains the meaning of the STD/HIV test results to eligible SPs. The physician explains how SPs receive the results of STD/HIV tests so that the

results remain totally confidential to the SP. Beginning in 2007, the physician will screen participants who qualify for the bronchodilator with spirometry exam, obtain consent for, and administer the bronchodilator. The physician must be present on the MEC before any exams can be conducted, and the physician is in charge of any medical emergency that occurs on the MEC.

## ■ **Respiratory Health**

Beginning in 2007, respiratory health (RH) was incorporated in the NHANES study. RH will be collected by means of an assessment of lung function testing, or spirometry, and a measurement of exhaled nitric oxide (ENO). The objective of collecting this data is to assess the prevalence of asthma and adult chronic obstructive pulmonary disease in the U.S. population. All SPs aged 6-79 years will be eligible to participate in the component. SP's will be excluded from the RH exam if they answer positively to any pre-exam safety exclusion questions.

RH has three subcomponents: (1) spirometry, (2) ENO measurements, and (3) repeat spirometry measurements after the administration of a bronchodilator. For the third subcomponent, a subset of SPs whose baseline spirometry results show lung function values below a certain threshold, and will be provided with an opportunity to repeat spirometry after inhaling a bronchodilator medication. The MEC physician will first evaluate the participant to determine if the participant meets the requirements for safe bronchodilator administration. The physician will then obtain written informed consent, and then instruct the SP in the administration of the bronchodilator, and then administer the medication. Results from repeat spirometry testing following the bronchodilator could potentially provide a more detailed picture of each individual's breathing problem, i.e., an indication of whether the person is likely to have asthma or chronic obstructive pulmonary disease.

ENO provides a noninvasive marker measure of airway inflammation, a factor in asthma and possibly other lung diseases. Evaluation of airway inflammation, a precursor of asthma symptoms, is important in the investigation of underlying disease. Currently, there are no U.S. population-based estimates of ENO baseline levels for normal subjects, or for those persons with asthma and chronic obstructive pulmonary disease.

## ■ **Vision**

This examination consists of a near and distance vision acuity test (SPs less than 50 years of age do not receive the near vision exam), eyeglass prescription determination when appropriate, and an automated refraction measurement. It will be given to SPs aged 12 and older.

Eye diseases cause suffering, disability, and loss of productivity for millions of people in the United States. In economic terms, eye disease and blindness are estimated to cost the U.S. in excess of \$22 billion each year. No high-quality, up-to-date information exists on the prevalence of visual impairment and the major causes of visual impairment in the general population. These data are needed in planning health

services, in monitoring changes in eye disease prevalence, in research program planning, and in developing and testing hypotheses about eye disease etiology.

Data collected more than 20 years ago in the NHANES I (self-reported history questions and full-vision examination with dilation) continue to be the only source of national prevalence data on eye disease and visual acuity impairment and there are no data on visual field impairment. Changes in disease definitions, population demographics, diagnostic capabilities, and treatments for eye diseases make it important to obtain new national data about eye disease. The absence of such data has forced researchers to use blindness registry data that are almost 25 years old. These studies select mostly white populations or non-nationally representative populations.

#### ■ **Volatile Organic Compounds/Perchlorate (VOC) Special Study**

The purpose of the VOC/Perchlorate study is to determine the prevalence of exposures to chemicals called Volatile Organic Compounds (VOCs) and Perchlorates. Volatile organic compounds are emitted as gases from certain solids or liquids. VOCs include a variety of chemicals, some of which may have short- and long-term adverse health effects. Concentrations of many VOCs are consistently higher indoors (up to ten times higher) than outdoors. VOCs are emitted by a wide array of products numbering in the thousands. Examples include paints and lacquers, paint strippers, cleaning supplies, pesticides, building materials and furnishings, office equipment such as copiers and printers, correction fluids and carbonless copy paper, graphics and craft materials including glues and adhesives, permanent markers, and photographic solutions.

Perchlorate is an oxidizer used in rocket fuel, explosives, and road flares, and it also occurs naturally in the atmosphere. Since the 1950s, unused amounts of the chemical have been dumped into unlined pits throughout the United States, where it has seeped into water supplies. The chemical is highly mobile and soluble in water, aiding its dispersion through the environment.

VOCs and Perchlorates are tested on a half-sample of participants over age 12; tap water from participants' homes are collected by the household interviewers, and in the MEC, blood is collected from the participant during phlebotomy.

#### **1.7.4 Sample Person Remuneration**

All examinees receive remuneration for the MEC visit as well as payment for transportation expenses. The MEC visit remuneration is age-related and may include an extra fasting incentive if the SP is eligible. SPs who complete the dietary phone interview and the Consumer Behavior Questionnaire also receive an incentive.

### **1.7.5 Report of Exam Findings**

Examinees receive the results of many of the tests and exams conducted in the MEC, though some results are used only for research and are not reported.

One report, a Preliminary Report of Findings, is produced on the day of the SP's examination and includes results that are immediately available and require no further evaluation or interpretation. Before the examinee's departure from the MEC, the coordinator prints a report that can include height, weight, complete blood count, blood pressure and heart rate, vision test results, and results from the oral health and audiometry examinations. The MEC physician reviews the blood pressure and complete blood count test results for abnormalities and discusses any problems with the SP (or his or her parent.) Approximately 12-16 weeks after the exam, NCHS mails the remainder of the examination results to the SP after appropriate clinical or quality reviews are completed. This Final Report of Findings will include all the results from the Preliminary Report of Findings and may include laboratory tests like liver and kidney function tests and lipids, bone density scan results, retinal image scan reports, and spirometry results. Seriously abnormal results are reported to the SP via telephone by NCHS before the remaining findings are mailed.

Certain tests, such as those for sexually transmitted diseases (Chlamydia, gonorrhea, herpes simplex, and human papillomavirus) and human immunodeficiency virus (HIV) are released only to the sample person using a specially devised procedure requiring a unique password.

To further assist sample persons, an in-house NCHS survey response team is available to answer calls from NHANES participants regarding the results from the Report of Finding System. The response team effort works both as a triage mechanism and a surveillance system. A receipt and control record is kept on all sample person inquiries. Also available at no cost to sample persons is an 800 toll-free telephone number that can be accessed during regular scheduled business hours. The response team members include a physician, a nurse with a doctorate degree, and other staff who are trained to answer specific questions.

Tests and procedures conducted in the MEC are not considered diagnostic exams and are not a substitute for an evaluation by a medical professional. No clinical treatments or health interventions of any type are performed in the MEC. If a health problem is discovered during the course of the MEC exam, the physician offers to contact the examinee's personal healthcare provider or recommend a local

physician or clinic for follow-up care. If a sample person is found to have a serious condition requiring immediate attention, the local rescue squad may be summoned or the SP will be advised to seek immediate medical treatment.

### **1.7.6 Dry Run Day**

At the beginning of the examination period, one-half day is devoted to calibrating instruments, practicing MEC procedures, and collecting biological specimens that serve as blind quality control samples. A dry run day is scheduled immediately before the first exam day of every stand to make sure that all equipment is operational, supplies are adequate, and the facility is working properly. All procedures in the dry run are completed as though the actual exam session was being conducted. The only difference is that the examinees are volunteers who are not part of the sample for the survey. Volunteers may include local residents, local officials, or field employees or guests of NCHS.

## **1.8 Integrated Survey Information System (ISIS)**

The Integrated Survey Information System (ISIS) is a computer-based infrastructure designed to support all survey operations including sample management, data collection, data editing, quality control, analysis, and delivery of NHANES data. With a collection of customized subsystems, the ISIS links the field office, mobile examination center, Westat home office, and NCHS during field operations. Each component in NHANES such as Dietary Interview has a computer application for direct data entry. Data collected in the Dietary Interview room of the mobile examination center is directly entered in the ISIS system computers. In addition, data from biomedical equipment such as the Dual Energy X-Ray Absorptiometry (DXA) scanner for body composition is directly downloaded to the ISIS system where it is displayed on the computer screen and stored in the system database.

## **1.9 Confidentiality and Professional Ethics**

All information regarding this study must be kept strictly confidential except as required by law. This includes location of survey sites. Since this study is being conducted under a contract with the National Center for Health Statistics, the privacy of all information collected is protected by two public

laws: Section 308(d) of the Public Health Service Act (42 U.S.C.242m) and the Privacy Act of 1974 (5 U.S.C. 552a).

Each person working on the study must be continuously aware of the responsibility to safeguard the rights of all the individuals participating in the study. Each participant should be treated courteously, not as a sample number. Never divulge names or any other information about study participants except to the research team. Refrain from any discussions about study participants, in or out of the MEC, which might be overheard by people not on the survey staff. All of the members of the research team are under the same legal, moral, and ethical obligations to protect the privacy of the SPs participating in the survey. No participant names will be included in any reports prepared about the survey and neither NCHS nor the contractor is allowed to release information that would identify study participants without the consent of the participants.

Cooperation from the public is essential to the success of survey research. A great deal of effort is expended in obtaining cooperation from many national, regional, state, and local officials and the general public. It is the responsibility of every field employee to build on the integrity of the survey to encourage continued access to study participants during current and future surveys. Professional conduct, both on and off the job, is extremely important.

Each staff member has a responsibility for promoting good public relations. The Public Health Service and the contractor will be judged by the actions of the staff both on and off duty; consequently staff must be discreet in speech and action. Personal appearance and behavior must be governed by these same considerations. Please be aware of the audience at all times and avoid statements or actions that could shed an unfavorable light on the survey.

Staff will be asked to sign a pledge of confidentiality before the survey begins. This pledge states that they are prohibited by law from disclosing any information while working on the survey to anyone except authorized staff of NCHS and the contractor, and that they agree to abide by the contractor's Assurance of Confidentiality.

## **2. OVERVIEW OF THE MEC INTERVIEW COMPONENT**

The MEC Interview component of the NHANES consists of the use of questionnaires to address a variety of health-related topics. The MEC questionnaires are designed to obtain information concerning particular health behaviors and conditions, risk factors, and mental health. The questionnaires are administered to examinees 8 years of age or older.

### **2.1 Purpose of the MEC Questionnaires**

There are four sections of the NHANES MEC Interview. The first section consists of questions in several topic areas administered through a computer-assisted personal interviewing (CAPI) system. The individual questionnaire health-related sections in CAPI are selectively administered to subjects based upon their age and sex.

The second section of the interview consists of a series of questions about exposures to chemicals called volatile organic compounds (VOCs). This section is CAPI-based, and selectively administered based upon age and whether the SP is selected for the VOC subsample.

The third section of the interview is completed through the use of an audio computer-assisted-self-interviewing (CASI) system. This system is generally used for sensitive topic areas. The subject listens to a recorded voice through a headset, as well as reading the questions on the screen. The subject then indicates his or her response to a question by touching the computer screen.

The fourth section of the interview is used to obtain and/or verify key pieces of demographic information or critical data items (CDI).

Questions in each of these sections are included for specific reasons, which relate to other NHANES components. For example, alcohol consumption and tobacco use are included since previous research has demonstrated that these risk factors may affect other health functions. The main purpose of the reproductive health section is to obtain information on pregnancy and reproductive history, birth control practices, and other reproductive-health-related topics. The drug use questionnaire provides a brief assessment of the subject's use of marijuana, cocaine, and injectable street drugs.

## **2.2 Role and Responsibilities of the MEC Interviewer**

As a MEC interviewer you are to administer the MEC Questionnaires in a standardized fashion. You must be able to obtain cooperation of the sampled person (SP) in a friendly yet professional manner, in order to gain and maintain his or her focus on the various details of the MEC interview. Since many of the topics covered in the interview are of a sensitive nature, SPs may be reluctant to respond to certain items. Therefore, an important aspect of your role is to establish a working relationship with each SP and to maintain that rapport throughout the entire interview. You must provide a supportive environment with proper encouragement and reassurances in order to avoid invalid results.

You provide an important link between the researchers who have developed the questionnaire as a means of characterizing the sample population and the sample persons whose individual answers provide the data for the researchers to analyze. Moreover, you must be able to ensure that each sample person hears and understands every item, and that each sample person provides full and meaningful responses. Then you must record all responses precisely while maintaining interaction and rapport with the participant.

The quality of the data obtained in the MEC interview depends on a high degree of consistency among interviewers in their presentation of the interview content and in their recording of the responses. In this way, the information gathered by different MEC interviewers can be combined to create a valid and reliable characterization of the respondents' health behaviors, attitudes, and experiences.

## **2.3 Procedures for Administering the MEC Interview**

Initially, you must create a warm, accepting, and private setting in which to interview. In greeting each SP by name, and introducing yourself to each SP, you convey a positive regard for the SP. After welcoming the SP and logging him or her into the system, answer any questions or concerns an individual may have prior to the start of the interview. If a sample person asks for a description of the types of questions asked in the MEC interview, keep the description of those questions quite general. Due to the variety of questions and the sensitive nature of certain items, a detailed explanation of the topic areas may intimidate the SPs or negatively influence their participation. Tell the respondent that the questionnaire includes numerous items within several health-related areas, and that most items require only short answers or simply Yes/No responses, while a few ask for more complete answers. Emphasize

that each part of the questionnaire will be explained in more detail as the interview progresses. Encourage the SP to feel free to ask for clarification on any part of the interview which seems unclear or confusing. Assure the SP that there are no right or wrong answers to the questionnaire items. Then, proceed with presenting the questionnaire items in their designated sequence.

## 2.4 Description of the MEC Questionnaires

The MEC interview consists of questions on a variety of health-related behaviors, attitudes, and risk factors. As mentioned earlier, each section of the MEC interview is targeted for a specific age or age/sex group, or subsample.

The sequence of the topics covered in the MEC Interview is designated for each age/sex target group as follows:

	<b>Questionnaire Section Order</b>	<b>Eligibility by Age/Sex</b>
<u>BLAISE-CAPI</u>	Respondent Selection Section (RIQ) <sup>1,2</sup>	SPs 8+
	Current Health Status (HSQ) <sup>1,2</sup>	SPs 12+
	Pesticide Use (PUQ) <sup>1,2</sup>	SPs 8+
	Depression Screen (DPQ) <sup>2</sup>	SPs 12+
	Tobacco (SMQ) <sup>1,2</sup>	SPs 20+
	Alcohol (ALQ) <sup>1,2</sup>	SPs 20+
	Reproductive Health (RHQ) <sup>1,2</sup>	Female SPs 12+
	Kidney Conditions (KIQ) <sup>1,2</sup>	SPs 20+
	Bowel Health (BHQ) <sup>2</sup>	SPs 20+
	Physical Activity (PAQ) <sup>1,2</sup>	SPs 12-15
	Weight History (WHQ) <sup>3</sup>	SPs 8-15

<sup>1</sup> May be administered as a proxy interview.

<sup>2</sup> May be administered through any interpreter.

<sup>3</sup> May be administered through a paid interpreter.

Questionnaire Section Order		Eligibility by Age/Sex
<b><u>Volatile Toxicants (VTQ)</u></b> <sup>1,2</sup>		Half sample of SPs 12+
<b><u>Audio-CASI</u></b> <sup>4</sup>	Food Security (FSQ)	SPs 12-15
	Tobacco (SMQ)	SPs 12-19
	Alcohol (ALQ)	SPs 12-19
	Drugs (DUQ)	SPs 12-69
	Sexual Behavior (SXQ)	SPs 14-69
<b><u>Critical Data Items (CDI)</u></b> <sup>1,2</sup>		12+ (collected during the interview) 0-11 (collected via a separate utility)

<sup>1</sup> May be administered as a proxy interview.

<sup>2</sup> May be administered through any interpreter.

<sup>3</sup> May be administered through a paid interpreter.

<sup>4</sup> May not be administered as a proxy interview or through an interpreter.

## 2.5 Data Collection Materials

Data collection for the NHANES MEC Interview entails the use of a computer-based interview program.

In addition to the computer-based interview, there are hand cards, female hormone charts, and a list of female hormones which are used by SPs to help recall dates and to provide the SP with appropriate response categories.

The MEC questionnaires have been programmed to permit computerized administration and recording. The question-by-question specifications, which are provided in Chapter 5 of this manual, should be used as a study guide to help you learn the intent of each question prior to the start of the main study, and as a reference once the main study and the interviewing have begun.

### **3. EQUIPMENT, SUPPLIES, AND MATERIALS**

#### **3.1 Description of the MEC Interview Room and Computer Equipment**

The two interview rooms in each MEC are equipped with a desk upon which the PC rests, and chairs for the interviewer and SP.

The interview rooms have sliding doors that are closed for privacy during the interview. The door remains closed for the audio-CASI portion of the interview, when the interviewer leaves the room.

The PC monitor, keyboard, and mouse rest on top of the desk, while the CPU is housed in a shelf under the desk. As the connections to the CPU are on the SP's side of the desk, it is important that the SP does not touch, bump, or otherwise come in contact with the hardware.

For the CAPI sections of the interview, the PC is oriented toward the interviewer, while for the audio-CASI section, the monitor faces the SP. The monitor is mounted on a swivel so that it can be carefully turned to face the SP at the appropriate time. The keyboard and mouse are for the interviewer's use only.

The SP uses the PC's monitor to record his or her responses to the audio-CASI questions, as the monitor is equipped with a touch screen. The touch screen is not used for any other portions of the interview other than audio-CASI.

The SP listens to the audio-CASI questions through a set of headphones that are plugged into an external speaker. The speaker sits on a small shelf located on the wall above the monitor. A volume control knob on the speaker controls the volume for the headphones. Should the SP decline the use of the headphones, or should there be some other reason why headphones cannot be used for an SP, the headphones can be unplugged from the speaker.

A wall-mounted cabinet is located on the wall to the right of the interviewer. It holds extra supplies and is used to secure interviewing materials and equipment when the MEC is traveling from one stand to the next.

## 3.2 MEC Interview Supplies and Other Equipment

The following supplies and noncomputer equipment are used in the MEC interview:

- Hygienic earphone covers;
- Germicidal disposable wipes;
- Tissues;
- Dry erase marker pens;
- Solar-powered calculator;
- Hand-held, voice-activated tape recorder;
- Audiocassette tapes;
- AA rechargeable batteries; and
- Battery recharger.

### 3.2.1 Description and Use of Interview Supplies

**Earphone Covers.** The Phone Guards hygienic earphone covers are used during the audio-CASI portion of the interview. Change the earphone covers for each SP, and then dispose of the used covers.

**Germicidal Disposable Wipes.** The Super Sani-Cloth wipes are used to clean the hand cards.

**Tissues.** Tissues are provided as a general supply for use as needed.

**Dry Erase Marker Pens.** Pens are used to mark the reference period on the calendar hand cards.

**Calculator.** The solar-powered calculator is available for use by either the SP or interviewer to provide assistance in answering questions, particularly in the reproductive health portion of the CAPI interview.

**Tape Recorder with AC Power Adapter.** The hand-held tape recorders are used to record interviews for review by home office staff. There is one tape recorder per interviewer and one backup per MEC.

**Audiocassettes.** Audiocassettes are available for recording the interviews.

**AA Rechargeable Batteries.** Rechargeable batteries are used to power the recorders should the power adapter malfunction. Interviewers should ensure that fully charged batteries are always available.

**Battery Recharger.** One Rayovac Renewal Power Station – Model PS1 is provided per MEC for shared use by the interviewers. Plug the recharger into the closest available outlet, which is usually in one of the interview rooms but may also be in the hallway outside the room.

### **3.3 MEC Interviewer Materials**

The interviewing materials needed for successful completion of your responsibilities as a MEC interviewer include:

- Navigational Functions – Quick Reference;
- Hand cards;
- Probe sheets (3);
- Laminated listing of hormone types;
- Female hormone chart;

- The NHANES informational brochure and form for Consent/Parental Permission/ Assent;<sup>1</sup>
- The Child Assent brochure and form;<sup>1</sup>
- The Stored Specimen and Future Research Consent/Parental Permission/Assent Form;<sup>1</sup>
- MEC Interview QC Recording Log;
- Script for obtaining recorded permission of taping;
- Audiotape permission forms; and
- Padded mailing envelopes (prelabeled with home office address).

The specific use of these items will be discussed in Chapters 4-7 of this manual.

### **3.4 Inventory, Equipment Setup, and Teardown Procedures**

At the conclusion of each stand, you will complete an end-of-stand (EOS) inventory count of materials, equipment, and supplies required for the MEC interview. Accurate counting is essential since the home office uses the information to ensure that sufficient quantities of replacement supplies are shipped and to track supply usage and costs. When the inventory is complete, each examination room must be packed and all equipment secured for travel to the next stand.

Upon arrival at the next stand, all equipment and supplies must be unpacked and set up in preparation for the start of examinations at the new stand. Shipments of replenishment supplies must be verified against the packing list.

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<sup>1</sup> Forms not included on MEC Interview inventory sheets. MEC manager supplies forms as needed.

### 3.4.1 MEC Interview Room Teardown Procedures

Following is the list of tasks (and the responsible staff person) required to prepare the room for travel.

Task	Responsible staff person
1. Unplug keyboard, mouse, bar-code wand, speakers, and headphones. Store the keyboard on the monitor stand with the monitor pressed down to hold it in place. Place the remaining items in one of the hanging wall holders. Do not put computer equipment in the component boxes or cabinet because the FES needs to be able to locate these items easily for setup.	Interviewer
2. Cover the computer monitor with the padded cozy and secure to the wall using the bungee cord provided.	Interviewer
3. Secure the telephone handset to the base with two rubber bands.	Interviewer
4. Pack loose supplies (earphone covers, dry erase pens, tissues, wet cleaning cloths, hand cards/charts, batteries, trash bags) in cabinet and plastic storage containers.	Interviewer
5. Pack interviewing equipment (calculator, tape recorder, battery charger) in cabinet and plastic storage containers.	Interviewer
6. Secure cabinet door with velcro strips.	Interviewer
7. Secure chairs for travel by placing on side and wedging them between the wall and desk.	Interviewer
8. Lock room door in open position for travel.	Interviewer

### 3.4.2 MEC Interview Room Setup Procedures

The following list of tasks and responsible staff member comprise setup procedures for the MEC interview room.

Task	Responsible Staff Person
1. Unpack computer monitor.	FES
2. Connect computer equipment (monitor, CPU, keyboard, wand, mouse, speaker).	FES
3. Remove rubber bands from telephone handset.	FES
4. Unpack loose supplies (earphone covers, dry erase pens, tissues, wet cleaning cloths, hand cards/charts, batteries, trash bags) from cabinet and plastic storage containers.	Interviewer
5. Unpack interviewing equipment (calculator, tape recorder, battery charger) from cabinet and plastic storage containers.	Interviewer
6. Set up chairs.	Interviewer
7. Unlock room door.	Interviewer

## **4. CONDUCTING THE MEC INTERVIEW**

The MEC interview component consists of an interview and associated tasks that are performed before the start and at the conclusion of the actual interview. This chapter details the sequence of tasks that comprise the interview component.

### **4.1 Component Tasks**

In your role as a MEC interviewer, you will be responsible for performing the following tasks:

1. Obtaining minor assent to participate in the study;
2. Obtaining minor assent for specimen storage and future research;
3. Referencing information from the Pesticide Use Report for data entry into the interview;
4. Logging in SPs;
5. Conducting the interview;
6. Completing critical data items; and
7. Ending the interview.

You will conduct Tasks 4, 5, and 7 with each SP 8 years of age or older. Tasks 1 and 2 depend upon the age of the SP and whether or not the information was collected successfully by one of the NHANES field interviewers. Task 3 is completed for SPs 8-17 years. Task 6 is completed for all SPs. Each of these tasks is described in more detail in the sections that follow.

### **4.2 Obtaining Minor Assent to Participate**

Like all research studies, NHANES has established procedures for informing subjects of what participation in the study involves, including procedures for documenting that informed consent has been obtained. In NHANES, the field interviewers have primary responsibility for ensuring that informed

consent to participate in the examination portion of the study is obtained prior to the SP's arrival at the MEC. The SP's parent or guardian must give consent for minors aged 7-17 years AND the SP must also give his or her written assent to participate.

Because all SP's must sign the form in the **presence of an interviewer**, a small number of minors may arrive at the MEC without having completed the required assent form. If the child is not at home when the field interviewer obtains parental consent, the interviewers cannot leave the form for the child to sign and bring to the MEC. In this event, it is your responsibility as the MEC interviewer to obtain assent in the MEC before any examination procedures are performed. The MEC coordinator will determine whether minor assent is required for an SP at the time the SP arrives at the MEC and will inform you of the need to obtain assent. After greeting the SP and escorting him or her to the MEC interview room, proceed with obtaining assent as described in this section.

There are **two** separate SP Consent/Assent Brochures:

- A MEC Examination Brochure and SP Consent/Assent/Parental Permission form for SPs 12 years or older and parents of SPs under 18; and
- A Child MEC Assent Brochure and form for SPs 7-11 years old.

Both brochures consist of several pages of informational text. In the back pocket of the brochure for SPs 12 years or older is a Consent/Assent form. In the back pocket of the Child MEC Assent brochure for SPs 7-11 years old is an Assent form. The sequence of pages within the brochure and the placement of the Consent/Assent form at the end ensures that the SP and/or the parent of the SP has read the text of the brochure before he or she signs the Consent/Assent form. The paragraphs that follow provide a specific explanation of each brochure and form.

The text of this brochure addresses three general topics:

- A general explanation of the structure and goals of the survey;
- Questions and answers directed toward the examination process, how the data will be used, and the voluntary nature of the study; and
- A general explanation of the health examination. A list of the specific examinations SPs in each age group will receive and which exam results will be reported to the SP is included on a separate sheet that's inserted in the front pocket of the folder. This format allows the sheet to be updated as components are added to or dropped from the survey, or when pilot studies are conducted in selected stands.

The brochure contains pictures of a diverse group of people in various interview and examination situations.

The **Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center** is a separate form inserted in the back pocket of this brochure and is printed on 3-part paper. An example of the text of this appears on page 4-14.

The Form has several areas **for signatures**. Use the following guidelines to complete the assent and signature process **for SPs 12-17 years old**.

- Ask the SP to read the brochure. Introduce each section briefly and then wait while the SP reads the text. For example, introduce the first section of the brochure with a statement such as “This first page tells you about the purpose of the study.” If you have any doubt about the SP’s ability to read or understand the text, read the brochure to the SP.
- **Print** the name of the SP on the line provided.
- Have the **SP** read the statement, **sign** and date the form in the column on the right labeled “**SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER.**”
- If the SP does **not** wish to receive the results of the exam, he or she must check the box next to the statement provided.
- Write your name on the line entitled “Name of staff member present when this form was signed”.

- “Witness (if required)” refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him or her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6-digit SP ID number.
- Return the completed form to the MEC coordinator.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form

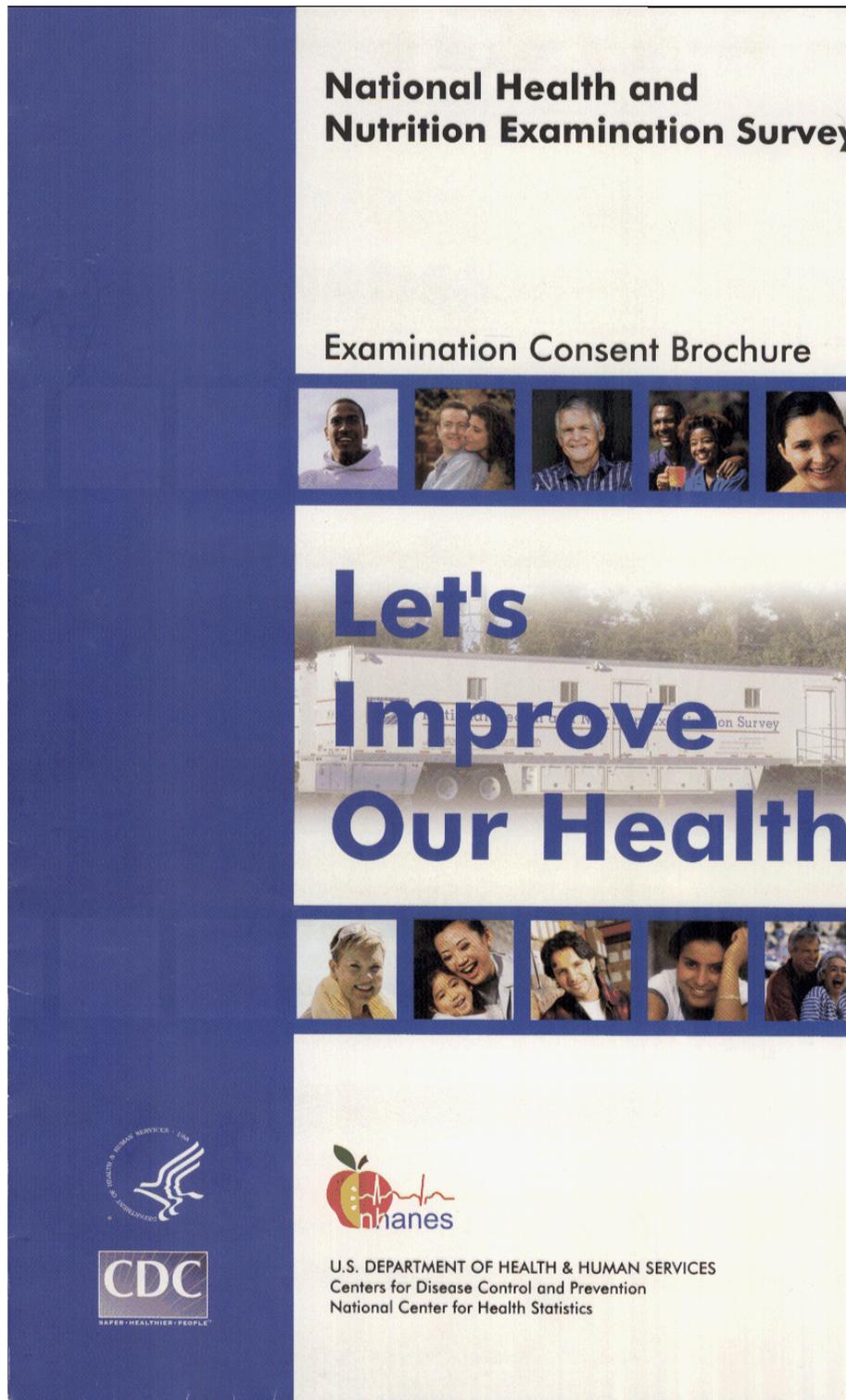


Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

**National Health and Nutrition Examination Survey**

# **NHANES Examination Consent Brochure**

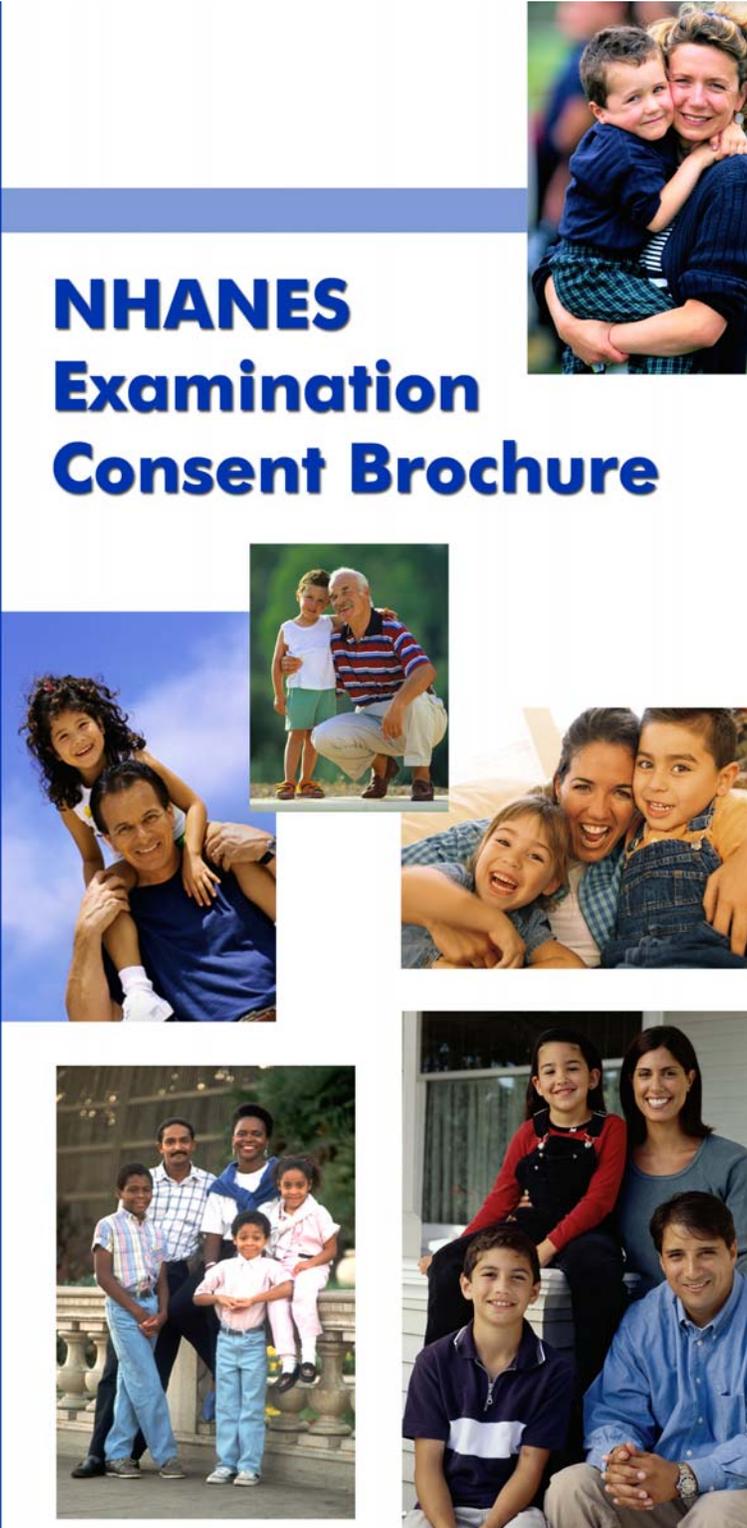


Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

**Overview**



The National Health and Nutrition Examination Survey (NHANES) is a survey conducted by the Centers for Disease Control and Prevention. We have designed the survey to learn about the health and diet of people in the United States.

Our survey is unique. It combines a home interview with health measurements, which we do in mobile units. These special mobile centers travel across the country with a highly trained medical team. Our team looks at special health topics. They use the most up-to-date methods and equipment for medical and dental exams and other lab tests.

**Why is this health survey important?**



We will use the data gathered in this survey to find out the number of people with certain health problems — for example, diabetes and high blood pressure. We will look at diet and other habits that affect health, such as smoking and exercise.

NHANES data will tell us the health and nutrition of people of all ages. It will also help design health programs and services, and expand our knowledge about the health of people in the United States.

**What do I gain by taking part in the exam?**

- Free health test results
- The chance to help learn more about the health of the Nation
- A token of thanks for your time and effort

You may choose to be in the survey and you may allow your child to be in it, too. That is your choice. There is no penalty if you refuse. You may refuse any part of the exam and are free to drop out anytime. Also, during the interviews you may choose not to answer every question.

**What will I be asked to do at the mobile center?**

Our health representative will ask you to make an appointment for the exam at the mobile center.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)



Upon arriving at the mobile center, you will be asked to change into a two-piece examination outfit.

Our medical team will then guide you to private rooms where we will check your:

Height and weight



Blood pressure



Eyes



Ears



Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

Teeth



Bones



We will also collect blood and urine samples.



And ask you questions about what you eat.



If your appointment is scheduled in the morning, we will ask you not to eat or drink anything overnight. The health tests may take from 2 ½ to 4 hours for those 12 and older and 1-3 hours for younger children. The time spent in the mobile center and the tests you receive will be based on your age and current medical condition. (For a full list of exams you may receive, see the Health Measurements List.)

**Are the tests safe?**

The tests are safe. Some tests may cause you slight discomfort. Examples are taking a blood sample or not eating for 9 hours. For the blood sample, a person will have a small amount of blood drawn from a vein in his/her arm with a needle. People 12 years and older that have a morning exam will be asked to drink a sugar drink and have blood taken a second time. Although rare, the sugar drink can cause nausea, vomiting, bloating, or headache. We will not ask you to have any test that is wrong for you because of a health problem you have.

We will give bone density tests that involve low-dosage x-rays to persons 8-years-old and older. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. But because the bone density scan involves x-rays, no one who is pregnant should get this exam. We will get information about periods from girls and women, and those who have started their periods will have a urine pregnancy test. Those with a positive test will not have the bone density scan.

### Will you ask personal questions?

At the mobile center you will be asked some personal questions. A trained interviewer will ask some of these questions. Other questions, like those about sexual behaviors and drug use, will be asked in complete privacy. The interviewer will leave the room. The questions will be on a computer screen. You answer by touching an answer on the screen.



Like all of the other data we collect, the answers you give us are kept strictly private. If you are under 18 years of age, we may notify your parents if we have reason to believe you may harm yourself because of sad feelings.

### Will I get my results?

Yes, you will get a report of your results. If the exam shows urgent health problems, we will notify you at once and refer you for treatment. If some urgent problem is found through your lab tests, we will immediately send that information in a letter to your home address. If you wish, we will mail the routine results to you about 3-4 months after the exam. In general, we give results only to the person examined or to the parents/guardians of children.

Some results, like those for sexually transmitted disease (STD) tests and pregnancy tests, are not put in writing. We report positive pregnancy test results only to the person tested if she is 14 years or older and doesn't already know she is pregnant. If a girl is younger than 14 and has a positive pregnancy test, we will inform both her and her parent/guardian. How we report STD test results is explained in the next section.



Some tests are not reported because they will be used only for research and are not used for medical care. Better ways to look at some of the tests may be developed in the future. Some of the tests may be read again. We will not report the results of future tests to you.

NHANES does not cover the cost of any health care you may decide to get after the exam.

### Will you test for sexually transmitted diseases (STDs)?

Teenagers (14 years and older) and some adults will have tests for STDs. We will not put these results in writing, but you can get STD test results a few weeks after the exam. Before you leave the mobile

## Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

center, you will be given a toll-free number, a password, and the dates to call for your results. Only you will get your test results by calling in and telling us your password. Parents will not be told their child's STD test results. If your test results show that you have a current health problem, we will talk with you about the results and tell you how to get treatment. We will keep all STD test results completely private, just like all other test results. If you do not want to be tested, you can tell a staff member. For details on the tests, please see the Health Measurements List.

### Will my information be kept private?

We respect your privacy. Public laws keep all information you give private.

These laws do not allow us to give out data that identifies you or your family without your permission. This means that we cannot give out any facts about you, even if a court of law asks for it. However, if we find signs of child abuse during an exam, we will report it to the local department of social services or the police.

We will keep all survey data safe and secure. When we share data with our partners, we do so in a way that protects your privacy as required and guaranteed by law. Our interviewer can provide you a list of our partners if you wish to learn more.

### How are NHANES data used?

What you tell us, your exam results, and samples you give are a good resource for health science. Many Federal agencies, universities, and other public and private groups use NHANES data. They use it to help find new cures and treatments for diseases and disabilities. The aim is to make the health of all people better. Results of this survey may be reported in journals, at major scientific meetings, or through other news media. None of these reports will ever name or use data that can point to any person who took part in the survey.

NHANES has been used in important national reports. One of these highlights the food we eat. Another tells us about the exposures we have to chemicals in the environment. The survey has also been used to track the number of people who are overweight or obese. Research using NHANES can be found on our Web site, listed on the back of this brochure.

Health research using NHANES can be enhanced by combining your survey records with other data sources. An example is linking your survey results with vital statistics and Medicare claims. To do this, we will ask your permission to collect your Social Security and Medicare numbers. As we told you before, we keep this information safe and secure.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

Also, we may need to contact you in the future. To do this we will ask public or private agencies, such as the Post Office, to give us changes to your address. In the past, we have had the chance to call or revisit people who took part in this survey. We may contact you in the future to ask you to be part of other research projects. Your participation in future studies is voluntary.

**More questions?**

Our survey representative can discuss other questions or concerns you might have or give you printed material that can help you. She or he can give you a phone number in your area that you can call for more facts about the survey.

Also, you can make a free call to Dr. Kathryn Porter of the U.S. Public Health Service to discuss any aspect of the survey.

She can be reached at 1-800-452-6115, Monday-Friday, 8:30 AM-6:00 PM EST. You may also contact her regarding any harm to you resulting from this survey. You can also get answers to your questions by mail (Room 4322, 3311 Toledo Rd., Hyattsville, MD 20782).



You may have questions about your rights as a participant in this research study. If so, please call the Research Ethics Review Board at the National Center for Health Statistics, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2005-06. Your call will be returned as soon as possible.



Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)



Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY**  
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant \_\_\_\_\_  
First Middle Last

**PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:**

For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor ):

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.

\_\_\_\_\_  
Signature of parent/guardian Date

If you do not want a written report of your child's exam results, check here

**SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:**

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to take part in the survey.

\_\_\_\_\_  
Signature of participant Date

If you do not want a written report of your exam results, check here

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

\_\_\_\_\_  
Witness (if required) Date

Name of staff member present when this form was signed:  
\_\_\_\_\_

\_\_\_\_\_  
SP ID

## Child SP Assent Brochure and Form (SPs 7 through 11) – Exhibit 4-2

The purpose of this brochure is to inform the child SP who is between the ages of 7-11 about the health interview and health examination and to ensure that he or she **agrees** to be examined. You should give the brochure to the child. The text of the brochure must be reviewed by the child OR the interviewer must review the brochure with the child.

This brochure is much shorter than the Consent/Assent/Parental Brochure. The basic concepts of the study are very simply stated and the language in the text has been simplified so that it is more appropriate for young children.

The **Assent Form** is a separate form inserted in the back pocket of the brochure and is printed on 3-part paper. The Assent form should be read and signed by **the child**. The rules for signing the form are the same as those for the Adolescent Assent Form. The Child Assent Form appears on page 4-27.

The Child Assent Form has an area for the signature. Use the following guidelines to complete the signature process:

- Have the child sign the form on the line entitled “Signature of participant 7-11 years old”;
- Print the full name of the child on the lines provided;
- Print the full name of the witness (if required) on the appropriate line and date the form;
- Sign and date the form on the appropriate line; and
- Print the child’s SP ID in the space provided.

Allow the respondent adequate time to read the appropriate brochure including the Assent Form **thoroughly**. After the respondent has completed the form, review it carefully to assure that all appropriate information has been filled out completely.

Remember we are not allowed to conduct any examination component on any person who has not had an opportunity to read the appropriate SP Assent Brochure and signed the appropriate assent forms.

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Exhibit 4-2. Child SP Assent Brochure and Form

**National Health and Nutrition Examination Survey**

Examination Assent Brochure,  
7-11 Years of age

Let's  
**Improve**  
Our Health

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

SAFER • HEALTHIER • PEOPLE™

nhanes

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

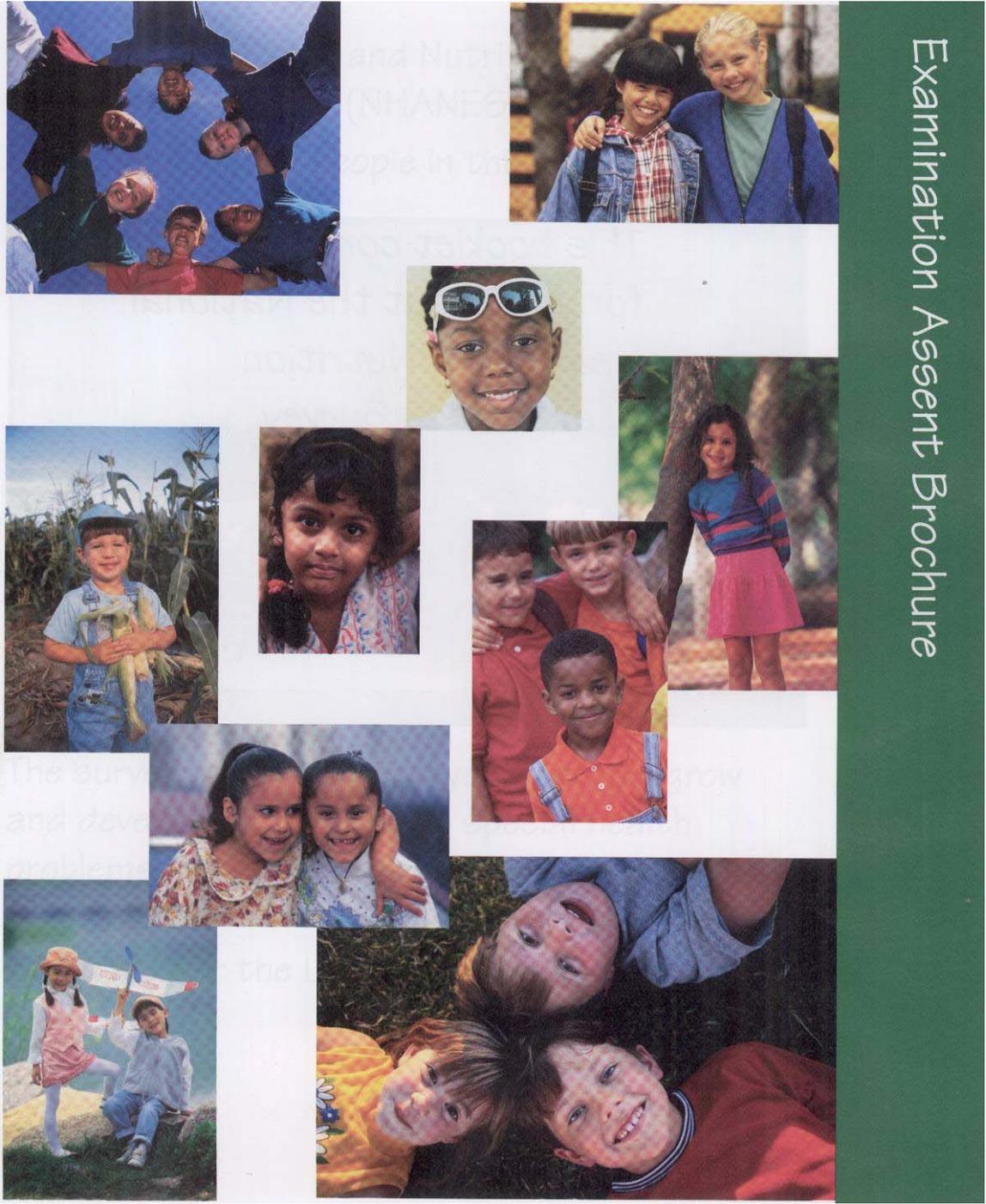


Exhibit 4-2. Child SP Assent Brochure and Form (continued)

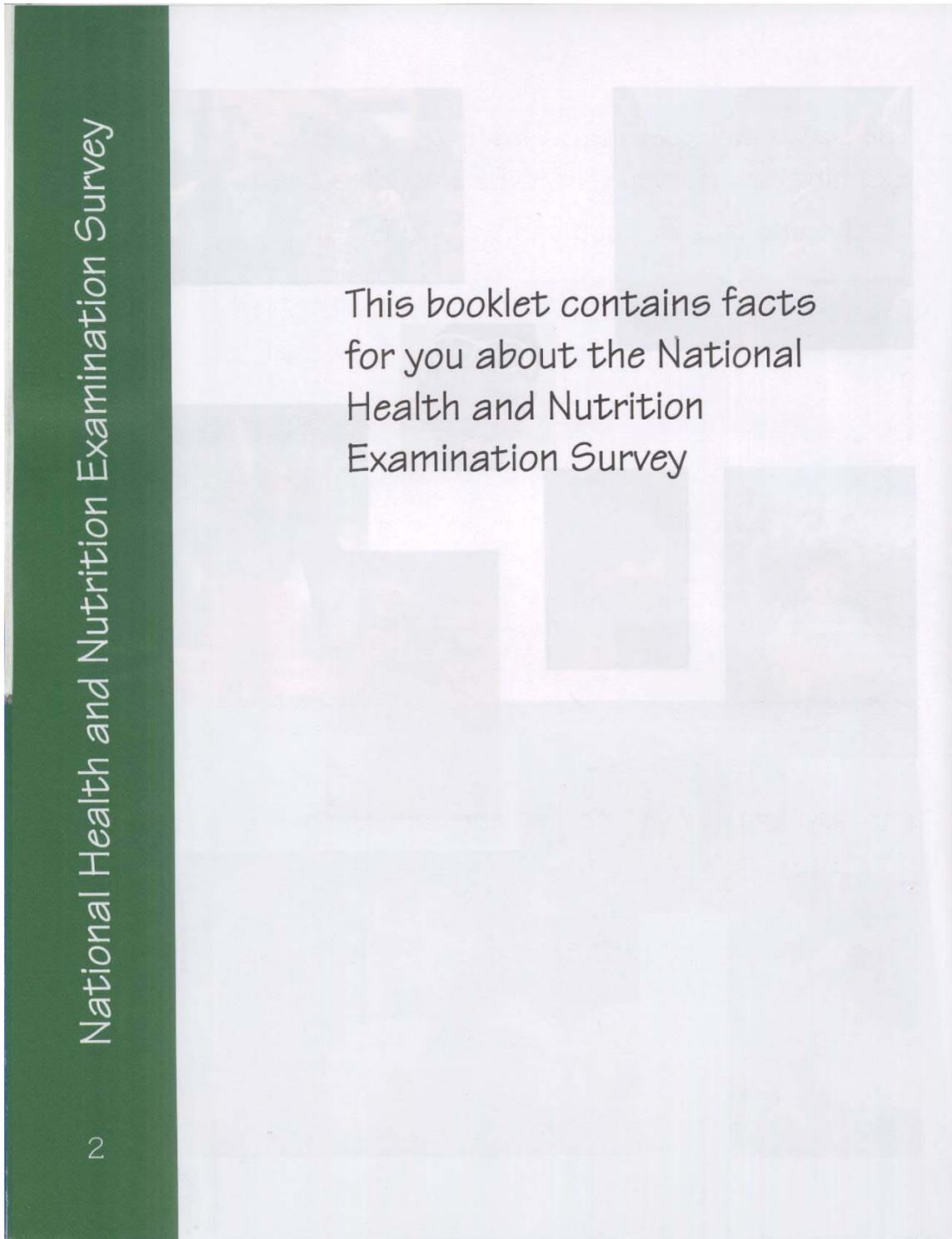


Exhibit 4-2. Child SP Assent Brochure and Form (continued)

The National Health and Nutrition Examination Survey (NHANES) studies the health and diet of people in this country.



The survey will look at how young people grow and develop. We will look at special health problems that may affect kids.

We go all over the United States in these vans.

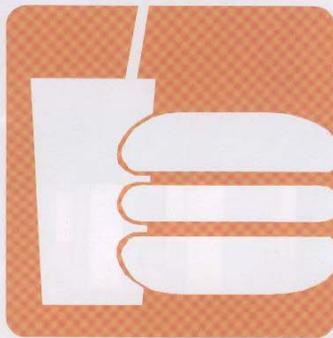
We will see how much  
you weigh and how tall  
you are.

We will look at your  
teeth.

About Your Exam

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

Our survey wants you to come to this exam center. The exam is like going to the doctor. Your exam will help us find out more about the health of children your age.



We will ask questions about what you eat and drink.

You will change into special exam clothes at the exam center.

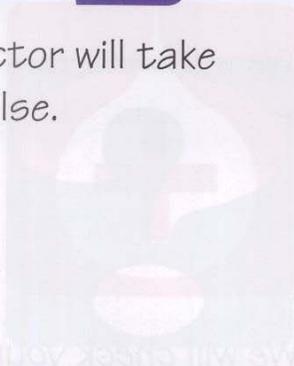




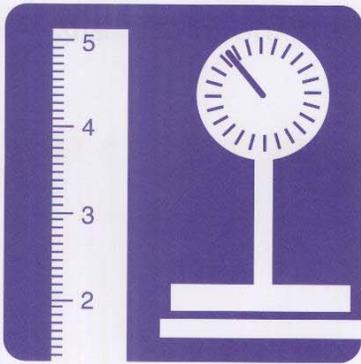
Our doctor will take your pulse.



We will take your blood pressure.



Our staff will answer any questions you have.



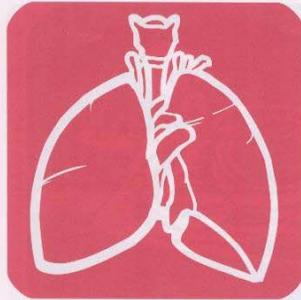
We will see how much you weigh and how tall you are.



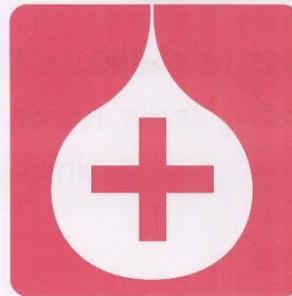
We will look at your teeth.

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

National Health and Nutrition Examination Survey



We will test your breathing.



We will check your blood and urine in our lab.



We will send you and your parents a report on your exam.

We will give you money to thank you for helping us with our survey.



Our staff will answer any questions you have.

We would like you to go to our mobile exam center vans for an exam. You will help us learn more about all children in the United States.

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

Notes



We will give you money  
to thank you for  
helping us with our  
survey.

We will test your  
breathing.



Our staff will answer  
any questions  
you have.

and urine in our lab.



We will send you and  
We would like you to go to our mobile exam  
center van for an exam. You will help us learn  
more about all children in the United States.

8

Exhibit 4-2. Child SP Assent Brochure and Form (continued)



Exhibit 4-2. Child SP Assent Brochure and Form (continued)

#4

**National Health and Nutrition Examination Survey (NHANES)**

Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

\_\_\_\_\_  
Signature of participant 7-11 years old

\_\_\_\_\_  
Print name of participant

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

\_\_\_\_\_  
Witness (if required)

\_\_\_\_\_  
Date

Name of staff member present when this form was signed:  
\_\_\_\_\_

\_\_\_\_\_  
SP ID

This page deliberately blank.

### 4.3 Obtaining Minor Assent for Specimen Storage and Future Research

As scientists learn more about health, important new research projects can be done using specimens (blood and urine) that are stored in a controlled environment. For this reason, we will ask to keep some of the SP specimens given during the time of the MEC examination for continuing studies. No specific studies are planned, however, as new ways to measure health and disease are discovered, other studies may be conducted that will add to the knowledge of the treatment and causes of disease.

All SPs who consent to the examination that includes blood and urine collection will be asked permission to keep blood and urine samples collected during the MEC examination for continuing studies. Exhibit 4-3 is a sample of the form that is used to record consent/assent/parental permission for these purposes.

The rules for signing this form are similar to those used for signing the MEC Examination Consent/Assent/Parental Permission forms. However, **in rare situations**, if the respondent refuses to check the items on the form or sign the form, he or she **should continue to be examined in the MEC**. In this case the SPs specimens will not be kept.

The text that follows provides a specific explanation of the form.

The form is divided into three general areas:

- **Questions and answers directed toward the goals and procedures of specimen storage and future research**—Allow the SP time to read the text of each question and answer.
- **Statements and Required Check Boxes**—This part of the form contains two separate statements regarding permission to keep the SP's specimens for future health studies—one worded for the SP and the other worded for the parent of the SP.
- **Signature lines**—This part of the form contains four separate signature lines:
  - One for subjects 7 years of age or older,
  - One for the parent or guardian of SPs under age 18,
  - One for the NHANES staff member, and
  - One for a witness, as necessary.

Exhibit 4-3. Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

# 5

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)  
Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

Print name of participant \_\_\_\_\_  
First Middle Last

**Q Why will a sample of blood and urine be kept for future health studies?**

**A** We would like to store some of the urine and blood from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last.

**Q What studies will be done with the samples?**

**A** At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. People conducting these studies will not contact NHANES participants for any additional information.

We will keep strictly private all health data and samples that we collect in NHANES. Our staff is not allowed to discuss that any person is part of this survey under penalty of Federal laws: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A).

**Q Who can use the stored samples for further study?**

**A** Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and by a board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

**Q Will I receive results from any future testing of my specimens?**

**A** Most studies will simply add to our knowledge of health and disease. Therefore, we do not plan to contact you or your family with individual results from these studies. Periodically we will send a newsletter telling all NHANES participants about the studies being conducted. To get more general information about a particular study, you can call our toll-free number, 1-800-452-6115.

**Q How can I remove blood or urine samples from the specimen bank?**

**A** In the future, if you want samples removed from the specimen bank, call us toll-free at 1-800-452-6115.

The results of continuing study of your stored specimens may help find new ways to prevent, treat, and cure many diseases.

For persons ages 7 and over, check this box

I agree that my blood and urine may be kept for future health studies

For parent/guardian of a child under the age of 18, check this box

I agree that my child's blood and urine may be kept for future health studies

Signature of participant age 7 or over \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian of participant under 18 \_\_\_\_\_ Date \_\_\_\_\_  
(Unless the participant is an emancipated minor )

Signature of staff member \_\_\_\_\_ Date \_\_\_\_\_ Witness (if required) \_\_\_\_\_ Date \_\_\_\_\_

SP ID \_\_\_\_\_

Specific rules for completing the form in the MEC for SPs 7-17 years old are discussed below.

- The text of the form must be reviewed by the child, or the interviewer must review the text with the child.
- Have the SP read the statement printed under the label “For persons ages 7 and over, check this box.” If the SP **agrees** to have his or her specimens kept, the SP should **check** the box provided. **Note that the SP’s and/or parent’s signature alone does not constitute permission to keep specimens or conduct genetic research. Permission for these processes is determined by whether he or she has checked the box next to the appropriate statement.**
- Have the **SP sign** on the appropriate signature line (“Signature of participant age 7 and over”) and record the date.
- Sign your name and date the form under the line titled “Signature of staff member.”
- “Witness (if required)” refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him or her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided.
- Return the completed form to the MEC coordinator.

**Note:** The form must be signed by the child in the presence of the interviewer or MEC staff in order to be considered complete. The form cannot be left with the parent for the child to answer and sign. It is acceptable for the child to sign a separate (identical) form in the MEC if he or she was not present to sign it in the presence of the interviewer. Also note that in order to keep the child’s specimens for future research, **both** statements (one for the child and one for the parent/guardian) **must be checked**. The form is considered complete when all appropriate signatures and dates have been obtained.

As mentioned previously, in very rare situations the SP may refuse to sign the form. This should not jeopardize the examination process. Record the word “Refused” on the line designated for the SP’s signature. In this case, the SP’s specimens will not be kept.

#### 4.4 Referencing the Pesticide Use Report

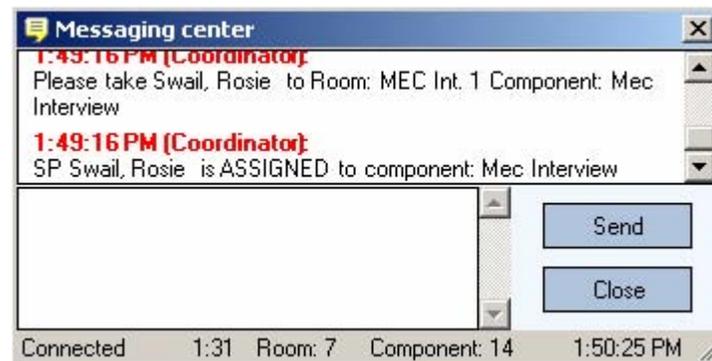
The MEC interview contains two questions on recent pesticide use. For SPs 8-17 years of age this information is collected of the child's parent or guardian during administration of the Automated Proxy (AP) application. Because data cannot replicate to the Blaise-CAPI interview from the AP application, the MEC interviewer must enter the answers into the pesticide use (PUQ) section of the CAPI interview. A Pesticide Use Question (PUQ) report has been created and placed in the AP application so that the MEC interviewers can access the PUQ report to view the responses to the pesticide questions. Detailed instructions for accessing the PUQ report are contained in the Automated Proxy Manual. Immediately before logging SPs 8-17 years of age into the MEC interview, access the PUQ report and make note of the parent or guardian's responses to these two items for later entry into the interview.

#### 4.5 Logging in the SP

Procedures for logging the SP into the automated system are as follows:

1. Select the MEC Interview icon from your desktop at the start of a session.
2. Enter your interviewer password when prompted.
3. Open a new examination session when the SP has been assigned to the room. The Coordinator system will notify you that an SP has been assigned.

Press **Close** or click on the **X** in the upper right corner to close the notification message.



4. Wand the SP's identification bracelet or type in the SP's ID number on the Sample Person Pickup screen to log the SP into the interview. Verify the SP's name and identification number displayed on the screen.

Sample Person Pickup

Sample Person ID: 382073

Sample Person Select

Last Name: SWAIL

First Name: ROSIE Middle Name:

Date of Birth: 7/1/1984

Gender: Female Age at Interview: 19

Special Considerations:

Ok Cancel

## 4.6 Conducting the Interview

As described in Chapter 2, the MEC Interview consists of four main sections: the Blaise-CAPI health interview, the VTQ interview, the Audio-CASI interview on health behaviors of a sensitive nature, and the Critical Data Items (CDI). Administration of each section involves introducing and providing appropriate transitions between sections, asking the questions specific to the section and entering SP responses, and recording a section status.

### 4.6.1 Introducing the MEC Interview to the Respondent

The interview software automatically displays appropriate introductory statements for each of the four interview sections based on the age of the SP and whether the interview is being conducted with a proxy respondent.

The **Blaise-CAPI** introduction for SPs **8-11 years** of age is as follows:

“During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?”

The **Blaise-CAPI** introduction for SPs **12 years of age and older** is as follows:

“During this interview, I will be asking you questions on your current health status, and other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?”

For interviews using a **proxy respondent**, the computer displays the following introduction:

“During this interview, I will be asking you questions about {SP’s} current health status and on other health behaviors.”

After conducting the Blaise-CAPI section of the interview, you will introduce the **VTQ section** to SPs eligible for these questions by reading the brief introduction that appears on your computer screen:

“I would like to ask you a few questions about {your/SP’s} home.”

After conducting the VTQ section of the interview, you will introduce the **Audio-CASI section** by reading the ACASI Interview Introduction:

“Now I’d like you to use the headphones and listen to some questions. You will enter your responses into the computer by touching the screen. This will allow you to answer questions in complete privacy. I will leave the room during this time, but will be right down the hall to help you if you have a problem. Let’s go over some examples and then you’ll complete the interview on your own.

After completing the ACASI section, you will introduce the **CDI section** by reading the brief introduction that appears on your computer screen:

“I would like to verify {your/SP’s} address.”

#### 4.6.2 Administering the Actual Questionnaire

One of your primary responsibilities as a MEC interviewer is to administer the questionnaire. Successful administration of the questionnaire is a two-fold process. It involves:

- Making sure that each respondent hears the questions in exactly the way they are written in the questionnaire; and
- Making sure the respondent's answers are faithfully and accurately recorded.

Specific instructions for administering the four sections of the questionnaire are contained in Chapter 5, Question-by-Question Specifications.

#### 4.6.3 Recording a Status for Each Section

NHANES requires that a separate status code be recorded for each section of the interview. After the answer to the final question has been recorded and any additional instructions on exiting the particular software for that section have been followed, the automated system displays a section status screen. An example of the Blaise-CAPI section status screen is shown in Exhibit 4-4.

The status for a particular section may be either "Complete," "Partial," or "Not done." The program automatically displays a section status code according to predetermined criteria for all sections **except the Blaise-CAPI** section. You will need to select the appropriate status for the Blaise interview.

Exhibit 4-4. Section Status screen

Mec Interview

SP: 464117 | SONNY DUNNE | Self | Male | 80 years | Appt: 2506250 | Session: 250110 | Stand: 250 ARLINGTON (ARLINGTON), VA

NCHS\NHANES-05\MI-05\MI-BLAISE\Blaise | Blaise section | EOS | Blaise: End of Section

Blaise: End of Section

Complete  
 Partial  
 Not Done

Comments:  
Other text:

safety exclusion  
interrupted  
SP refusal  
no time  
physical limitation  
communication problem  
equipment failure  
SP ill/emergency

A status of “Partial” or “Not done” requires you to enter a comment code from the drop-down comment screen. Valid comments for the interview and their appropriate use are described in the *Integrated Survey Information System (ISIS) User Guide*.

#### 4.7 Critical Data Items

There are a few pieces of demographic information that are considered critical to the study and should be collected for each SP. These items include: street and mailing address, home telephone number, and Social Security number. For most SPs this information will have been collected previously by one of the field interviewers. At the time of the MEC interview, it is your responsibility to attempt data collection for all missing items and to verify the existing information for selected items.

Procedures for verifying and collecting critical data items (CDI) vary depending upon the age of the SP. For SPs 12 years of age and older, you will collect the items as part of the MEC interview,

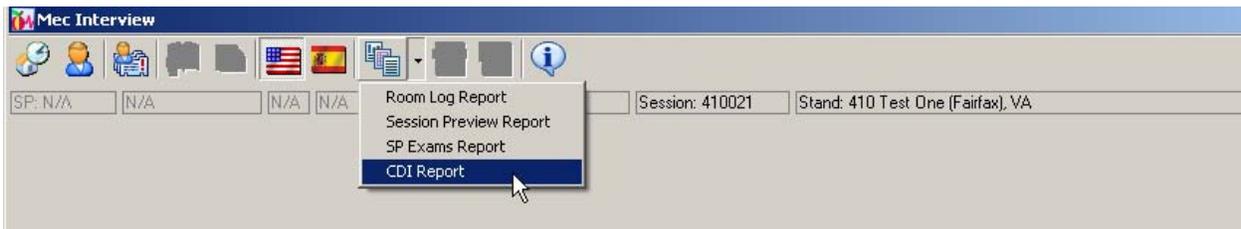
as described in Chapter 5. For SPs younger than 12 years of age, the information is collected either on hard copy for later entry into a CDI utility, or directly into the utility.

#### 4.7.1 Critical Data Item Collection for SPs Younger than 12 Years of Age

Critical data item collection for this age group may be accomplished either on a hard copy report for later entry into a critical data item (CDI) utility, or directly into the CDI utility. Social Security number is the **only** CDI item that is consistently collected for this age group by the MEC interviewers. The telephone and address screens are not verified for this age group; however, the CDI utility allows the MEC interviewers to make updates to these screens if the parent or guardian provides new information.

Prior to the start of the exam session, check the session preview report to determine whether any SPs 11 years of age or younger are scheduled for the session. If there are SPs in this age group you will need to print out a critical data report.

To generate the critical data report, click on the “Generate Report” icon on the top of the MEC interview window and select “CDI Report” from the drop-down menu.



A separate report listing all existing critical data information that has been collected for SPs 11 years of age or younger is displayed (Exhibit 4-5). If any item is missing, the corresponding data field(s) are blank. The information is listed on a separate page for each SP. Use backward and forward arrows on the toolbar to navigate through the report. Print the report by clicking on the printer icon on the toolbar.

Exhibit 4-5. Critical Data Item Report

The screenshot shows a 'ReportViewer' window with a toolbar at the top containing navigation and printing icons. The report content is as follows:

**Critical Data Items Report** 07/07/2005 12:13 PM

Stand: 410

---

**Session:** 410021 08/20/2004 01:30 PM - 05:30 PM

---

**SP ID:** 113005 **KATIE CHANG1** **Female** **9 years**

---

**Current Social Security Number**

000-00-0000

---

**Current Mailing Address**

**Additional address line:**

<b>Street #:</b>	<b>Dir Pre:</b>	<b>Street Name:</b>	<b>St. Type:</b>	<b>Dir Post:</b>
176		STATE	ST	
<b>Unit Type:</b>	<b>Unit:</b>	<b>PO Box:</b>	<b>RRHC #:</b>	<b>RRHC Box:</b>
APT	1A			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	
ANYTOWN		USA	12345	

---

**Current Phone Numbers**

Mobile	(412) 123-4567	x
Home	(412) 922-8520	
Home	(412) 965-1264	
Home	Don't Have	

Current Page No: 1 | Total Page No: 12 | Zoom Factor: 100%

Review the report to determine whether the Social Security number is missing or coded “don’t know” or “don’t have” for any of the listed SPs. Attempt to collect the SSN for these SPs from the child’s parent or guardian and record it on the hard-copy report for later entry into the CDI utility. This allows you to take the form with you anywhere in the MEC and serves to facilitate the data collection effort. An exception to this approach is if the parent/guardian is also an SP. Either at the beginning or end of the parent/guardian’s MEC interview you may collect the child’s information and enter it directly into the CDI utility.



Select the CDI icon (  ) from the main toolbar to access the CDI utility and highlight the appropriate SP from the list. Click on the SP's name to open the CDI utility and enter data for that SP. The Social Security number screen displays (Exhibit 4-6).

Exhibit 4-6. CDI Utility: Social Security Number screen

Mec Interview

SP: 406195 | NITUL PURDHIT 4 | Self | Male | 6 years | Appt: 4102662 | Session: 410911 | Stand: 410 Test One (Fairfax), VA

NCHS\NHANES-05\MI-05\MI-CDI\MI-CDI | Critical Data Items | CDI100 | Verify SSN

We also need your Social Security Number. The Department of Health and Human Services will use your Social Security Number to conduct health-related research by linking your survey data with vital statistics and other records, such as health registries. We may also use it if we need to recontact you or your family. Except for these purposes, the Department will not release your SSN to anyone, including any government agency. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on your benefits if you do not provide it. [Public Health Service Act is title 42 United States Code, section 242k].

What is your Social Security Number?

Refused | Don't Know | Don't Have

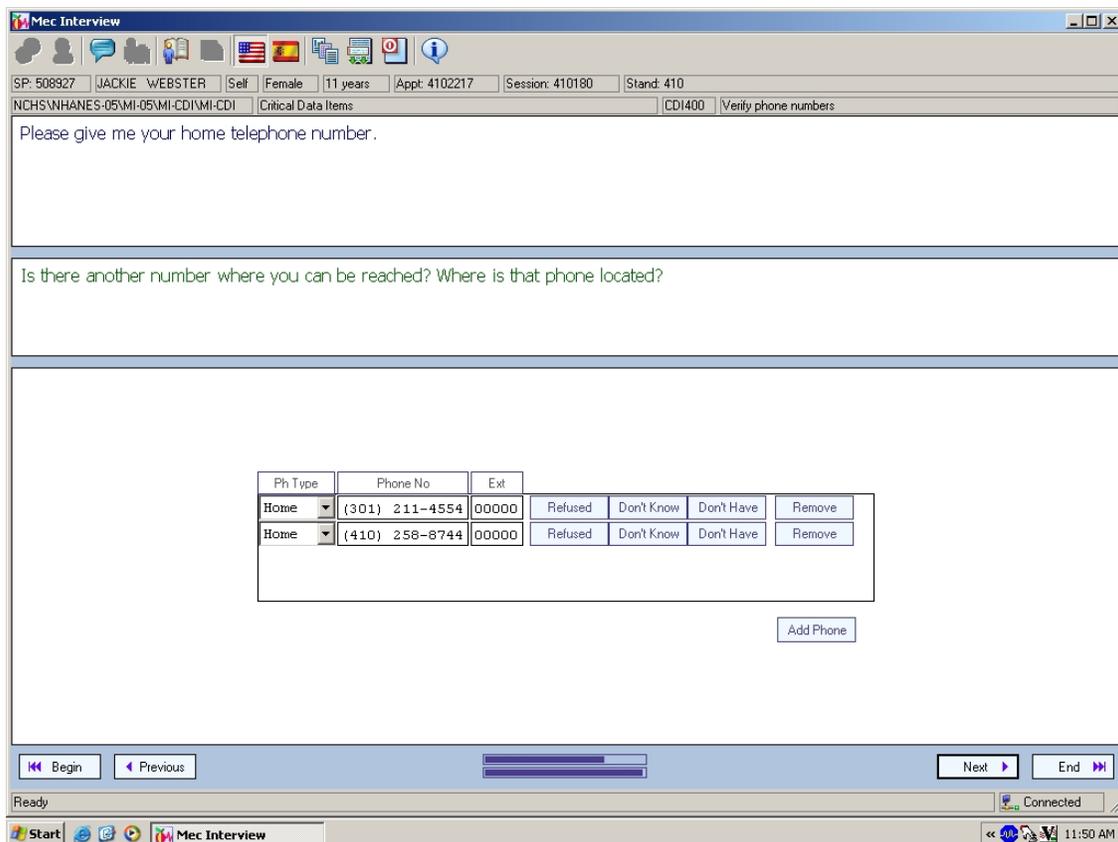
Begin | Previous | Next | End

Ready | Disconnected | 6:28 PM

Enter the Social Security number of the SP, as reported by the child’s parent or guardian. Other choices include “Refused,” “Don’t Know,” or “Don’t Have.” After an answer has been entered press “End” to exit the CDI utility or press “Next” to access the telephone and address screens. Selecting “End” will cause a message box to display that asks whether you want to save the data before exiting CDI. Select “Yes.”

Selecting “Next” from the SSN screen will cause the home phone number/add number screen to display (Exhibit 4-7). To edit the phone number, click on the telephone field to place the cursor in the box and then type in the correct information. To add a phone, click on “Add Phone,” and it will provide another row for an additional number. Enter the number, and press “Next” to proceed to the address screens or press “End” to exit CDI.

Exhibit 4-7. CDI Utility: Home Telephone Number screen



The street address screen will then appear (Exhibit 4-8). To edit any of the address information, click on the appropriate address field to place the cursor in the box and then type in the correct information or select the appropriate response from the drop-down menu.

Exhibit 4-8. CDI Utility: Street Address screen

SP: 933021 | JEREMY JONES 4 | Self | Male | 5 years | Appt: 4102591 | Session: 410911 | Stand: 410 Test One (Fairfax), VA  
NCHS\NHANES-05\MI-05\MI-CDI\MI-CDI Critical Data Items | CDI300 | Verify street address

I would like to verify your address. Please give me your complete address.

Additional Address Line:  
[Text Box]

Street #: 176 | Dir Pre: [Dropdown] | Street Name: STATE | St. Type: ST | Dir Post: [Dropdown]  
Unit Type: APT | Unit #: 1ST | PO Box: [Text Box] | RRHC #: [Text Box] | RRHC Box: [Text Box]  
City: FAIRFAX | State: VA | Zip Code: 12345

Is your mailing address the same as your street address? [Dropdown]  
Did you live at this address on 8/25/2004? [Dropdown]

Begin | Previous | Next | End

Ready | Disconnected | 6:35 PM

Press “Next” to proceed to the mailing address screen CDI (Exhibit 4-9) or press “End” to exit CDI.

Exhibit 4-9. CDI Utility: Mailing Address screen

SP: 933021 JEREMY JONES 4 Self Male 5 years Appt: 4102591 Session: 410911 Stand: 410 Test One (Fairfax), VA

NCHS\NHANES-05\MI-05\MI-CDI\MI-CDI Critical Data Items CDI400 Verify mailing address

In case we have to contact you again, please give me your complete mailing address.

Additional Address Line:

Street #: 176 Dir Pre: [dropdown] Street Name: STATE St. Type: ST Dir Post: [dropdown]

Unit Type: APT Unit #: 1ST PO Box: [empty] RRHC #: [empty] RRHC Box: [empty]

City: FAIRFAX State: VA Zip Code: 12345

Begin Previous Next End

Ready Disconnected 6:36 PM

To edit any of the mailing address information, click on the appropriate address field to place the cursor in the box and then type in the correct information or select the appropriate response from the drop-down menu. Press “Next” or “End” to exit CDI.

#### 4.8 Ending the Interview

At the conclusion of the interview, notify the MEC coordinator that you are done by clicking on the “End” button in the bottom center portion of the screen. Do not leave the examination open any longer than necessary as this can lead to inaccurate estimates of the amount of time it takes to complete the interview component. It can also slow down the flow of SPs between components.

Thank the SP for his or her time and contribution to the study. Check whether the MEC coordinator has sent you a message advising you of the next component for the SP. If not, escort the SP back to the coordinator's area to await assignment to the next component.

## **5. MEC INTERVIEW PROTOCOL**

### **Question-by-Question Specifications**

## **5.1 Question-by-Question Specifications Overview**

This chapter contains the Question-by-Question specifications (QxQ specs) for the four sections of the MEC interview: Blaise CAPI questions, VTQ questions, audio-CASI questions, and Critical Data Items (CDI). These specifications are designed to give you directions on the administration of each question.

The section is set up so that the corresponding text is shown along with the Question-by-Question specification. Explanations of and instructions for questions, definitions of words, and examples appear on the QxQ page across from the question they concern.

You will use the information presented here during training to learn how to administer the interview. You should also use the specifications as a reference when you are interviewing to resolve problems encountered. When you have a question about the administration of the questionnaire while you are in the MEC, always look at the specifications first.

Each of the main interview sections has some section-specific instructions that remain the same, regardless of the topic or specific question. Some of these general specifications are also provided in this chapter.

Spanish translations of each section can be found in Appendix A.

### **5.1.1 General Rounding Rules**

Many questions in the MEC interview require numeric responses. Occasionally, a respondent may give you an answer that is a fraction of a whole number. Unless indicated otherwise in the question-by-question specifications, the basic rules for rounding are:

- For fractions less than one-half, round down to the nearest whole number. For example,  $3 \frac{1}{4}$  becomes 3.

- For fractions more than one-half, round up to the nearest whole number. For example,  $7 \frac{3}{4}$  becomes 8.
- For fractions that are exactly one-half, round to the nearest even whole number. For example,  $2 \frac{1}{2}$  becomes 2.

### 5.1.2 Introduction to the MEC Interview Program

This section provides an introduction to the MEC Interview Program and general guidelines for navigating through the interview. Section-specific information and navigational features are provided in the QxQs for the individual sections.

#### MEC Interview Menu Items and Shortcuts

The menu items are located at the top of the MEC Interview window and can be accessed from the toolbar buttons. Dimmed toolbar buttons are not available for the window or pane that is currently active.

The menu buttons at the top of the **MEC Interview** window are identified as follows:



The house/clock icon is the **Stand/Session Pickup** button (which also can be accessed by pressing Ctrl+D). It is not available in Coordinator mode, but is available in Stand-Alone mode.



The person icon (  ) is the **SP Logon** button, which will bring up the Sample Person (SP) Logon window.



To the right of the man icon is the **Critical Data Items** (CDI) icon (  ), which will take you directly to the CDI section.



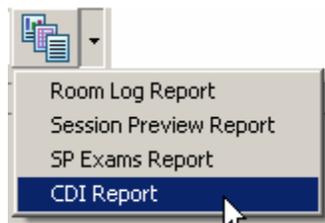
The interview language may be changed by pressing one of the flag buttons (  ). Pressing the American flag button will change the interview to English; pressing the Spanish flag button next to it will change the interview to Spanish. You may also change the interview language to English by using the hotkeys Ctrl+E; change to Spanish by pressing Ctrl+S.



The UFO icon (  ) is available at the end of each module as well as during the CAPI and CDI modules to access the UFO system.



The tiled file folder icon (  ) is the **Generate Report** button. Click on the button to display the drop-down list of reports.



Select **Room Log Report** to view a list of SPs who have completed the component, including the component status. Select **Session Preview Report** to view a list of all SPs in the current session. Select **SP Exams Report** to view a listing of eligible components and component statuses for each SP.



The **About** button (  ) identifies the version of the software architecture.

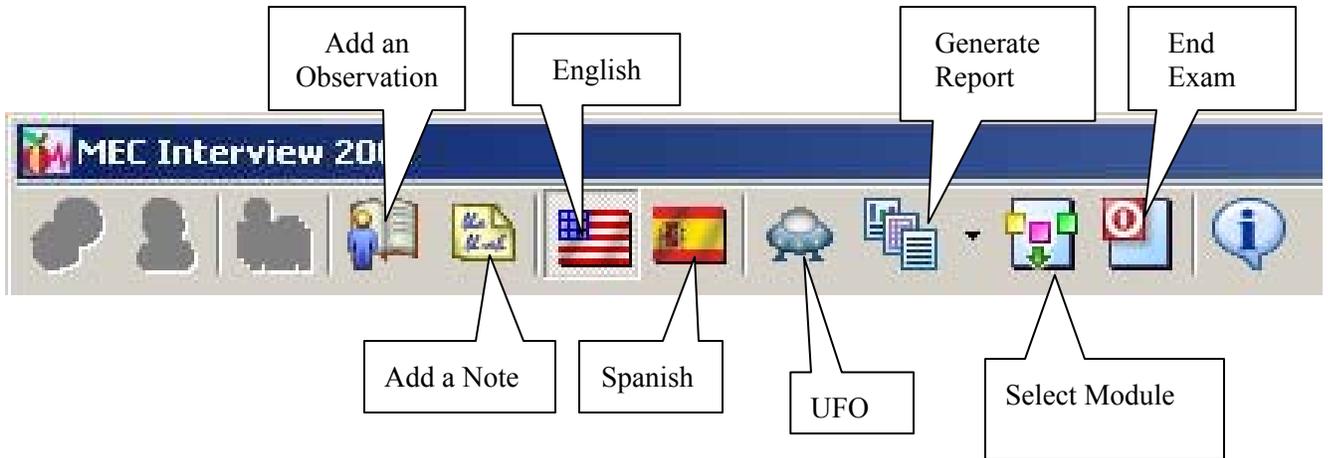
### Shortcuts for Menu Items

Most menus and menu items have an underlined “accelerator key” that enables you to access the menu from the keyboard instead of using the mouse. The accelerator letters for menus become visible when you hold down the **Alt** key. Use the **Alt** key in combination with the accelerator key to open a menu, then just press the accelerator key for the desired menu item. Some menu items also have a keyboard shortcut displayed after the menu item name. Keyboard shortcuts can be one of the F1-F12 keys along the top of the keyboard or a combination of the **Ctrl** key and one or more other keys. You can use keyboard shortcuts at any time.

Some menu items can also be accessed from toolbar buttons. A dimmed (grayed-out) toolbar button means that function is not available for the window or pane that is currently active.

## MEC Interview Toolbar buttons

The MEC Interview screen has a number of toolbar operations accessible from either the toolbar at the top of the screen or from hot keys.



The MEC Interview buttons can be activated by using the following hotkeys:

- Add an Observation - Ctrl+O
- Add a Note - Ctrl+N

## Navigation

At the bottom left and right sides of the window are navigation buttons. To move to the next question in the interview, select a response and then press ENTER or click the **Next** button in the lower-right corner of the window. You cannot continue to the next question until you answer the current question.

The navigation buttons at the bottom of the screen enable you to return to the beginning of the interview, return to the immediately preceding question, go to the next question, or go to the very end of the interview.

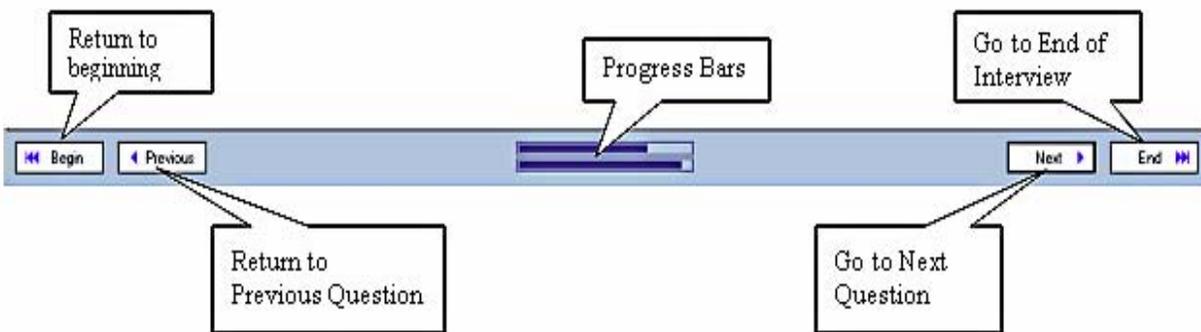
To move backward through the questionnaire, click the **Previous** button. If you need to correct an earlier response, you can click the **Previous** button until you reach the question you need to correct, change the answer, and then use the **Next** button to proceed from there.

The questionnaire flow, or the sequence of questions presented during an interview is driven by previous responses. A "Yes" response to one question may display a question that a "No" response would not display. Because of this, changing the answer to a previous question may alter the flow of a questionnaire, creating a different sequence and changing the questions that are displayed. **RESPONSE DATA FOR ALL SUBSEQUENT QUESTIONS IS REMOVED WHEN A RESPONSE TO A PREVIOUS QUESTION IS CHANGED.**

The **Begin** button in the lower-left corner of the window moves to the beginning of the section. The **End** button in the lower-right corner of the window moves to the end of the section and results in a partial or not done status for the section.

The **Previous** button moves you to the previous question in the sequence, while the **Last** button moves you to the last question that appeared on screen. For example, if you are on the third question in a section and you click either Previous or Last, you will go to the second question in the sequence. If, while the second question is on screen, you click Previous, you will go to the first question. If, while the second question is on screen, you click Last, you will go to the third question.

As you proceed with the interview questions, the progress bars at the bottom center of the screen will give you an idea of how far you have proceeded. The top bar shows the progress for the section you are now in; the bottom bar shows you the progress for the whole interview.



There are several different response types, depending on the kind of information requested: **Radio buttons**, **list boxes**, **check boxes**, **edit boxes**, and **drop-down lists**.

**Radio buttons** (single response) – Select a single response from a list of possible responses. Click on a response to select it.



You can only select a single response. If you select the wrong response, click on it to unselect it and then select the correct response.

**List boxes** – Similar to radio buttons but used for longer lists. Lists that don't fit on screen have a scroll bar on the right of the list box. If the response you want is not visible in the list, you may need to scroll down the list to find it. To scroll, click on the down arrow on the bottom of the scroll bar to the right of the list. To move down multiple items at a time, click and drag the slider down the scroll bar. You can scroll back up the list by clicking on the up arrow at the top of the scroll bar or by dragging the slider up.

Click on a response to select it.



**Check boxes** (multiple choice/multiple response) – Select one or more responses from a list of possible responses. If you make a mistake, click again on a response to unselect it.

Puerto Rican  
 Dominican  
 Mexican/Mexicano  
 Chicano  
 Cuban  
 Cuban American  
 Central or South American  
 Other Latin American   
 Other Hispanic

**Edit boxes** – Click on a box to place the cursor in the box and then type a response in the box. Use TAB and SHIFT+TAB to move between boxes using the keyboard.

Phone No	Ext
(301) 222-1212	00000
(123) 456-7890	00000

**Drop-down lists** – Click on the down arrow on the right side of the box to display the drop-down list, and then click on the desired choice.

Comments:

Other text:

- safety exclusion
- interrupted
- SP refusal
- no time
- physical limitation
- communication problem
- equipment failure
- SP ill/emergency

If the SP doesn't know the answer to a question or refuses to answer a question, you can click the appropriate icon from the toolbar or use the appropriate keyboard shortcut.

<u>Response</u>	<u>Toolbar button</u>
Don't Know	
Refused	

### 5.1.3 Beginning the MEC Interview

After logging the SP into the MEC Interview as described in Section 4.5, the automated system displays a pop-up screen that allows you to select the interview language and proxy status. The top portion of the screen labeled "Language" allows you to set the interview language to either English or Spanish. Please note, this sets the language for the VTQ, ACASI and Critical Data Sections of the interview. Instructions for setting the language of the Blaise CAPI interview are described in Section 5.2.1. The bottom portion of the screen allows you to select the proxy status. Click on "Self" when the interview is being conducted with the SP. Select "Proxy or Interpreter" when the interview is

being conducted with a proxy respondent. This is also the appropriate response when the interview will be conducted through an interpreter. It is important to select the correct answer as your response to the pop-up query determines whether or not the Audio-CASI section is launched. The ACASI interview may not be administered as a proxy or interpreted interview.



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## 5.2 The Blaise-CAPI Section of the MEC Interview

The Blaise-CAPI section of the MEC interview consists of ten separate sections, each of which collects information on health risk behaviors, medical history, or medical conditions for a specific health topic. An administrative section at the beginning of the interview collects information about the respondent, interpreter, and language of the interview.

Individual questions in the ten sections are derived from several sources including previous iterations of NHANES, the National Health Information Survey (NHIS), and a variety of other health, nutrition, and behavioral surveys. In addition, some of the questions are new to this iteration of NHANES.

### 5.2.1 Navigating the CAPI Interview

The Blaise-CAPI interview is programmed using different computer software than the VTQ, Audio-CASI, and CDI sections of the MEC interview. Navigation through the Blaise-CAPI section and the use of various shortcut keys is described in this section.

#### Basic Navigation

Use the arrow keys to move the cursor forward (↓) or backwards (↑) one answer field at a time.

The **Page Up** key backs up the interview to the previous screen.

The **Page Down** key advances the interview forward to the next screen.

Press the **Home** key to back up the interview to the first screen.

Pressing the **End** key advances the interview to the next appropriate question in the interview. Use this key when you have backed up in the interview to review or change an answer to a previous question. Press **End** when you are ready to continue with the interview. The program advances to the next unanswered item in the interview taking into account changes to the skip patterns as a result of modifications to a previous response.

## Special Keys/Functions

Use the **F5** key or **question mark icon** () to enter a response of “Don’t Know”.

Use the **F6** or **refusal icon** () if the SP refuses to answer a question.

Select **F9** or the **paper clip icon** () to enter an interviewer note.

Switch the language of the interview by selecting **F2**. You can also select “**Options**” then “**Form language**” from the Blaise menu bar. Choose “ENG English” to display the questions in English or “SPN Spanish” to display the questions in Spanish.

Use the **F1** key or select the **help icon** () to view help text associated with an item. To switch the language of the help text select “**Options**” then “**Form language**”. Choose “**TEXT Spanish**” to display the help text in Spanish. Choose “**HELP help**” to display the help text in English.

Press **F10** to exit the interview or select “**Forms**” then “**Exit**” from the Blaise menu bar. The **F10** key can be used quit the interview prematurely, or to exit Blaise after successfully completing the interview.

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Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

THIS INTERVIEW IS SLATED TO BE AN SP INTERVIEW. IS THAT CORRECT?

1. YES  
 2. NO

SPProxVerify

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

WELCOME TO THE NHANES IV MEC QUESTIONNAIRE!

THE SP, Henry Grear, IS MALE, AND IS 50 YEARS OLD.

THE INTERVIEW WILL BE CONDUCTED WITH THE SP.

SPProxVerify  1 YES

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

IN WHAT LANGUAGE WILL THIS INTERVIEW BE CONDUCTED?

1. ENGLISH  
 2. SPANISH

SPProxVerify  1 YES

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

MIA060  
SPProxy  
Verify

This screen asks you to verify whether the interview will be conducted with the SP. If it is a proxy interview, code “no.” Coding “no” will trigger the computer to provide the appropriate word fills for a proxy interview. Code “yes” if the interview is being conducted through an interpreter or directly with the SP.

MIA060  
SPProxy  
Verify (cont.)

Confirm the name, gender, and age of the SP and whether the interview will be conducted with the SP or with a proxy.

MIA055  
Language

Indicate whether the interview will be conducted in English or Spanish. Note that this screen records, but does not set, the language of the interview.

Use the F2 key or click on Options/Form Language on the menu bar to select either the English or Spanish version of the CAPI questionnaire.

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

1. SP
  6. CHILD  
 2. MOTHER
  7. GRANDPARENT  
 3. FATHER
  8. LEGAL GUARDIAN  
 4. SPOUSE
  9. OTHER (SPECIFY)  
 5. SISTER OR BROTHER

LABEL RESPONDENT INFORMATION

RespThreeRelToSP RIQ005

Specify RIQ005OS

ProxyReason RIQ030

Specify RIQ030SP

Old 2/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

IRMANIS IV MEC Questionnaire

Forms Answer Navigate Options Year 9

WHY IS THIS INTERVIEW BEING CONDUCTED WITH A PROXY?

1. SP HAS COGNITIVE PROBLEMS  
 2. SP HAS PHYSICAL PROBLEMS (SPECIFY)  
 3. OTHER (SPECIFY)

LABEL RESPONDENT INFORMATION

99a05a RIQ005 2 Mother

99a RIQ005OS

99a05a RIQ030

## 5.2.2 Respondent Selection Section (RIQ)

You may be able to complete this section without asking the respondent any questions. However, do not assume you know the answer to a specific question. When in doubt, the general rule is to ask the respondent. Because this section is structured as a set of interviewer instructions, you will need to paraphrase the instruction slightly so that it works as a question to the respondent. This is one of the few places in the MEC Interview where you can deviate from the text that is displayed on the screen.

This section is completed for all SPs.

RIQ005 For most interviews you will code “1” to indicate the SP was the respondent. SP interviews skip to RIQ090.

For proxy interviews, record the relationship between the SP and the proxy.

RIQ030 This item collects the reason why a proxy interview was necessary. The majority of proxy interviews will be because of either cognitive problems due to such causes as a learning disability, dementia, etc., or a physical problem or illness. When recording physical illness as a reason, you are asked to specify the nature of the problem or illness.

Proxy interviews that are conducted for some reason other than cognitive or physical problems should be coded as “other” with an explanation as to the nature of the problem.

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

1. YES  
 2. NO

SPPresence RIQ038

InterpreterUse RIQ090  NO

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry SnagIt/32 Catalog Viewer ... 4:42 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERPRETER USED FOR THIS INTERVIEW?

1. YES  
 2. NO

SPPresence RIQ038

InterpreterUse RIQ090

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

CODE TYPE OF INTERPRETER.

1. RELATIVE  
 2. NEIGHBOR OR FRIEND  
 3. PAID INTERPRETER

SPPresence RIQ038  YES

InterpreterUse RIQ090  YES

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry SnagIt/32 Catalog Viewer ... 4:42 PM

RIQ038 Code “yes” if the SP was present for any part of the interview, regardless of whether the proxy consulted with the SP for answers to any of the questions. Because this section is completed at the beginning of the interview, you will code “yes” if the SP is present at the start of the interview. In the unlikely event the SP is not present at the beginning but does join the interview in progress, remember to back up and change the code for this item.

RIQ090 Indicate whether an interpreter was used to complete the interview.

RIQ100 Indicate whether the interpreter is a relative of the SP, a neighbor/friend, or paid interpreter. It may not be immediately apparent what the relationship of the interpreter is to the SP so be sure to ask if you have any doubt.

Blaise Data Entry - c:\visis\blaise\mec\MEC

Forms Answer Navigate Options Year 2

LANGUAGE OF INTERVIEW.

1. CHINESE  
 2. FRENCH  
 3. GERMAN  
 4. ITALIAN  
 5. JAPANESE  
 6. RUSSIAN  
 8. VIETNAMESE  
 9. SPANISH  
 10. OTHER (SPECIFY)

SPPresence RIQ038

InterpreterUse RIQ090  YES

CodeTypeInptr RIQ100  Relative

LangOfIntrvew RIQ140

Specify RIQ140DS

Old 3/216 Modified Dirty Navigate MEC

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

During this interview, I will be asking you questions on your current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?

99a RIQ100

99a00g RIQ140

99a RIQ140DS

CK05c RIQ149

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?

99a RIQ100

99a00g RIQ140

99a RIQ140DS

CK05c RIQ149

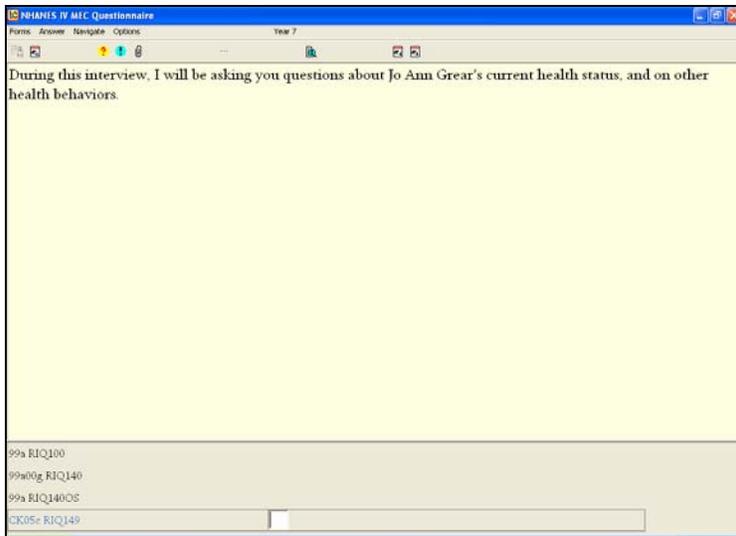
RIQ140 Indicate the language in which the interview was conducted.

Code “10” for languages other than those listed and specify the language. Interviews with deaf or hearing impaired SPs that are conducted through an American sign language interpreter should be coded “other” and specified as such.

RIQ149 RIQ149 contains a brief introductory statement that is read to the respondent. There are three different versions of the introductory text depending upon the age of the SP and whether the interview is conducted with a proxy respondent.

RIQ149 This introductory statement is used with SPs ages 12 years or older.  
Version 1

RIQ149 The application displays this introductory statement for SPs aged 8-11 years.  
Version 2



RIQ149    The application displays this introductory statement when the interview is administered  
Version 3    through a proxy respondent.

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

First I have some general questions about your health.

Would you say your health in general is ...

1. excellent,  5. poor?  
 2. very good.  
 3. good.  
 4. fair, or

LABEL	HEALTH STATUS SECTION
WouldYouSay HU0010	<input type="text"/>
ThinkingAbout HSQ470	<input type="text" value="0"/>
NowThinking HSQ480	<input type="text" value="0"/>
DuringThePast HSQ490	<input type="text" value="0"/>
Cold4Wks HSQ500	<input type="text" value="2"/> <b>NO</b>

Old 4/214 Modified Dirty Navigate MEC

Start HINTZET1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 9:55 AM

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

**HAND CARD HSQ1**

The next questions are about your recent health during the 30 days outlined on the calendar.

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

ENTER NUMBER OF DAYS

LABEL	HEALTH STATUS SECTION
WouldYouSay HU0010	<input type="text" value="1"/> <b>Excellent</b>
ThinkingAbout HSQ470	<input type="text"/>
NowThinking HSQ480	<input type="text" value="0"/>
DuringThePast HSQ490	<input type="text" value="0"/>
Cold4Wks HSQ500	<input type="text" value="2"/> <b>NO</b>

Old 4/214 Modified Dirty Navigate MEC

Start HINTZET1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 9:55 AM

### 5.2.3 Current Health Status (HSQ)

This section of the interview is administered to SPs 12 years of age and older. It is a short section that collects information about quality of life and selected health conditions over the past 30 days, and about blood donations.

HUQ010 This question asks the SP to indicate his or her general health status. It's important to note that we're interested in the subject's own perception of his or her health. If he or she is unsure or has difficulty characterizing his or her health status, remind the SP that there is no right or wrong answer and that you're simply interested in his or her opinion.

HSQ470 This question is the first in a series of items designed to obtain information about the impact of the subject's health on his or her quality of life during the past 30 days. There may be some "overlap" in the number of days reported between the Quality of Life questions.

This question asks the SP to indicate on how many of the past 30 days his or her physical health was not good. The SP should consider physical illness and injury in determining his or her answer.

Note that Card HSQ1 is handed to the SP to assist him or her in focusing on the 30-day reference period.

HSQ1 is a series of annual calendars for each year of the study. Determine the start of the 30-day reference period on the appropriate calendar(s) by counting back to the day in the previous month that is the same as the current date. For example, if the current date is February 15, the start date is January 15. An exception to this occurs when you are conducting an interview on the last day of a month that has more days than the preceding month. In this situation, designate the last day in the previous month as the start date. For example, if the current date is October 31, use September 30 as the start date since September 31 is not a valid date. Circle the start date and the current date. Outline the reference period by drawing horizontal lines through the 30-day period beginning with the start date and ending with the current date. Prepare the hand card before the first interview at the start of each new day of examinations.

Note that the hand cards are used with HSQ470, HSQ480, HSQ490, HSQ493, HSQ496, HSQ500, HSQ510 and HSQ520.

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Both\mec

Forms Answer Navigate Options Year 2

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

ENTER NUMBER OF DAYS

LABEL	HEALTH STATUS SECTION	
WouldYouSay HUQ010	1	Excellent
ThinkingAbout HSQ470	0	
NowThinking HSQ480		
DuringThePast HSQ490	0	
Cold4wks HSQ500	2	NO

Old 4/214 Modified Dirty Navigate MEC

Start HINTZET1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 9:56 AM

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Both\mec

Forms Answer Navigate Options Year 2

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, school or recreation?

ENTER NUMBER OF DAYS

LABEL	HEALTH STATUS SECTION	
WouldYouSay HUQ010	1	Excellent
ThinkingAbout HSQ470	0	
NowThinking HSQ480	0	
DuringThePast HSQ490		
Cold4wks HSQ500	2	NO

Old 4/214 Modified Dirty Navigate MEC

Start HINTZET1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 9:56 AM

WIMNS IV MEC Questionnaire

Forms Answer Navigate Options Year 1

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

ENTER NUMBER OF DAYS

00a07a HSQ490	0	
07a HSQ493	0	
07a HSQ496	0	
99ab00a07a HSQ600	2	NO

HSQ480 This question asks the SP to consider on how many days his or her mental health was not good. Mental health includes stress, depression, and problems with emotions.

HSQ490 This question asks the SP to report on how many days poor physical or mental health prevented him or her from engaging in his or her normal activities. Self-care is the process of attending to one's basic daily needs, such as eating, dressing, grooming, and toileting.

HSQ493 This question asks the SP to report on how many days pain made it hard for him or her to do usual activities, such as self-care, work, or recreation.

Blaise IV MEC Questionnaire

Forms Answer Navigate Options Year 9

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

ENTER NUMBER OF DAYS

00a07a HSQ490	<input type="text" value="0"/>
07a HSQ493	<input type="text" value="0"/>
07a HSQ496	<input type="text"/>
99a00a07a HSQ600	<input type="text"/>

Blaise Data Entry - N:\NH4\Prg-Test\Meqv1\Beth\mec

Forms Answer Navigate Options Year 2

Did you have a head cold or chest cold that started during those 30 days?

1. YES  
 2. NO

LABEL	HEALTH STATUS SECTION
WouldYouSay HU0010	<input type="text" value="1"/> Excellent
Thinkingabout HSQ470	<input type="text" value="0"/>
NowThinking HSQ480	<input type="text" value="0"/>
DuringThePast HSQ490	<input type="text" value="0"/>
Cold4wks HSQ500	<input type="text"/>

Old 4/216 Modified Dirty Navigate MEC

Start HINTZET1 cc:Mail Mailbox Blaise Data Entry 12:09 PM

HSQ496 This question asks the SP to report on how many days he or she has felt worried, tense, or anxious.

HSQ500 This question is the first in a series of questions designed to determine the frequency of colds, and viral or bacterial infections. Sinus infections should also be coded as “yes” responses. We are interested in a condition that started during the 30-day period, whether or not the condition exists at the time of the interview.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

1. YES  
 2. NO

LABEL	HEALTH STATUS SECTION	
Cold4wks HSQ500	<input type="checkbox"/> 1	YES
StomachProb4wks HSQ510	<input type="checkbox"/>	
Pneumonia4wks HSQ520	<input type="checkbox"/>	
GiveBlood HSQ570	<input type="checkbox"/>	

Old 4/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:07 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Did you have flu, pneumonia, or ear infections that started during those 30 days?

1. YES  
 2. NO

LABEL	HEALTH STATUS SECTION	
Cold4wks HSQ500	<input type="checkbox"/> 1	YES
StomachProb4wks HSQ510	<input type="checkbox"/> 1	YES
Pneumonia4wks HSQ520	<input type="checkbox"/>	
GiveBlood HSQ570	<input type="checkbox"/>	

Old 4/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... SnagIt/32 C... 4:07 PM

Blaise Data Entry - N:\NH4\Prj-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

During the **past 12 months**, that is, since March, 2001, have you donated blood?

1. YES  
 2. NO

99ab HSQ510	<input type="checkbox"/> 2	NO
99ab HSQ520	<input type="checkbox"/> 2	NO
02a HSQ571	<input type="checkbox"/>	
99abk HSQ580	<input type="checkbox"/>	
99ab HSQ590	<input type="checkbox"/>	

Old 5/190 Modified Dirty Navigate MEC

Start Inbox - Microsoft Outlook Exploring - K:\DMGRP\hin... Blaise Data Entry 4:51 PM

HSQ510 This question specifically asks about stomach or intestinal illness with vomiting or diarrhea. A stomach condition without the presence of vomiting or diarrhea should not receive a “yes” response. Vomiting that is secondary to another condition (e.g., vertigo accompanied by vomiting or pregnancy-related nausea) and not due to a stomach illness should be coded as a “no” response.

HSQ520 This question is used to assess the frequency of viral infections. Again, the reference period is the 30 days outlined on the hand card.

SPs younger than 16 years of age skip to the next section.

HSQ571 This item asks the SP to indicate if they have donated blood in the previous year. Both whole blood and plasma donations should be coded “yes.” Blood drawn for laboratory analysis or self blood banking situations should be coded “no.”

Responses other than “yes” skip to HSQ590.

MEANES HIV MEC Questionnaire

Forms Answer Navigate Options Year 9

How long ago was your last blood donation?

IF LESS THAN ONE MONTH, ENTER "1"  
ENTER NUMBER OF MONTHS

99ab H5Q510	<input type="text" value="2"/>	NO
99ab07a H5Q520	<input type="text" value="2"/>	NO
02ab07a H5Q571	<input type="text" value="1"/>	YES
52ab07a H5Q590	<input type="text"/>	

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

Except for tests you may have had as part of blood donations, have you ever had your blood tested for the AIDS virus infection?

1. YES  
 2. NO

HivTest H5Q590

Old 5/218 Modified Dirty Navigate MEC

Start Blaise Data Entry Snagit/32 Catalog Viewer ... 4:40 PM

HSQ580 SPs who have donated blood in the past year are asked how many months ago the last donation occurred. If the donation was made in the past month, enter “1.”

HSQ590 With the exception of HIV testing done as part of a blood donation, this question asks if the SP has ever had his or her blood tested for the presence of the Human Immunodeficiency Virus, which causes AIDS. To qualify for a “yes” response, the SP would have received, or been able to receive, the test results indicating the presence or absence of HIV in his or her blood. If the SP indicates hesitancy in answering this question, reassure him or her that you are only interested in whether he or she has been tested and not in the test results. In addition to testing prior to blood donation, HIV testing is commonly done during pregnancy, offered to many health care workers, and when applying for life insurance.

NHANES IV MEC Questionnaire  
Forms - Answer - Navigate - Options Year 7

In the **past 7 days**, were any chemical products used in your home to control fleas, roaches, ants, termites, or other insects?

THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ\_REPORT AND ENTER IT IN PUQ100.

1. YES  
 2. NO

LABEL	Pesticide Use
05a PUQ100	
05a PUQ110	

NHANES IV MEC Questionnaire  
Forms - Answer - Navigate - Options Year 7

In the **past 7 days**, were any chemical products used in your lawn or garden to kill weeds?

CODE 'NO' IF THE RESPONDENT SAYS SHE DOES NOT HAVE A LAWN OR GARDEN

THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ\_REPORT AND ENTER IT IN PUQ110.

1. YES  
 2. NO

LABEL	Pesticide Use
05a PUQ100	1 YES
05a PUQ110	

#### 5.2.4 Pesticide Use (PUQ)

This is a short section comprised of just two items. The information from this section will be used to interpret the measurements of pesticide in biologic specimens (blood and urine) collected from SPs.

The pesticide questions are administered to SPs 8 years of age and older. For SPs 18 years and older the items are asked directly of the SP at the time of the MEC interview. For SPs 8-17 years of age the questions are asked of a proxy via the Automated Proxy Form and subsequently entered into PUQ.

PUQ100 This item asks about the use of chemical products to control fleas, roaches, ants, termites, or other insects. The period of interest is the past 7 days, and only products used inside the SP's home should be considered.

Include all forms of products such as aerosol or pump sprays and powders, but do not include traps. Include topical flea and tick treatments applied to pets, flea collars, and mosquito repellants.

For SPs 8-17 years of age, you will need to access the PUQ report (refer to Section 4.4) to obtain the response to PUQ100 as reported by the proxy. DO NOT ASK PUQ100 directly of the SP. Simply enter the information from the PUQ report into the appropriate field in the Blaise CAPI interview.

PUQ110 This item obtains information on the use of chemical weed killers in the SPs lawn or garden. The period of interest is the past 7 days.

Enter a response of "no" if the SP reports he or she does not have a lawn or garden.

For SPs 8-17 years of age, you will need to access the PUQ report (refer to Section 4.4) to obtain the response to PUQ110 as reported by the proxy. DO NOT ASK PUQ110 directly of the SP. Enter the information from the PUQ report into the appropriate field in the PUQ section of the Blaise CAPI interview.

DPQ1

Not at all

Several days

More than half the days

Nearly every day

### 5.2.5 Depression Screen (DPQ)

SPs 12 years and older will be administered a depression screener questionnaire. Depression will be assessed using the Patient Health Questionnaire (PHQ-9). This screening instrument has been validated against independent structured diagnostic interviews in both clinical and general population studies, and serves both as a depression severity measure as well as a diagnostic instrument for the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition (DSM-IV) depressive disorders. The PHQ-9 refers to the previous 2-week interval and consists of nine items of depression symptoms and one question on functional impairment.

Depression is a debilitating condition and may result in reduced worker productivity, increased use of sick leave, and increased health care utilization. Depression is a risk factor for coronary heart disease and for institutionalization, especially among the elderly. The information collected in this section will be used to understand the co-morbidity of depression and other chronic diseases including cardiovascular disease, diabetes, and obesity. The information will also be used to investigate other health risk factors related to depression in adolescents and adults.

The depression screen is not administered if the MEC interview is completed with a proxy.

Hand Card DPQ1 is used with DPQ010-DPQ090 to assist the SP in quantifying the frequency of the symptoms. Use the following guidelines for probing and/or coding items.

- If the SP reports experiencing the symptom only once during the 2-week period for DPQ010-DPQ080, enter a code of “0” (not at all). If the SP reports experiencing the symptom only once during the 2-week period for DPQ090, enter a code of “1” (several days).
- If the SP gives a response that seems to fit between two categories, repeat those two options. For example, if he or she said “off and on,” repeat “would that be several days?” or “more than half the days?”
- Code the response as “more than half the days,” if the SP reports experiencing the symptom for a week or more in the past 2 weeks, but less frequently than “nearly every day.”
- Code the response as “nearly every day” if the symptom occurred almost every day during the past 2 weeks, or if the SP reports that he or she experienced the symptom on 12 or more days.

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQ1  
Over the last 2 weeks, how often have you been bothered by any of the following problems:

little interest or pleasure in doing things? Would you say...

0. not at all,  
 1. several days,  
 2. more than half the days, or  
 3. nearly every day?

LABEL	DEPRESSION SCREEN
05ac DPQ010	<input type="checkbox"/>
05ac DPQ020	<input type="checkbox"/>
05ac DPQ030	<input type="checkbox"/>

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQ1  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling down, depressed, or hopeless?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

LABEL	DEPRESSION SCREEN
05ac DPQ010	0 notatall
05ac DPQ020	<input type="checkbox"/>
05ac DPQ030	<input type="checkbox"/>

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQ1  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

trouble falling or staying asleep, or sleeping too much?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

LABEL	DEPRESSION SCREEN
05ac DPQ010	0 notatall
05ac DPQ020	0 notatall
05ac DPQ030	<input type="checkbox"/>

DPQ010 This is the first item to assess the presence of symptoms associated with depression. The question asks the respondent to quantify how often he or she has been bothered by little interest or pleasure in doing things, or anhedonia. Be sure to emphasize the period of interest (“last 2 weeks”) when reading the question.

DPQ020 This item asks the SP to quantify how often he or she experienced a depressed mood during the past 2 weeks.

DPQ030 SPs are asked to report how frequently they experienced problems sleeping. The question refers to three types of sleeping difficulties: problems falling asleep; difficulty staying asleep, or sleeping too much.

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQJ  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling tired or having little energy?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040

05ac DPQ050

05ac DPQ060

05ac DPQ070

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQJ  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

poor appetite or overeating?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040  severaldays

05ac DPQ050

05ac DPQ060

05ac DPQ070

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQJ  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling bad about yourself - or that you are a failure, or have let yourself, or your family down?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040  severaldays

05ac DPQ050  notatall

05ac DPQ060

05ac DPQ070

DPQ040 SPs are asked to quantify how often they experienced a lack of energy or felt tired during the last 2 weeks.

DPQ050 This item asks the SP to report how frequently he or she experienced problems eating, either a lack of appetite or eating too much.

DPQ060 This item asks the SP to quantify how often he or she felt bad about himself or herself, experienced feelings of failure, or felt he or she had let himself/herself or a family member down.

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQ1  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

trouble concentrating on things, such as reading the newspaper or watching TV?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040	<input type="text" value="1"/>	severaldays
05ac DPQ050	<input type="text" value="0"/>	notatall
05ac DPQ060	<input type="text" value="0"/>	notatall
05ac DPQ070	<input type="text"/>	

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

HAND CARD DPQ1  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ080	<input type="text"/>	
05ac DPQ090	<input type="text"/>	
05a DPQ100	<input type="text"/>	

PHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

Over the last 2 weeks, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

IF DPQ 090 CODED 1, 2, OR 3, PLEASE COMPLETE MENTAL HEALTH OBSERVATION FOR PHYSICIAN REVIEW AT CONCLUSION OF INTERVIEW.

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ad DPQ080	<input type="text" value="2"/>	morethanhalfdays
05ad DPQ090	<input type="text"/>	
05a DPQ100	<input type="text"/>	

DPQ070 DPQ070 asks the SP to report how frequently he or she had difficulty concentrating.

DPQ080 This item asks the SP to quantify how often he or she experienced problems moving or speaking so slowly that other people noticed, or was more restless or fidgety than usual.

DPQ090 This is the final item to assess symptoms of depression. SPs are asked about suicidal ideation, or about whether they have thought about harming themselves. If the SP reports experiencing the symptom only once during the 2-week period for DPQ090, enter a code of “1” (several days). Subjects who respond affirmatively to this item (i.e., responses of “several days,” “more than half the days,” or “nearly every day”) should be seen by the MEC physician for assessment and possible mental health referral. Procedures for initiating a mental health referral are described in detail in Chapter 6.

PHAROS IV MIC Questionnaire

Forms Answer Navigate Options Your 7

How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with people?

0. Not at all difficult,  
 1. somewhat difficult,  
 2. very difficult, or  
 3. extremely difficult?

05a DPC080	1	severaldays
05a DPC090	1	severaldays
05a DPC100		

DPQ100 DPQ100 assesses functional impairment. SPs are asked to quantify the extent to which symptoms of depression impair their ability to perform their daily activities or to get along with people. DPQ100 is only asked if at least one of the depressive symptoms is endorsed in DPQ010 through DPQ090.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

The following questions ask about use of tobacco or nicotine products in the past **5 days**.

During the past **5 days**, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

1. YES  
 2. NO

LABEL SMOKING SECTION

TobaccoP5Use SMQ680

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 4:09 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Which of these products did you use?

(CHECK ALL THAT APPLY)

1. CIGARETTES  
 2. PIPES  
 3. CIGARS  
 4. CHEWING TOBACCO  
 5. SNUFF  
 6. NICOTINE PATCHES, GUM, OR OTHER NICOTINE PRODUCT

LABEL SMOKING SECTION

TobaccoP5Use SMQ680 1 YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 4:09 PM

## **5.2.6 Tobacco (SMQ)**

The questions in this section cover current tobacco use for SPs 20 years of age and older. SPs 12-19 years of age are asked tobacco questions in the audio-CASI portion of the interview.

SMQ680 This question, and the series that follow it, are used to quantify the level of usage for current users of any type of tobacco product. Remember to read the entire question, even if the subject responds before you have completed reading the entire list of products.

Subjects who respond other than “yes” skip to the next section.

SMQ690 If the SP reports having used any type of tobacco product in the past 5 days, this question asks the SP to specify which types of products he or she has used. The remainder of this question series follows up with questions appropriate only to those products the SP reports using in the past 5 days. The “past 5 days” refers to the current day and the 4 days immediately preceding the interview.

Remember to probe for “What other products did you use?”

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke cigarettes?

ENTER NUMBER OF DAYS

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked, how many cigarettes did you smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

ENTER NUMBER OF CIGARETTES

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you smoke your last cigarette? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

SmokeLastcigaret SMQ725

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:10 PM

SMQ710 This question quantifies the smoker's current use of cigarettes. In the 4 days immediately before the interview and the day of the interview, count the number of days the respondent smoked cigarettes, even if he or she took only a few puffs.

SMQ720 This question is asked of all current cigarette smokers to determine the number of cigarettes, not packs, smoked in the past 5 days. Note that one pack contains 20 cigarettes if the SP needs assistance converting number of packs to cigarettes. We are interested in the average number of cigarettes smoked per day, only for those days in the past five that the respondent smoked. If the respondent indicates that he or she smokes more than 95 cigarettes per day on average, enter a response of "95."

SMQ725 This question asks the respondent to indicate when in the past 5 days he or she last smoked a cigarette. Note that the response categories are read as part of the question.

The SP's response to SMQ725 should be consistent with the information in SMQ710. For example, if the SP reports smoking cigarettes on each of the past 5 days (including today) in SMQ710, she or he should respond in SMQ725 that she or he smoked today. The computer program does not contain an edit to check for this, so you need to be alert to potential discrepant responses.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke a pipe?

ENTER NUMBER OF DAYS

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked a pipe, how many pipes did you smoke each day?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

ENTER NUMBER OF PIPES

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you smoke your last pipe? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:10 PM

SMQ740 If the respondent indicated that he or she smoked a pipe in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ750 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked less than one full pipe on the days that he or she smoked a pipe, enter '1.'

SMQ755 Follow the specifications for SMQ725.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke cigars?

ENTER NUMBER OF DAYS

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755  Today

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

ENTER NUMBER OF CIGARS

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755  Today

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... SnagIt/32 C... 4:10 PM

Blaise Data Entry - N:\NH4\Fig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options

When did you smoke your last cigar? Was it...

1. today.

2. yesterday, or

3. 3 to 5 days ago?

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

SmokeLastCigar SMQ785

Old 8/214 Modified Dirty Navigate MEC

Start HINTZE1 cc:Mail M... Exploring - Mec-nt Microsoft Word Blaise Data Entry 2:54 PM

SMQ770 If the respondent indicated that he or she smoked a cigar in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ780 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked less than one cigar on the days that he or she smoked a cigar, enter '1.'

SMQ785 Follow the specifications for SMQ725.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use chewing tobacco? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815  Today

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

SMQ800 This question refers to the use of chewing tobacco. This tobacco-containing product is taken by mouth. The tobacco is not burned. If the respondent indicated that he or she used chewing tobacco in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ815 Refer to the specifications from SMQ725.

SMQ817 If the respondent indicated that he or she used snuff in the past 5 days, he or she will be asked this question. Snuff is taken by mouth or rarely, by nose. The tobacco is not burned. Refer to the specifications from SMQ710.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use snuff? Was it...

1. today,  
 2. yesterday,or  
 3. 3 to 5 days ago?

ChewSnP5Freq SMQ800	1	
LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819		
NicotineP5Freq SMQ830		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800	1	
LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819	1	ToDay
NicotineP5Freq SMQ830		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use a product containing nicotine? Was it...

1. today,  
 2. yesterday,or  
 3. 3 to 5 days ago?

LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819	1	ToDay
NicotineP5Freq SMQ830	1	
LastUseNicotine SMQ840		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

SMQ819 Follow the specifications for SMQ725.

SMQ830 This item applies to any nicotine-containing product that the respondent may have used in an effort to stop smoking. Use the specifications from SMQ710.

SMQ840 Follow the specifications for SMQ725.

PHANIS IV MSC Questionnaire

Forms Answer Navigate Options Year 10

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 had at least 12 drinks of any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

1. YES  
 2. NO

LABEL	ALCOHOL SECTION	
02a07a08a ALQ101	<input type="checkbox"/>	YES
99abc00a02a05d07a ALQ110	<input type="checkbox"/>	

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

In your **entire life**, have you had at least 12 drinks of any type of alcoholic beverage?

1. YES  
 2. NO

LABEL	ALCOHOL SECTION	
Had12Drinks1Yr ALQ100	<input type="checkbox"/> 2	NO
Had12DrinksLife ALQ110	<input type="checkbox"/>	

Old 10/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 4:12 PM

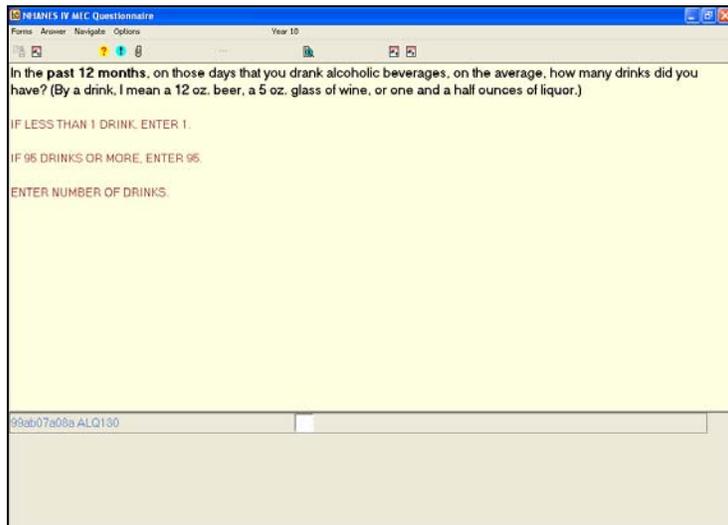
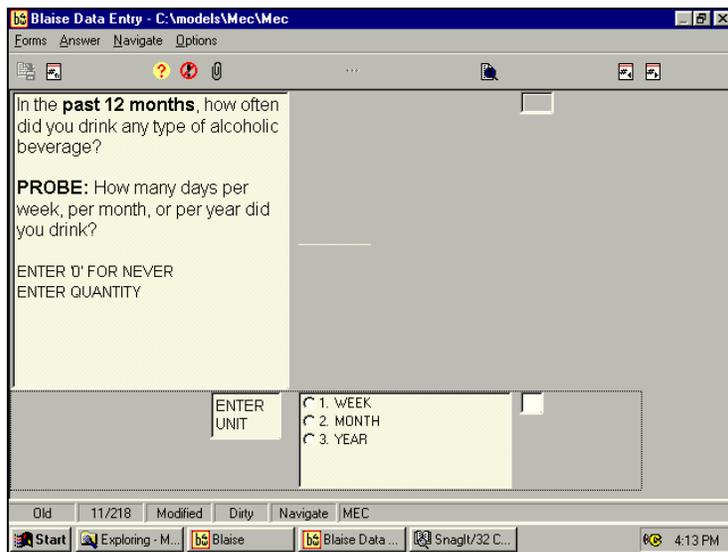
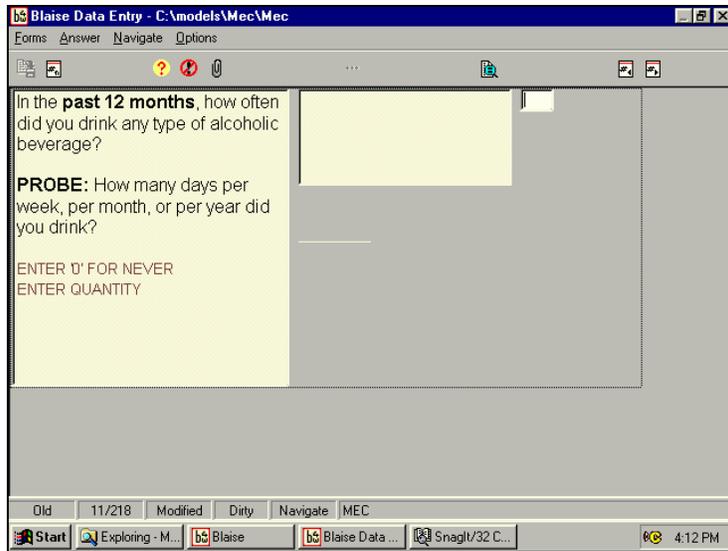
### 5.2.7 Alcohol Use (ALQ)

This section obtains information on the use of alcohol. Sample persons 20 years of age and older are asked these questions in the CAPI format, while SPs 12-19 years are asked alcohol-related questions in the audio-CASI section of the MEC Interview.

ALQ101 The introduction defines alcoholic beverages for the respondent. Be sure to read the entire introduction.

The question uses a reference period of any one year, not necessarily the last year. Make sure to emphasize the words “any one year.” The threshold for measuring alcohol intake for this question is 12 drinks, an average of one per month. If the SP answers “yes,” he or she skips to ALQ120. Otherwise, the SP continues with ALQ110.

ALQ110 Emphasize that this question is asking for lifetime consumption. SPs who only drink on special occasions would be included if they have had at least 12 drinks in their entire life. SPs who have not consumed at least 12 drinks in their lifetime are not asked additional questions in this section.



ALQ120 This item quantifies consumption of alcohol, with the timeframe of the past 12 months. The respondent has the option of choosing to estimate his or her answer in units of days per week, per month, or per year. If an SP's alcohol consumption varies widely over the course of the year (i.e. pregnancy, quit drinking, health condition), annual consumption is usually the best unit of measure.

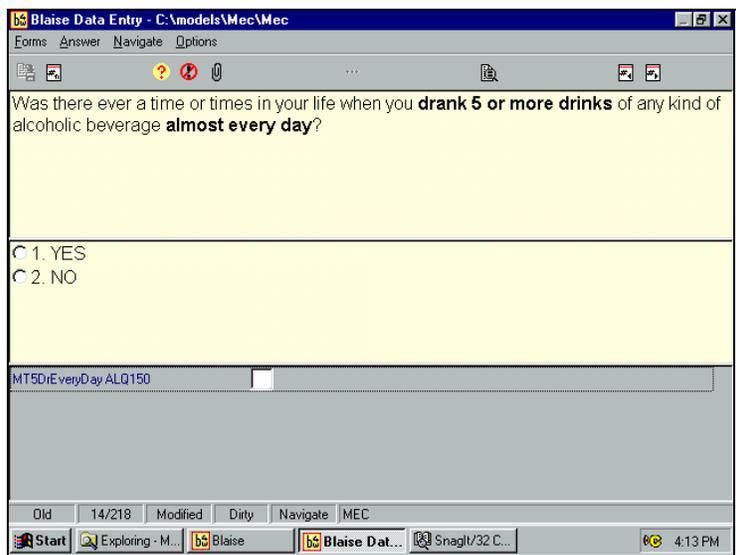
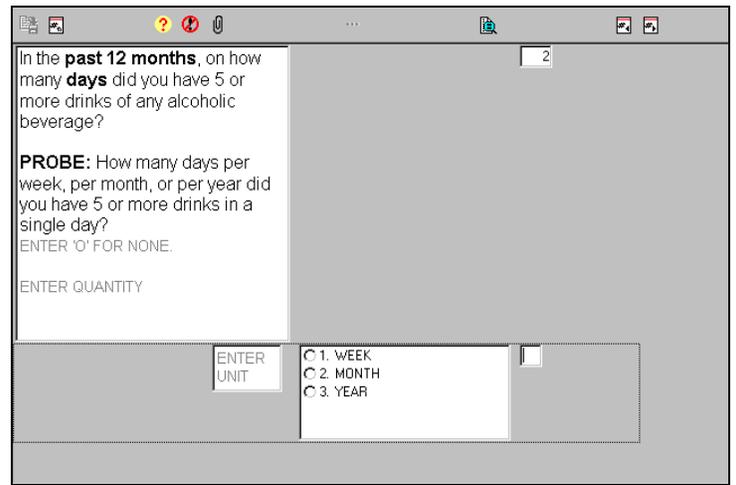
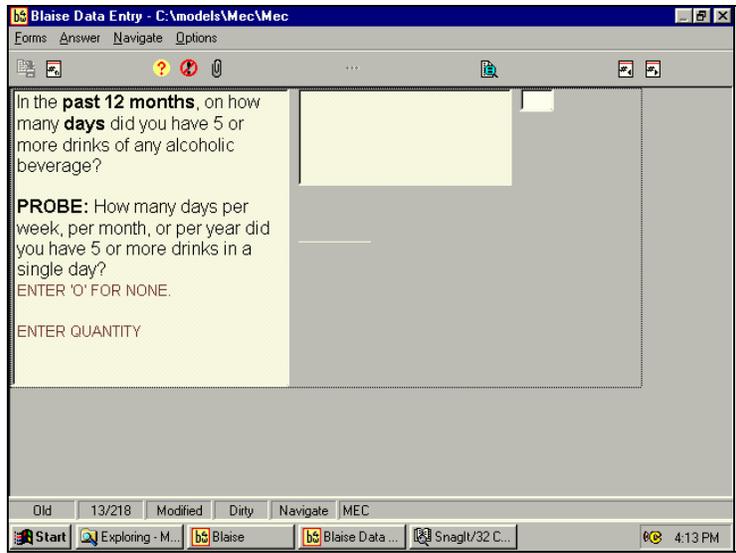
If the SP indicates he or she didn't drink at all during the past 12 months, enter "0" in the quantity field. The program will automatically skip to the next appropriate question (ALQ150) without you having to enter a response in the unit field.

ALQ120

(cont.)

ALQ130 This question measures intensity of the respondents' alcohol consumption. Note that it asks for the average number of drinks on days in which the SP consumed alcohol.

The responses to ALQ120 and ALQ130 should be consistent with the response to ALQ101. For example, if the SP reports a pattern of consumption that totals 12 or more drinks in the past year, the SP should have answered "yes" to ALQ101. There is no edit to check for this, so you will need to be alert to possible discrepancies.



ALQ140 This item asks on how many days (per week, month, or year) in the past year the SP had five or more drinks per day. The response should be less than or equal to the answer given in ALQ120.

If the SP reports drinking an average of five or more drinks per day in ALQ130, then the responses to ALQ120 and ALQ140 should be consistent (both quantity and unit). There is no edit to check for this so you will need to listen carefully to the subject's response. You may find that an SP reports his or her answers to ALQ120 and ALQ140 in different units of time. When this occurs, code the units consistently. For example, in ALQ120 the SP reports that he or she drinks 2 times per week, in ALQ130 the SP indicates that he or she drinks an average of 6 drinks on the days he or she drinks, and in ALQ140 the SP states that he or she drank 5 or more drinks per day on 8 days per month. Instead of coding "8 days per month in ALQ140," convert it to "2 days per week" so it's consistent with ALQ120. Probe for clarification as needed.

ALQ140  
(cont.)

ALQ150 This is a sensitive item, which seeks to obtain information on problem drinking by probing the SP's past consumption habits. The emphasis of this question is that five or more drinks were consumed almost every day.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

The next series of questions are about your reproductive history. I will begin by asking some questions about your period or menstrual cycles.

How old were you when you had your **first** menstrual period?

CODE 0 IF HAVENT STARTED YET

ENTER AGE IN YEARS

REPRODUCTIVE SECTION

PdStartAge RHQ010

PdStartAgeCat RHQ020

RegPdLast12Months RHQ030

NotHadRegPdPast12Months RHQ040

Old 15/218 Modified Dirty Navigate MEC

Start Exploring - Mec Blaise Blaise Data Entry 3:31 PM

## 5.2.8 Reproductive Health (RHQ)

The main purpose of the section on Reproductive Health is to obtain information from women on menstrual history, reproductive-related surgery, birth control practices, pregnancy and reproductive history, hormone replacement therapy, and breastfeeding practices. This section is administered to all female respondents 12 years of age and older.

The items throughout this section are sensitive in nature, and you should administer these items in a neutral and professional manner. Reassure hesitant respondents that all information will be kept completely confidential.

Many of the questions in this section ask the respondent to recall information covering long periods of time. The items may require considerable probing, using special personal events to place past events in time. If exact ages cannot be remembered, get a best estimate from the respondent. You may find it helpful to use the small calculator provided with your interviewing materials to assist the SP in determining her age when specific events occurred.

RHQ010 Although older SPs must think back many years, it is important to obtain as exact an age as possible. If the SP cannot recall her exact age, ask her to give you a best estimate. Recalling a grade in school or other personal event around that time in her life may help her remember. If the SP remembers her age at the time her menstrual periods started in terms of a year, ask her to convert the year to her age at the time her periods began. If the SP is still unable to recall her age, code “99” for “don’t know.” Coding “don’t know” will cause the program to display a follow-up question that attempts to obtain an age range.

If the SP has not started her period, enter “0.” If the SP hasn’t begun menstruating, the program skips to the end of the section.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Were you...

1. younger than 10,  
 2. 10 to 12,  
 3. 13 to 15, or  
 4. 16 or older?

LABEL REPRODUCTIVE SECTION

PdStartAge RHQ010 ?

PdStartAgeCat RHQ020

RegPdLast12Months RHQ030

NotHadRegPdPast12Months RHQ040

Old 15/218 Modified Dirty Navigate MEC

Start Exploring - Mec Blaise Blaise Data Entry 3:31 PM

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

Have you had **at least one menstrual period** in the **past 12 months**? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

1. YES  
 2. NO

LABEL REPRODUCTIVE SECTION

93abc RHQ010 11

93abc RHQ020

03a RHQ031

03a RHQ041

03a RHQ051

Old 16/178 Modified Dirty Navigate MEC

Start Inbox - Microsoft Outlook Blaise Data Entry 4:34 PM

RHQ020 If the SP does not know her age in RHQ010, this question offers age range answers from which she can choose.

RHQ031 Women who have had at least one period in the past year should be coded as a “yes.” Spotting or bleeding due to hormone use or surgery is not considered a period. Ninety-five percent of women have completed menopause by 55 years of age, so elderly women who respond affirmatively to this question should always be probed to determine whether the bleeding is caused by hormone replacement therapy.

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

What is the reason that you have not had a period in the past 12 months?

1. PREGNANCY
  9. OTHER  
 2. BREAST FEEDING  
 7. MENOPAUSE/HYSTERECTOMY  
 8. MEDICAL CONDITIONS/TREATMENTS

LABEL REPRODUCTIVE SECTION

99abc RHQ010 12

99abc RHQ020

03a RHQ031 2 NO

03c RHQ042

03ac RHQ051 3 \_3\_monthsago

Old 16/177 Modified Dirty Navigate MEC

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options

About how old were you when you had your last menstrual period?

ENTER AGE IN YEARS

AgeLastMPd RHQ060

HowOldWereYou RHQ070

Old 16/214 Modified Dirty Navigate MEC

Start HINTZE1 cc:Mail M... Exploring - Mec-nt Microsoft Word Blaise Data Entry 2:56 PM

NHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 8

Were you...

1. younger than 30,
  7. 55 or older?  
 2. 30 to 34.  
 3. 35 to 39.  
 4. 40 to 44.  
 5. 45 to 49.  
 6. 50 to 54, or

03c RHQ042 7 MenopauseORHysterectomy

03ac RHQ051

99abc RHQ060

99ab RHQ070

RHQ042 Women who have not had a period in the past 12 months are asked to indicate the reason. This is a “code one” response. If the SP reports multiple reasons, choose the appropriate response using recency as the selection criterion. For example, if a woman says her periods stopped because she was pregnant in the past year and she further reports that she is breastfeeding and her periods haven’t resumed, code “breastfeeding.”

Pregnancy – Code “1” if the SP is currently pregnant or was pregnant in the past year.

Breastfeeding – Code “2” if the SP is currently breastfeeding or was breastfeeding in the past year and this resulted in her having no periods.

Menopause/Hysterectomy – Code “7” for women who have gone through menopause. Menopause may have occurred naturally or abruptly as a result of a hysterectomy.

Medical conditions/treatments – Code “8” if the SP reports having a medical condition or treatment that has caused her period to cease. Examples include women receiving chemotherapy treatment, anorexia, and competitive athletes whose level of body fat is sufficiently low that it has caused their periods to stop. Women who go through menopause following a hysterectomy should not be included in this group. These women are captured in the previous category, “Menopause/Hysterectomy.”

Other – Code “9” if the SP reports any other reason not covered by the preceding categories.

RHQ060 Women who have gone through menopause or whose periods have ceased due to a medical condition, treatment, or other reason not covered by the categories listed (coded “7”, “8”, or “9” in RHQ042) are asked their age when they had their last period.

RHQ070 If the SP does not know her exact age in RHQ060, this question offers age ranges from which she can choose.

MEC Questionnaire

Forms Answer Navigate Options Year 3

HELP AVAILABLE

The next questions are about your pregnancy history.

Have you ever been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN OTHERWISE ASK.

\* 1. YES  
 2. NO

03c07a RHQ042  
 99abc RHQ060  
 99ab07a RHQ070  
 03a RHQ131  YES

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

HELP AVAILABLE

Question Text

**Miscarriage:** Miscarriage refers to a pregnancy that terminates naturally during the first 6 months of pregnancy.  
**Still Birth:** Stillbirth refers to a baby that is born dead after 7 or more months of pregnancy.  
**Tubal Pregnancy:** Tubal pregnancy refers to a pregnancy that occurs in the fallopian tube.  
**Abortion:** Abortion refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

1.  
 2.

Close Help

Old 20/218 Modified Dirty Navigate MEC

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Blaise Data Entry - N:\NH4\Prg-Test\Mecv1\Bell\mec

Forms Answer Navigate Options Year 2

Are you pregnant now?

MARK IF KNOWN OTHERWISE ASK.

1. YES  
 2. NO

03a RHQ131  YES  
 03c RHQ143   
 03c RHQ152  
 99abc RHQ160   
 99abc RHQ170   
 99abc00a RHQ180

Old 19/177 Modified Dirty Navigate MEC

RHQ131 All women who have experienced menarche are asked this question. Remember to exclude the optional phrase “current pregnancy” when it is not relevant.

The answer to this question should include all pregnancies regardless of outcome. Possible outcomes and definitions are as follows:

Miscarriage: Refers to a pregnancy that terminates naturally during the first 6 months of pregnancy.

Stillbirth: Refers to a baby who is born dead after 7 or more months of pregnancy.

Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube.

Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

Help text is available for each of these outcomes by clicking on the Help icon or pressing F1.

RHQ.131  
(cont'd)

RHQ143 Only women who had a period in the past year or who have not gone through menopause or had a hysterectomy are asked this question:

Subjects who respond other than “yes” skip to RHQ160.

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1VBeth\mec

Forms Answer Navigate Options Year 2

Which month of pregnancy are you in?

ENTER NUMBER OF MONTHS

03a RHQ131  1 YES

03c RHQ143  1 YES

03c RHQ152

99abc RHQ160  1

99abc RHQ170

99abc0a RHQ180

Old 19/177 Modified Dirty Navigate MEC

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1VBeth\mec

Forms Answer Navigate Options

HELP AVAILABLE

How many times have you been pregnant? (Again, be sure to count all your pregnancies including (current pregnancy.) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

ENTER NUMBER OF PREGNANCIES

PregEver RHQ130  1 YES

PregNow RHQ140

PregMonthAseYouIn RHQ150

PregTimes RHQ160

PregLivBthNum RHQ170

LivBthFirstAge RHQ180

Old 20/214 Modified Dirty Navigate MEC

Start HINTZE1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 2:57 PM

RHQ152 Women who are currently pregnant are asked to indicate which month of pregnancy they are in.

In this question, we want the current month of pregnancy. For example, a woman in her fifth month of pregnancy has completed her fourth month, but five is the correct response. The number of months can be counted in different ways. If the SP asks, tell her to count the number of months since the beginning of her last normal menstrual period. If the SP is unsure, use probes to help her differentiate the last normal period from periodic spotting or bleeding during pregnancy. If the SP is still unsure, try to probe for which trimester she is in and indicate to the nearest month on her response to the probe.

RHQ160 Record the number of pregnancies regardless of outcome. Multiple outcomes from one pregnancy should be counted as only one pregnancy. Refer to the specifications for RHQ131 for definitions of various outcomes.

NEANES IV MEC Questionnaire

Form: Answer Navigate Options Year 9

HELP AVAILABLE

During any pregnancy, were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that you may have known about before the pregnancy.

1. YES  
 2. NO  
 3. BORDERLINE

03c RHQ143  NO  
03c07a RHQ152  
99abce07a RHQ160   
07a RHQ162

NEANES IV MEC Questionnaire

Form: Answer Navigate Options Year 9

HELP AVAILABLE

During your pregnancy, were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that you may have known about before the pregnancy.

1. YES  
 2. NO  
 3. BORDERLINE

03c RHQ143  
03c07a RHQ152  
99abce07a RHQ160   
07a RHQ162

Question Text

Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

1.  
2.  
3.

Close Help

RHQ162 Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes. Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases of gestational diabetes in the United States each year (American Diabetes Association, 2006). High blood sugar levels can be unhealthy for both the mother and baby. If the diabetes isn't treated, a baby may be more likely to have problems at birth, for example, low blood sugar level or jaundice, or a weight that is much more than is normal. If the baby is very large, the mother may have a more difficult delivery or need a cesarean section.

This question asks if the SP was ever told, during a pregnancy, by a doctor or other health professional that they had diabetes, sugar diabetes, or gestational diabetes. Some SPs may indicate that they had borderline diabetes during pregnancy. Borderline diabetes is when a fasting blood sugar level is above normal, but not high enough to be classified as diabetic. Do not count diabetes diagnosed before the pregnancy. Count the occurrence regardless of the outcome of the pregnancy.

RHQ162 Women who report only one pregnancy in RHQ160 are asked this alternate form of the (cont.) question.

RHQ162 Help text is available for this question.  
(cont.)

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

How old were you when you were first told you had diabetes during a pregnancy?

ENTER AGE IN YEARS

07a RHQ163

06a RHQ166

06a RHQ169

07a RHQ172

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 7

How many vaginal deliveries have you had? (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF VAGINAL DELIVERIES

05a RHQ166

05a RHQ169

05a RHQ171

99ab-c00a04d RHQ180

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 7

How many cesarean deliveries have you had? (Cesarean deliveries are also known as C-sections.) (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF CESAREAN DELIVERIES

05a RHQ166

05a RHQ169

05a RHQ171

99ab-c00a04d RHQ180

RHQ 163 This item asks for the SP's age when she was first told she had diabetes during a pregnancy.

RHQ166 Record the number of vaginal deliveries regardless of outcome. Do not count miscarriages. (Miscarriages occur within the first five months of pregnancy.) Multiple births should be counted as a single delivery.

RHQ169 Record the number of cesarean deliveries regardless of outcome. Do not count miscarriages. (Miscarriages occur within the first 5 months of pregnancy.) A cesarean delivery, or C-section, is the surgical delivery of a baby through the abdomen. Multiple births should be counted as a single delivery.

SPs who report a total of zero deliveries in their combined responses to RHQ166 and RHQ169 are skipped out of the remainder of the pregnancy history questions.

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

Did any of your deliveries result in a baby that weighed 9 pounds (4082 g) or more at birth? (Please count stillbirths as well as live births.)

1. YES

2. NO

07a RHQ168	18
05a RHQ166	1
05a RHQ169	1
07a RHQ172	

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

How old were you when you delivered a baby that weighed 9 pounds or more? (Please count stillbirths as well as live births.)

ENTER AGE IN YEARS

[IF MORE THAN 1 BABY WEIGHED 9 POUNDS OR MORE RECORD AGE FOR FIRST ONE]

07a RHQ173	
05ag RHQ171	
99abc00a04d RHQ180	
99abc00a04d RHQ190	

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

How many of your deliveries resulted in a live birth?

FOR SINGLE DELIVERIES:  
YES = 1  
NO = 0

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

ENTER NUMBER OF DELIVERIES:

05a RHQ166	1
05a RHQ169	1
05ag RHQ171	
99abc00a04d RHQ180	

RHQ172 This question seeks to determine if the SP gave birth to any children whose birth weight was 9 pounds or more, regardless of the outcome.

RHQ173 This item asks for the SP's age when she delivered a baby that weighed 9 pounds or more, regardless of the outcome. If more than one baby weighed 9 pounds or more, record the SP's age for the first one.

RHQ171 This question counts the number of deliveries that resulted in live births, not the number of live-born children. Live births are defined as those in which the baby is born with any signs of life. If the baby dies shortly after birth, this should still be counted as a live birth.

Multiple births should be counted as a single delivery. For example, the birth of twins should be counted as a single delivery.

The skip pattern is dependent on the answer to RHQ171. If the SP reported no live births, she is skipped out of the remainder of the pregnancy history questions. If one live birth is reported, she is asked RHQ190. If more than one live birth is reported, she is asked both RHQ180 and RHQ190.

MIAMS IV MEC Questionnaire

Forms Answer Navigate Options Year 0

Did your delivery result in a live birth?

FOR SINGLE DELIVERIES:  
 YES = 1  
 NO = 0

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

ENTER NUMBER OF DELIVERIES:

05a RHQ166

05a RHQ169

05ag RHQ171

99abc00a04d RHQ180

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

How old were you at the time of your **first** live birth?

ENTER AGE IN YEARS

PregNow RHQ140  NO

PregMonthAreYouIn RHQ150

PregTimes RHQ160

PregLivBirthNum RHQ170

LivBirthFirstAge RHQ180

Old 20/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... Snagit/32 C... 3:40 PM

MIAMS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

How old were you at the time of your live birth?

ENTER AGE IN YEARS

99abc00a04d RHQ190

99ab RHQ200

99abc RHQ210

99abc RHQ220

RHQ171 Women who report a total of one delivery in their combined responses to RHQ166 and  
(cont.) RHQ169 are asked this alternate form of the question. Please note that the alternate wording requires a “yes” or “no” response, but the data entry field is intended for a numeric response. If the SP responds “yes,” this implies that she had one delivery that resulted in a live birth, so enter a code of “1.” If the SP answers “no,” enter a code of “0.”

RHQ180 The item asks for the SP’s age at the time of her first live birth.

RHQ190 This item asks for the SP’s age at the time of her last live birth, or if the SP had only one live birth, for her age at the time of that birth.

If the SP has given birth within the past year, RHQ197 is asked. Otherwise, she proceeds to RHQ205.

Blaise Data Entry - MEC Questionnaire

Forms Answer Navigate Options Year 7

How old were you at the time of your last live birds?

ENTER AGE IN YEARS

99abc00a04d RHQ190

99ab RHQ200

99abc RHQ210

99abc RHQ220

Blaise Data Entry - MEC Questionnaire

Forms Answer Navigate Options Year 7

How many months ago did you have your baby?

ENTER NUMBER OF MONTHS

07a RHQ197

99abc07a RHQ200

07a RHQ205

07a RHQ282

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you **now** breast feeding a child?

1. YES

2. NO

LivBirthLastAge RHQ190

BrstFedNow RHQ200

BrstFedDid1Child RHQ210

BrstFedDid1Mth RHQ220

BrstFedDid1MthHM RHQ230

Old 21/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 3:41 PM

RHQ190 Women who report more than one live birth receive this alternate form of the question.  
(cont.)

RHQ197 If the difference between the age at time of last delivery in RHQ 190 and current age is zero or 1, the SP is asked how many months ago she had her baby.

RHQ200 This question asks if the SP is currently breastfeeding a child.

REHANS IV MEC Questionnaire

File Answer Navigate Options Year 9

Did you breast feed any of your children for at least one month?

1. YES  
 2. NO

07a RHQ197	3	
99ab07a RHQ200	1	YES
07a RHQ205		
07a RHQ282		

RHQ205 This question asks if the SP breastfed any of her children for at least one month, or if the SP had only one child, if she breastfed that child for at least one month. Code reports of using a breast pump to express milk to give to the child as “yes” as long as it was done for at least one month.

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

Have you had a hysterectomy, including a partial hysterectomy, that is, surgery to remove your uterus or womb?

MARK IF KNOWN, OTHERWISE ASK.

1. YES  
 2. NO

07a RHQ197	<input type="checkbox"/>	
99ab07a RHQ200	<input type="checkbox"/>	YES
07a RHQ205	<input type="checkbox"/>	YES
07a RHQ282	<input type="checkbox"/>	

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

How old were you when you had your (hysterectomy/uterus removed/womb removed)?

ENTER AGE IN YEARS

03a RHQ291	<input type="checkbox"/>
07a RHQ305	<input type="checkbox"/>
07a RHQ332	<input type="checkbox"/>
06ad RHQ395	<input type="checkbox"/>

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

Have you had both of your ovaries removed (either when you had your uterus removed or at another time)?

1. YES  
 2. NO

03a RHQ291	<input type="checkbox"/>	20
07a RHQ305	<input type="checkbox"/>	
07a RHQ332	<input type="checkbox"/>	
06ad RHQ395	<input type="checkbox"/>	

Questions RHQ282 through RHQ332 obtain information about the SP's surgical history. Women younger than 20 years of age or currently pregnant are not asked these questions.

RHQ282 The surgical removal of the uterus or womb is called a hysterectomy. Note that a partial hysterectomy (that is, when the ovaries are not removed) should be recorded as a "yes" response. A tubal ligation would not be counted as a "yes" response to this question. Tubal ligation is a sterilization procedure which involves cutting and tying or blocking the fallopian tubes.

RHQ291 A "yes" response to RHQ282 prompts this followup question. Obtain as exact an age as possible. If the SP remembers the operation in terms of a year rather than her age, help her to convert the year to her age at the time she underwent her hysterectomy. The age reported here should be about the same age or older than the age of the last menstrual period reported in RHQ060.

RHQ305 An operation to remove the ovaries is called an oophorectomy. If the ovaries were removed at the same time as a hysterectomy (removal of the uterus) was performed, it would be called a total hysterectomy. It is possible to have both ovaries removed, only one ovary removed, or only part of an ovary removed.

This question asks if the SP had both ovaries removed either when their uterus was removed or at another time. If the SP states that only parts of both ovaries were removed, the response should be coded as "no." An SP who had one ovary removed, but still has part of the second ovary, would also be coded as "no." Only total removal of both ovaries would result in a code of "yes."

In a partial removal of the ovary, some portion of the ovary may be taken to remove a cyst, for example, but usually enough will be left to maintain hormone production and fertility. It is the continued production of hormones that is of interest in this question.

REHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

How old were you when you had your ovaries removed or last ovary removed if removed at different times?

ENTER AGE IN YEARS

05a RHQ291

07a RHQ305  YES

07a RHQ332

05ad RHQ395

REHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

Do you experience bulging or something falling out that you can see or feel in the vaginal area?

1. YES

2. NO

05a RHQ395

99ab-dc00a RHQ420

99ab-c00a02a RHQ420

03c RHQ442

RHQ332 This question obtains the SP's age at the time her ovaries were removed or her age at the time the second ovary was removed if they were removed at different times.

RHQ395 This item seeks to obtain information on pelvic floor disorders. The pelvic floor is a network of muscle ligaments and tissues that support the organs of the pelvis: the uterus, bladder, and rectum. If the muscles become weak or the ligaments or tissues become stretched or damaged, the pelvic organs may drop down and protrude into the vagina. The intent of this question is to capture protrusion or prolapse of any of the pelvic organs into the wall of or through the vagina. This is not limited to the uterus. It includes the bladder, rectum, small bowel, and sigmoid colon. Bulging can occur after a hysterectomy.

Blaise Data Entry - N:\WH4\Fig-Test\Mecv1\Bsth\AmeC

Forms Answer Navigate Options Year 2

Now I am going to ask you about your birth control history.

Have you **ever** taken birth control pills for any reason?

1. YES  
 2. NO

HomPI RHQ420  
 HomonePIAge RHQ430  
 HomPINow RHQ440  
 HomPIStoAge RHQ450

Old 25/214 Modified Dirty Navigate MEC

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Blaise Data Entry - N:\WH4\Fig-Test\Mecv1\Bsth\AmeC

Forms Answer Navigate Options Year 2

Are you taking birth control pills **now**?

1. YES  
 2. NO

99abc RHQ380  NO  
 99abc00a RHQ390  
 99abc00a RHQ420  YES  
 99abc00a02a RHQ430   
 03c RHQ442  
 03c RHQ451

Old 23/177 Modified Dirty Navigate MEC

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** have you taken birth control pills?

CODE '1' FOR LESS THAN ONE MONTH

ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 26/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:49 PM

The next series of questions, RHQ420 to RHQ520, ask about the use of birth control pills and other contraceptive use. These items may be sensitive to some women. It may be necessary to reiterate the confidentiality of their responses and the significance of the information to our research on women's health. Information on current and previous use of birth control methods are obtained in these questions.

RHQ420 This question is a screening question to determine whether an SP has ever taken birth control pills for any reason. Women who report using birth control pills primarily to regulate their periods and not as a form of contraception should be coded "yes." Perimenopausal women (that is, women who have begun to exhibit menopausal symptoms but have not yet completed menopause) can be taking birth control pills.

RHQ442 This question provides information on whether the SP is currently taking birth control pills.

This item is asked of female SPs younger than 20 years of age who have experienced menarche and are not currently pregnant. Women 20 years of age and older who are not pregnant, not menopausal and have not had surgery that would prevent them from getting pregnant (i.e., hysterectomy or bilateral oophorectomy) are also asked RHQ442.

The normal cycle of birth control pill use is to take one pill per day for 21 days, followed by 7 days when no pills or a placebo are taken. It is possible that a woman in the "no pill" phase of this cycle would incorrectly report that she has stopped taking birth control pills. However, this is a normal part of birth control pill use and she should be considered as currently using birth control pills.

Some newer forms of oral contraceptives are taken on a 91-day cycle resulting in 4 periods a year. Seasonale™ is an example of this type of contraceptive. SPs taking this type of contraceptive should be considered as currently using birth control pills.

RHQ460 If the SP has started and stopped using the pill several times, ask her to subtract time periods when she did not use the pill, so that her response reflects only the actual time of using oral contraceptives. Remind the SP to subtract any time that she was pregnant as well as any time when she may have been trying to get pregnant and was not using oral contraceptives. Be sure to enter the number and to indicate whether it refers to months or years.

Offer to let the SP use the calculator if it will assist her in making the needed calculations, or you may calculate the length of time with her.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** used Depo-Provera or injectables to prevent pregnancy?

1. YES  
 2. NO

RHQ470K	enovid
RHQ470S	ENOVID 10 MG 20 DAY
DepoProEver RHQ510	
DepoProNow RHQ520	
FemHormoneEver RHQ540	

Old 27/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 3:51 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you **now** using Depo-Provera or injectables to prevent pregnancy?

1. YES  
 2. NO

RHQ470K	enovid
RHQ470S	ENOVID 10 MG 20 DAY
DepoProEver RHQ510	1 YES
DepoProNow RHQ520	
FemHormoneEver RHQ540	

Old 27/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... SnagIt/32 C... 3:51 PM

RHQ510 Depo-Provera is one brand of injectable birth control medication.

RHQ520 This question asks if the SP currently uses injectable pregnancy prevention. Examples of injectables include Depo Provera and Lunelle.

PHANIS W MSC Questionnaire

Forms Answer Navigate Options Year 10

Have you ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS "NO".

1. YES  
 2. NO

99ab RHQ610 2 NO  
 99ab05g RHQ620  
 63abck00a07a08a RHQ540  
 99ab00a RHQ541

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Which forms of female hormones have you used?

CODE ALL THAT APPLY

10. PILLS  
 11. PATCHES  
 12. CREAM/SUPPOSITORY/INJECTION

RHQ470S  
 DepoProEver RHQ510 1 YES  
 DepoProNow RHQ520 2 NO  
 FemHormoneEver RHQ540 1 YES  
 FemHarused RHQ541

Old 27/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagit/32 C... 3:54 PM

The next series of questions obtains information on hormone replacement therapy (HRT). Women 20 years of age and older are asked these questions.

RHQ540 This item refers to the use of female hormones (e.g., estrogen, progestin) prescribed by a doctor. We are interested in all forms of female hormones (pills, patches, creams, or hormone injections). However, do not include hormones used for birth control or for infertility treatment. In situations of hormone use for a non-menopausal condition (e.g., polycystic ovarian syndrome), code HRT use as “No.”

Female hormones may be used for the relief of menopausal symptoms, to prevent osteoporosis, or to prevent cardiovascular disease. Estrogen preparations are generally used to alleviate menopausal symptoms (hot flashes, night sweats, vaginal dryness), to prevent bone loss or thinning, or to prevent cardiovascular disease. Progesterone or progestin are used predominantly for their antiestrogenic effect in a woman using menopausal estrogens. Progesterone refers to a naturally occurring progestational hormone. Progestin refers to a large group of synthetic drugs that have a progesterone like effect.

RHQ541 Women who report using female hormones are asked to specify the form(s) they have used. Remember to probe for “What other forms have you used?”

Women who have never used female hormones other than birth control pills or to treat infertility, skip to the end of the interview, unless they are currently pregnant, or have given birth in the last 2 years. These women skip to the series of questions on programs for women with young children (FSQ652-FSQ671).

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** taken female hormone **pills** containing **estrogen only** (like Premarin)? (Do not include birth control pills.)

1. YES  
 2. NO

FemHaReplmntHpy RHQ550  **StillHavingPerio**  
 EstrogenEver RHQ554   
 EstrogenAge RHQ556  
 EstrogenNow RHQ558

Old 28/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing estrogen only **now**?

1. YES  
 2. NO

FemHaReplmntHpy RHQ550  **StillHavingPerio**  
 EstrogenEver RHQ554  YES  
 EstrogenAge RHQ556   
 EstrogenNow RHQ558

Old 28/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing estrogen only?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT   
 1. MONTHS  
 2. YEARS

Old 29/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

RHQ554 This question asks specifically about the SP's use of hormone pills containing estrogen only. The SP should not consider birth control pills when answering this question. Commonly used estrogen pills include Premarin, Menrium and Milprem. If the SP knows the name of a particular medication she is currently taking or may have taken in the past but is unsure whether it contains only estrogen, refer to the female hormone charts and lists to assist you in coding the correct response. If the medication is not listed, code "don't know" and enter the name of the medication as an interviewer remark.

Women who have had a hysterectomy are generally prescribed estrogen only. Estrogen used alone increases the risk of endometrial cancer, but taking a progestin with estrogen almost eliminates the risk of endometrial cancer. Therefore, a woman whose uterus has been removed has no risk of developing this form of cancer and does not need to take progestin.

It is important to note that an SP may have taken pills containing estrogen only at the same time she was taking pills containing progestin only. Code "yes" if the SP has taken both estrogen-only and progestin-only pills concurrently.

Subjects answering other than "yes" skip to RHQ562.

RHQ558 This question asks the SP whether she is currently taking pills containing estrogen only.

RHQ560 The SP should be allowed time to consider her reply. Provide assistance in helping her add up periods of time during which she was taking estrogen only hormone pills. Use the calculator to assist you as needed. Enter both a number and a unit of time. Code "1" if the SP reports using estrogen pills for less than 1 month.

For periods of time less than 5 years, code the response in months if some fraction of a year is reported. For example, if the SP says she used pills for 3 ½ years, convert this to 42 months. For periods of time 5 years or greater, follow the general rounding rules described in Section 5.1.1.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you taken female hormone **pills** containing **progestin only** (like Provera)? (Do not include birth control pills.)

1. YES  
 2. NO

FemHarPillsProgestinOnly RHQ562  
 PrgstnAge RHQ564  
 PrgstnNow RHQ566

Old 30/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing progestin only **now**?

1. YES  
 2. NO

FemHarPillsProgestinOnly RHQ562  YES  
 PrgstnAge RHQ564   
 PrgstnNow RHQ566

Old 30/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing progestin only?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 31/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

The next series, RHQ562 through RHQ568 follows the same sequence as questions RHQ554 through 560. In this series, the SP is asked about the use of pills containing progestin only.

RHQ562 Provera is the most common type of progestin-only pill. Refer to the specification for RHQ554 for how to handle “don’t know” responses or how to use the female hormone charts/lists to assist you and the SP in obtaining accurate information.

Respondents answering other than “yes” skip to RHQ570.

RHQ566 This question asks the SP whether she is currently taking pills containing progestin only.

RHQ568 Refer to the specifications for RHQ560 on how to assist the SP in determining the total period of time and in coding fractional amounts.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you taken female hormone **pills** containing **both estrogen and progestin** (like Prempro, Premphase)? (Do not include birth control pills.)

1. YES  
 2. NO

BothEstrognAndProgestn RHQ570

FirstEstrognAndProgestn RHQ572

EstrognProgestnNow RHQ574

Old 32/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing both estrogen and progestin **now**?

1. YES  
 2. NO

BothEstrognAndProgestn RHQ570  YES

FirstEstrognAndProgestn RHQ572

EstrognProgestnNow RHQ574

Old 32/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing both estrogen and progestin?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 33/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

The next series, RHQ570 through RHQ576 follows the same sequence as questions RHQ554 through RHQ560. In this series, the SP is asked about the use of combined hormone pills containing both estrogen and progestin.

RHQ570 Refer to the specification for RHQ554. The two most common types of combined pills are Prempro and Premphase.

Subjects who respond other than “yes” skip to questions on the next form of hormone used as reported in RHQ541.

RHQ574 Refer to the specification for RHQ558.

RHQ576 Refer to the specifications for RHQ560.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** used female hormones **patches** containing **estrogen only**?

1. YES  
 2. NO

FemHarPatchesEstrogenOnly RHQ580  
AgePatchesEstrogenOnly RHQ582  
PatchEstrogenNow RHQ584

Old 34/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you using patches containing estrogen only **now**?

1. YES  
 2. NO

FemHarPatchesEstrogenOnly RHQ580 1 YES  
AgePatchesEstrogenOnly RHQ582 35  
PatchEstrogenNow RHQ584

Old 34/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped using them, for how long **altogether** did you use patches containing estrogen only?

CODE '1' FOR LESS THAN 1 MONTH  
ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 35/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

The next questions, RHQ580 through RHQ586, ask about the use of female hormone patches containing estrogen only. The questions follow the same sequence as RHQ554 through RHQ560.

RHQ580 Refer to the specification for RHQ554. Subjects who respond other than “yes” skip to RHQ596.

RHQ584 Refer to the specification for RHQ558.

RHQ586 Refer to the specifications for RHQ560.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **used** female hormone **patches** containing **both estrogen and progestin**?

1. YES  
 2. NO

PatchesEstrogenProgestin RHQ596  
AgePatchesEstrogenProgestin RHQ598  
PatchestrgnPrgstnNow RHQ600

Old 38/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you using patches containing both estrogen and progestin **now**?

1. YES  
 2. NO

PatchesEstrogenProgestin RHQ596  YES  
AgePatchesEstrogenProgestin RHQ598   
PatchestrgnPrgstnNow RHQ600

Old 38/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:01 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped using them, for how long **altogether** have you used patches containing both estrogen and progestin?

CODE '1' FOR LESS THAN 1 MONTH  
ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 39/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:01 PM

The next series of questions, RHQ596 through RHQ602, ask about the use of combined female hormone patches. They follow the same sequence as RHQ554 through RHQ560.

RHQ596 Refer to the specification for RHQ554. Subjects who respond other than “yes” skip to questions about the next form of hormone use as reported in RHQ541.

RHQ600 Refer to the specification for RHQ558.

RHQ602 Refer to the specifications for RHQ560.

1. YES  
 2. NO

07a FSQ662

07a FSQ661

1. YES  
 2. NO

07a FSQ662

07a FSQ661

1 YES

FSQ652 This section of the Reproductive Health questionnaire contains questions about the Women, Infants, and Children Program (WIC). These questions are asked only of SPs who are currently pregnant, or who have been pregnant in the last 2 years.

This question asks if the SP personally received benefits from WIC in the past 12 months.

FSQ661 This item asks whether the SP is currently receiving WIC benefits.

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 10

Thinking about your most recent pregnancies, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your last child and during your current pregnancy.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

Thinking about your most recent pregnancy, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your last child.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 10

Thinking about your pregnancy, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your current pregnancy.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

FSQ671 Enter both a number and a unit of time when recording the answer to this question. A probe is provided for this question to add clarification. The probe should be read immediately following the question. (There are many alternate forms of this question.)

If a response of more than 2 years (24 months) is entered, a soft edit will be triggered asking you to verify the SP's response.

FSQ671 Women who have had more than one pregnancy, are not currently pregnant, but have given (cont.) birth within the past year receive this alternate form of the question.

FSQ671 Women who are currently pregnant and do not report other pregnancies receive this alternate (cont.) form of the question.

NEANES IV MEC Questionnaire

Forms Answer Navigate Options Year 6

HELP AVAILABLE

Many people have leakage of urine. The next few questions ask about urine leakage.

How often do you have urinary leakage? Would you say...

1. never,  
 2. less than once a month,  
 3. a few times a month,  
 4. a few times a week, or  
 5. every day and/or night?

LABEL	KIDNEY CONDITION SECTION
05a KIQ005	<input type="checkbox"/>
05a KIQ010	<input type="checkbox"/>
01a KIQ042	<input type="checkbox"/>

Question Text

Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

1.  
2.  
3.  
4.  
5.

Close Help

NEANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

How much urine do you lose each time? Would you say...

1. drops,  
 2. small splashes, or  
 3. more?

LABEL	KIDNEY CONDITION SECTION
05a KIQ005	<input type="checkbox"/> 2 <b>LeastOnceMonth</b>
05a KIQ010	<input type="checkbox"/>
01a KIQ042	<input type="checkbox"/>

## 5.2.9 Kidney Conditions (KIQ)

This section is administered to SPs 20 years of age and older. It obtains information about incontinence and other conditions that may be sensitive or embarrassing to some subjects.

More than 13 million people in the United States—male and female, young and old, experience incontinence. Women experience incontinence twice as often as men. This difference may be due to pregnancy and childbirth, menopause, and the structure of the female urinary tract. Both women and men can become incontinent from neurologic injury, birth defects, strokes, multiple sclerosis, and physical problems associated with aging. NHANES will provide national estimates on the prevalence of this condition and quality of life issues for those affected.

The urologic diseases portion of the NHANES describes prevalence of specific urologic conditions in the population and provides the first national data on the distribution of prostate specific antigen (PSA) in U.S. men. These data will be used to assist in planning for initiatives and other programs for the prevention and treatment of urologic conditions. Self-reported information on urinary incontinence and nocturia, prostate cancer, and benign prostatic hypertrophy is collected in KIQ. **NOTE:** Pregnant women should respond according to their usual habits when NOT pregnant.

KIQ005 KIQ005 asks SPs to report how frequently they experience urinary leakage.

KIQ005 (cont'd) A help screen is available to provide assistance in defining urinary leakage. Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, or loss of urine control.

KIQ010 SPs who respond other than “never,” “refused” or “don’t know” continue with KIQ010. This item asks SPs to indicate the amount of urine leakage experienced.

Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 0

During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

1. YES  
 2. NO

LABEL KIDNEY CONDITION SECTION  
 05a KIQ005 1 Never  
 05a KIQ010  
 01a KIQ042

Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 0

How frequently does this occur? Would you say this occurs...

1. less than once a month.  
 2. a few times a month.  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ450  
 01a KIQ044  
 05a KIQ450  
 01a KIQ046

Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 2

During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?

1. YES  
 2. NO

LABEL KIDNEY CONDITION SECTION  
 LeakageProbm KIQ042 1 YES  
 LeakageProbFreq KIQ043 1 EveryDay  
 LeakageUrge KIQ044  
 LeakageUrgeFreq KIQ045  
 LeakageWDact KIQ046

Old 6/218 Modified Dirty Navigate MEC

Start | Inboxes - Microsoft Outlook | Exploring - Mec-int | Blaise Data Entry | 10:48 AM

KIQ042 This item deals with uncontrolled loss of urine when coughing, straining, sneezing, exercising, or lifting heavy objects (i.e., stress incontinence). Note that the period of interest is the past year.

KIQ430 If the SP indicates the presence of a bladder control problem as defined by KIQ042, this question obtains an estimate of the frequency of the problem.

KIQ044 This item obtains information about problems with leakage or loss of control accompanied by feelings of urgency or pressure (i.e., urge incontinence). Again, the period of interest is the past 12 months.

NIHAMS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

How frequently does this occur? Would you say this occurs...

1. less than once a month,  
 2. a few times a month,  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ430	2	FewTimesMonth
01a KIQ444	1	YES
05a KIQ450		
01a KIQ446		

Blaise Data Entry - N:\NH4\Prj-Test\Mecv1\Both\mec  
Forms Answer Navigate Options Year 2

During the past 12 months, have you leaked or lost control of even a small amount of urine **without** an activity like coughing, lifting, or exercise, or an urge to urinate?

1. YES  
 2. NO

LABEL	KIDNEY CONDITION SECTION	
LeakageProbm KIQ042	1	YES
LeakageProbFreq KIQ043	1	EveryDay
LeakageUrge KIQ044	1	YES
LeakageUrgeFreq KIQ045	1	EveryDay
LeakageWDAct KIQ046		

Old 6/218 Modified Dirty Navigate MEC

Start | Inbox - Microsoft Outlook | Exploring - Mec-int | Blaise Data Entry | 10:49 AM

NIHAMS IV MEC Questionnaire  
Forms Answer Navigate Options Year 8

How frequently does this occur? Would you say this occurs...

1. less than once a month,  
 2. a few times a month,  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ470		LessOnceMonth
01a KIQ050		
01a KIQ052		
05a KIQ480		

KIQ450 If the SP indicates the presence of a bladder control problem as defined by KIQ044, this item obtains an estimate of the frequency of the problem.

KIQ046 This question asks subjects to indicate whether they have experienced uncontrolled loss of urine without a sensation of urgency or an activity such as coughing, exercise, or lifting that causes sudden increases of pressure within the abdomen. The time frame of interest is the past year.

KIQ470 Subjects who report the presence of a bladder control problem as defined by KIQ046 are asked to provide an estimate of the frequency of the problem.

Blaise Data Entry - N:\NH4\Prg-Test\mecv1\Both\mec

Forms Answer Navigate Options Year 2

During the **past 12 months**, how much did your leakage of urine bother you? Please select one of the following choices:

1. not at all.
  5. greatly?

2. only a little.

3. somewhat.

4. very much, or

LeakageWDAcIFreq KI0047  EveryDay

LeakageBother KI0050

DaytoDayAffect KI0052

Old 7/218 Modified Dirty Navigate MEC

Start Inbox - Microsoft Outlook Exploring - Mec-int Blaise Data Entry 10:49 AM

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

During the **past 12 months**, how much did your leakage of urine affect your day-to-day activities? (Please select one of the following choices:)

1. not at all,
  2. only a little,
  3. somewhat,
  4. very much, or
  5. greatly?

05a KI0470  FewTimesMonth

01a KI0050  OnlyALittle

01a07a08a KI0052

05a07a KI0480

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

During the **past 30 days**, how many times per night did you most typically get up to urinate, from the time you went to bed at night until the time you got up in the morning. Would you say...

0. 0
  1. 1
  2. 2
  3. 3
  4. 4
  5. 5 or more?

05a KI0470  LessOnceMonth

01a KI0050  OnlyALittle

01a KI0052  OnlyALittle

05a KI0480

Subjects who report bladder control difficulties (i.e., KIQ042, KIQ044, or KIQ046 is coded “Yes”) are asked KIQ050 and KIQ052. All other subjects skip to KIQ480.

KIQ050 This item asks SPs to indicate how much their bladder control problems bothered them during the past year. Remember to read the entire list of response options.

KIQ052 In this question, subjects are asked to report how much their day-to-day activities were affected by bladder control difficulties. Again, the period of interest is the past year.

KIQ480 This item asks SPs to report whether and the extent to which they experienced excess urination at night (nocturia). Nocturia may be a symptom of prostate disease. The period of interest is the past month.

For females KIQ480 is the last item in this section.

Males 20-39 years of age skip to KIQ490.

Males 40 years of age and older continue with KIQ080.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

Do you **usually** have trouble starting to urinate (pass water)?

1. YES  
 2. NO

05a KIQ080	<input type="checkbox"/>	
05a KIQ100	<input type="checkbox"/>	
05a KIQ490	<input type="checkbox"/>	
05a KIQ120	<input type="checkbox"/>	

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

After urinating (passing water), does your bladder feel empty?

1. YES  
 2. NO

05a KIQ080	1	YES
05a KIQ100	<input type="checkbox"/>	
05a KIQ490	<input type="checkbox"/>	
05a KIQ120	<input type="checkbox"/>	

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HELP AVAILABLE**

The next set of questions is about men's health including urinary and prostate problems. The prostate is a gland located just below the bladder.

Have you **ever** been told by a doctor or health professional that you have any disease of the prostate? This includes an enlarged prostate.

1. YES  
 2. NO

05a KIQ080	2	NO
05a07a KIQ100	1	YES
05a07b KIQ490	<input type="checkbox"/>	
05a07c KIQ120	<input type="checkbox"/>	

KIQ080 In this question, subjects are asked to indicate whether they have difficulty initiating urination. Hesitancy may be a symptom of prostate disease. Read the alternate term in parentheses , (“pass water”), if the SP doesn’t appear to understand the term “urinate.”

KIQ100 This item asks SPs to report whether they experience incomplete emptying of the bladder upon urination, which is another possible symptom of prostate disease.

KIQ490 SPs are asked whether they’ve been diagnosed with any type of prostate disease.

For males 20-39 years this is the final item in KIQ.

Question Text

The prostate is a walnut-sized gland that forms part of the male reproductive system. It is located in front of the rectum and just below the bladder. An enlarged prostate means the gland has grown bigger. An enlarged prostate is often called benign prostatic hypertrophy (BPH) or benign prostatic hyperplasia.

- 1.
- 2.

Close Help

NIH/NHS IV MEC Questionnaire

Forms Answer Navigate Options Year 9

HELP AVAILABLE

Have you ever been told by a doctor or health professional that you had an enlarged prostate?

1. YES

2. NO

05a KIQ080	2	NO
05a07a KIQ100	1	YES
05a07b KIQ490	2	NO
05a07b KIQ120		

NIH/NHS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

Was it a benign enlargement - that is, not cancerous, also called benign prostatic hypertrophy?

1. YES

2. NO

05a KIQ140	
05a KIQ160	
05a KIQ180	
99ab01a_05a KIQ360	

KIQ490 A help screen is available to provide assistance in defining prostate and enlarged prostate.  
(cont.) The prostate is a walnut-sized gland that forms part of the male reproductive system. It is located in front of the rectum and just below the bladder. An enlarged prostate means the gland has grown bigger. An enlarged prostate is often called benign prostatic hypertrophy (BPH) or benign prostatic hyperplasia.

KIQ120 In this question, SPs are asked whether they've been diagnosed as having an enlarged prostate.

Subjects who respond other than "yes," skip to KIQ360.

KIQ140 KIQ140 asks the SP to indicate whether the enlargement is benign, or non-cancerous. This condition is also known as benign prostatic hypertrophy (bĭ-nĭn prŏs-tăt' -ick hĭ' -pŭr'trə-fĕ), or BPH.

SPs who respond other than "yes," skip to KIQ180.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

How old were you when you were first told that you had benign enlargement of the prostate?

ENTER AGE IN YEARS

05a07b KIQ140  YES

05a07b08a KIQ160

05a07b KIQ180

99ab01a\_05a KIQ360

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

Was the enlargement due to cancer?

1. YES

2. NO

05a KIQ140  NO

05a KIQ160

05a KIQ180

99ab01a\_05a KIQ360

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

Have you ever had a rectal examination to check for prostate cancer? A rectal examination is usually done by a doctor who inserts a finger into the rectum to check for problems.

1. YES

2. NO

05a KIQ140  NO

05a KIQ160

05a KIQ180  YES

99ab01a\_05a KIQ360

KIQ160      SPs who report being diagnosed as having a benign enlargement of the prostate are asked to indicate their age when they were told this.

SPs who are asked KIQ160 skip to KIQ360.

KIQ180      Subjects who respond other than “yes” in KIQ140 are asked whether their enlarged prostate is due to cancer.

KIQ360      This item asks subjects to report whether they have ever had a rectal exam specifically for the purpose of checking for cancer.

NIH/NIDDK IVC Questionnaire

Forms Answer Navigate Options Year 7

HELP AVAILABLE

**HAND CARD BHQ1**

Next, we'd like to talk to you about bowel health. We'll start with accidental bowel leakage. There are four types of bowel leakage that can happen: leakage (passing) of gas, leakage of mucus, leakage of liquid stool, and leakage of solid stool. We will ask you about leakage of each of these one at a time.

How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of gas? Would you say...

1. 2 or more times a day,  
 2. once a day,  
 3. 2 or more times a week,  
 4. once a week,  
 5. 1-3 times a month, or  
 6. never?

LABEL	BOWEL HEALTH
05ac BHQ010	<input type="checkbox"/>
05ac BHQ020	<input type="checkbox"/>
05ac BHQ030	<input type="checkbox"/>

**BHQ 1**

2 or more times a day

Once a day

2 or more times a week

Once a week

1-3 times a month

Never

## 5.2.10 Bowel Health (BHQ)

In 2005, a new Bowel Health section was added to the interview. The section is administered to SPs 20 years of age and older. The questions will not be asked if the interview is conducted with a proxy.

Pelvic floor disorders are a group of clinical conditions that include urinary incontinence, pelvic organ prolapse, fecal incontinence, and other sensory and emptying abnormalities of the lower urinary and gastrointestinal tract. It is estimated that one or more of these conditions affects up to one third of adult women. With the steady increase in the population of older women, the national cost burden related to pelvic floor disorders is huge in terms of direct health care costs, lost productivity, and decreased quality of life.

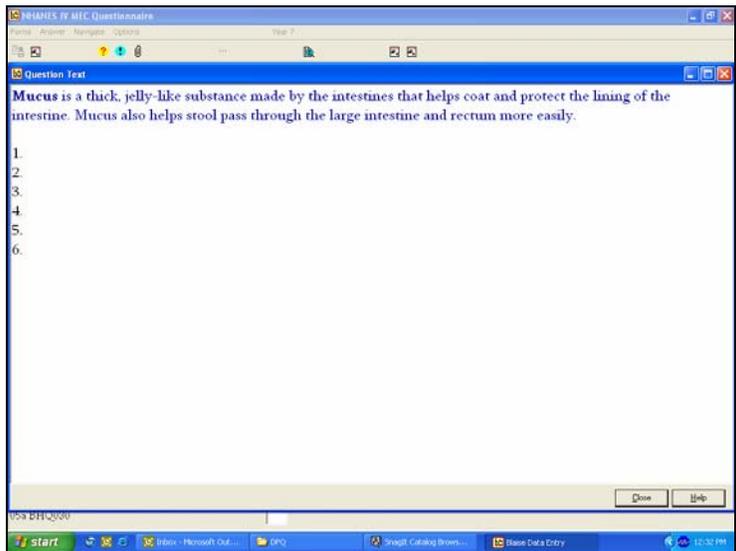
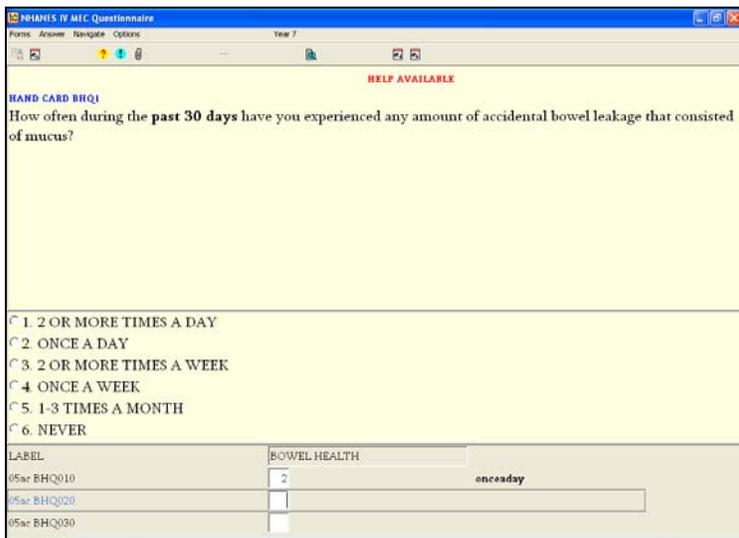
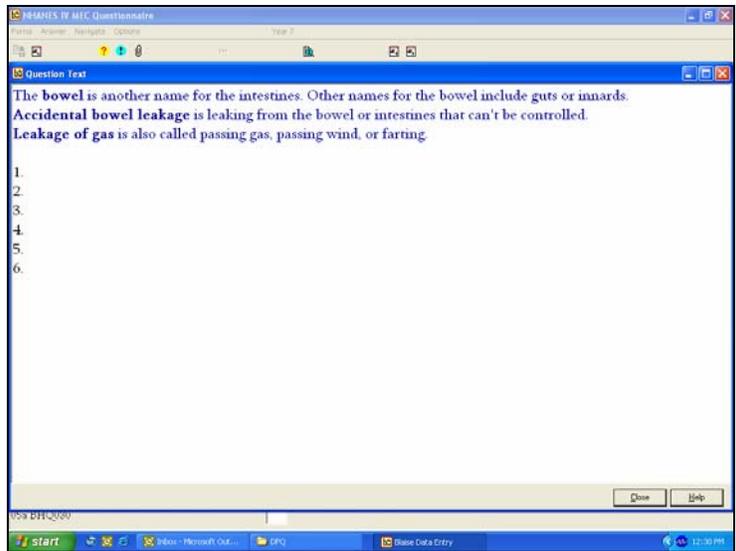
Fecal incontinence and defecatory disorders are the least studied of the pelvic floor disorders in women. The prevalence of fecal incontinence among women is not well known and data collected in this section will assist researchers in obtaining more accurate estimates. The Bowel Health questions will also be used to obtain the first national prevalence estimates of fecal incontinence and defecatory dysfunction in men, and to compare risk factors in males and females.

In order to better understand differences in etiology and risk factors for fecal incontinence, the questions obtain considerable detail about the specific characteristics of and frequency of incontinence. Respondents are also asked to report on bowel movement frequency and stool consistency. **NOTE:** Pregnant women should respond according to their usual habits when NOT pregnant. This information will be useful in assessing constipation, which has been linked to pelvic floor disorders. Many SPs may find these questions embarrassing. By maintaining your professional demeanor and understanding the research objectives of this section, you can help put the SP at ease and obtain more accurate responses.

BHQ010 The first question introduces the section and explains that we'll ask about four types of bowel incontinence.

The question then continues to obtain information on the frequency of gas incontinence. It is important to note that only accidental or uncontrolled bowel leakage is of interest in items BHQ.010 through BHQ.040. So, for example, in BHQ.010 the ability to hold the gas until the SP gets to the toilet does not count. However, if the SP reports passing gas unintentionally not in the toilet, it's considered accidental leakage.

Card BHQ1 is used with BHQ.010 through BHQ.040 to assist the respondent in remembering the response options.



BHQ010 (cont'd) Help text is available for this item to provide assistance in defining the following terms or phrases:

Bowel – The bowel is another name for the intestines. Other names for the bowel include guts or innards.

Accidental bowel leakage – Accidental bowel leakage is leaking from the bowel or intestines that can't be controlled.

Leakage of gas – Leakage of gas is also called passing gas, passing wind, or farting.

BHQ020 BHQ020 obtains information on the frequency of mucus incontinence.

BHQ020 (cont'd) Help text is available for this item if the SP does not understand the term mucus.

Mucus – Mucus is a thick, jelly like substance made by the intestines that helps coat and protect the lining of the intestines. Mucus also helps stool pass through the large intestine and rectum more easily.

NEHAHS IV MEC Questionnaire  
Form: Answer Navigate Options Year 7

**HELP AVAILABLE**

**HAND CARD BHQ1**  
How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of liquid stool?

1. 2 OR MORE TIMES A DAY  
 2. ONCE A DAY  
 3. 2 OR MORE TIMES A WEEK  
 4. ONCE A WEEK  
 5. 1-3 TIMES A MONTH  
 6. NEVER

LABEL	BOWEL HEALTH	
05ac BHQ010	2	onceaday
05ac BHQ020	6	never
05ac BHQ030		

NEHAHS IV MEC Questionnaire  
Form: Answer Navigate Options Year 7

**Question Text**

**Stool** is also called a bowel movement, BM, or poop.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Done Help

05ac BHQ030

NEHAHS IV MEC Questionnaire  
Form: Answer Navigate Options Year 7

**HAND CARD BHQ1**  
How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of solid stool?

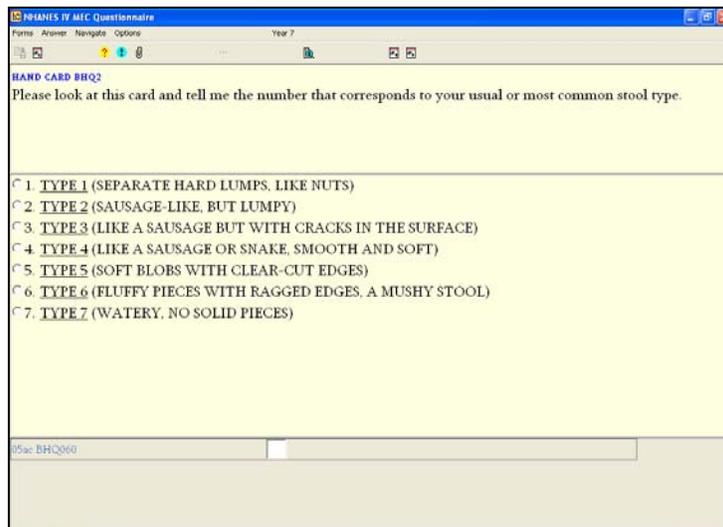
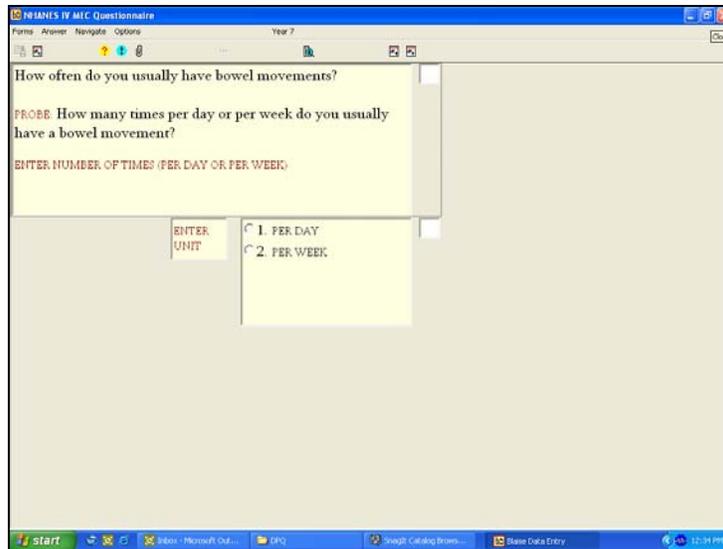
1. 2 OR MORE TIMES A DAY  
 2. ONCE A DAY  
 3. 2 OR MORE TIMES A WEEK  
 4. ONCE A WEEK  
 5. 1-3 TIMES A MONTH  
 6. NEVER

05ac BHQ040

BHQ030 The frequency of liquid stool incontinence is queried in this item.

BHQ030 Help text is available to provide alternative terms for stool.  
(cont'd) Stool – Stool is also called a bowel movement, BM, or poop.

BHQ040 This is the last item in the series to obtain information about various types of incontinence.  
BHQ040 asks SPs to report on the frequency of solid stool incontinence.



## BHQ2

THE BRISTOL STOOL FORM SCALE		
Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

BHQ050 BHQ050 asks subjects to specify how frequently they have a bowel movement. Read the probe: “How many times per day or per week do you usually have a bowel movement?” to help the SP focus on the units of interest.

Enter the quantity in the first data field, then press “Enter” to move the cursor to the unit field. Enter the code that corresponds to the correct unit and press “Enter” to proceed to the next item in the section.

BHQ060 This question asks SPs to report on the usual consistency of their bowel movements according to one of seven types in the Bristol Stool Form Scale. Card BHQ 2 is a visual aid with pictures and descriptive text for each type. Because this item may be extremely sensitive or embarrassing to subjects, hand the card to SPs and ask them to respond with the number that corresponds to their answer. Do not read the card aloud to the SP, unless the SP has severe vision problems and cannot see the card.

Type 1: Separate, hard lumps, like nuts.

Type 2: Sausage like, but lumpy.

Type 3: Like a sausage but with cracks in the surface.

Type 4: Like a sausage or snake, smooth and soft.

Type 5: Soft blobs with clear-cut edges.

Type 6: Fluffy pieces with ragged edges, a mushy stool.

Type 7: Watery, no solid pieces.

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

The PAQ section is administered to SPs 12 – 15 years old. The questionnaire used was developed by the World Health Organization for physical activity surveillance in countries. It collects information on physical activity participation in three settings/domains and sedentary behavior (i.e., reading, sitting with friends).

These settings/domains include:

- Activity at work;
- Travel to and from places; and
- Recreational activities.

It is important that the respondent focuses on the distinction between these settings/domains in the questions. Emphasize the setting you are asking about in the text of the question. There should be no overlap between the physical activity reported in the various settings.

Respondents are asked about the frequency of their physical activity in days of a typical week (7 days). Duration is asked in terms of minutes or hours.

A typical week is defined as a week when a person is doing vigorous or moderate intensity activities and not an average over a period.

Vigorous-intensity activities are activities that require **hard** physical effort and cause **large increases** in breathing or heart rate.

Moderate-intensity activities are activities that require **moderate** physical effort and **small increases** in breathing or heart rate.

Probes are provided for some of the questions. The probes appear in red font and should be read on an as needed basis.

NIH/NHS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, studying or training, household chores, and yard work. In answering the following questions 'vigorous-intensity activities' are activities that require **hard** physical effort and cause **large increases** in breathing or heart rate, 'moderate-intensity activities' are activities that require **moderate** physical effort and cause **small increases** in breathing or heart rate.

Does your work involve **vigorous-intensity** activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

1. YES  
 2. NO

07a PAQ605  
07a PAQ610

NIH/NHS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

In a typical week, on how many days do you do **vigorous-intensity** activities as part of your work?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for **at least 10 minutes continuously**.

ENTER NUMBER OF DAYS

07a PAQ605      1      YES  
07ac PAQ610

NIH/NHS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

How much time do you spend doing **vigorous-intensity** activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity activities during your work.

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for **at least 10 minutes continuously**.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT       1. MINUTES  
 2. HOURS

PAQ605 This first series of questions ask about work. Examples of work include: paid and unpaid work, studying or training, household chores, yard work, harvesting (i.e., working in garden), fishing or hunting for food, seeking employment.

This question asks about vigorous activities only.

If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **large increases** in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

Responses other than “Yes” skip to PAQ620.

PAQ610 This question asks how many days in a typical week the SP does vigorous-intensity activities as part of their work.

PAQ615 This question refers to the amount of time spent doing vigorous-intensity activities at work on a typical day. Only activities that were undertaken **continuously for 10 minutes or more** should be considered.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NIHANS IF MEC Questionnaire  
Form - Answer - Navigate - Options Year 9

Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?

1. YES  
 2. NO

07a PAQ620  
07a PAQ625

NIHANS IF MEC Questionnaire  
Form - Answer - Navigate - Options Year 9

In a typical week, on how many days do you do moderate-intensity activities as part of your work?

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ620 1 YES  
07ac PAQ625

NIHANS IF MEC Questionnaire  
Form - Answer - Navigate - Options Year 9

How much time do you spend doing moderate-intensity activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity activities during your work.

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  1. MINUTES  
 2. HOURS

PAQ620 This question inquires about activities at work that are moderate only.

If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **small increases** in breathing or heart rate.

Responses other than “yes” skip to PAQ635.

PAQ625 This question asks how many days in a typical week the SP does moderate-intensity activities as part of their work.

PAQ630 This question refers to the amount of time spent doing moderate-intensity activities at work on a typical day. Only activities that were undertaken **continuously for 10 minutes or more** should be considered.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to school, for shopping, to work.

Do you walk or use a bicycle for **at least 10 minutes continuously** to get to and from places?

1. YES  
 2. NO

07a PAQ635  
07a PAQ640

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

In a typical week, on how many days do you walk or bicycle for **at least 10 minutes continuously** to get to and from places?

ENTER NUMBER OF DAYS

07a PAQ635 1 YES  
07a PAQ640

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

How much time do you spend walking or bicycling for travel on a typical day?

PROBE IF NEEDED: Think about a typical day when you walk or bicycle for travel.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  
 1. MINUTES  
 2. HOURS

PAQ635 The introductory statement to the following questions transitions the SP to now focus on transport-related physical activities. It asks SPs to now think about how they travel around getting from place-to-place (i.e., to school, for shopping, to work). There should be no overlap between the physical activities already mentioned as part of work.

The following questions ask specifically about **walking** or **using a bicycle** for **at least 10 minutes continuously** to get to and from places.

Responses other than “yes” skip to PAQ650.

PAQ640 This question asks how many days in a typical week the SP walks or bicycles for **at least 10 minutes continuously** to get to and from places.

PAQ645 This question refers to the amount of time spent walking or bicycling for travel on a typical day. The SP should consider the total amount of time walking or bicycling for trips of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NIH/NHS IV MIC Questionnaire  
Form - Answer - Navigate - Options  
Year 9

The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

Do you do any **vigorous-intensity sports, fitness, or recreational activities that cause large increases in breathing or heart rate like running or basketball for at least 10 minutes continuously?**

1. YES  
 2. NO

07a PAQ650  
07a PAQ655

NIH/NHS IV MIC Questionnaire  
Form - Answer - Navigate - Options  
Year 9

In a typical week, on how many days do you do **vigorous-intensity sports, fitness or recreational activities?**

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ650      1      YES  
07ac PAQ655

NIH/NHS IV MIC Questionnaire  
Form - Answer - Navigate - Options  
Year 9

How much time do you spend doing **vigorous-intensity sports, fitness or recreational activities on a typical day?**

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity sports, fitness or recreational activities.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT       1. MINUTES  
 2. HOURS

PAQ650 This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time activities. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned.

In this question, SPs are asked if they do any vigorous-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**.

Responses other than “yes” skip to PAQ665.

PAQ655 This question asks how many days in a typical week the SP does vigorous-intensity sports, fitness, or recreational activities.

If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted **large increases** in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

PAQ660 This question refers to the amount of time spent doing vigorous-intensity sports, fitness or recreational activities on a typical day. SPs should consider the total amount of time doing vigorous recreational activities for periods of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

PHANIS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

Do you do any moderate-intensity sports, fitness, or recreational activities that cause a small increase in breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball for at least 10 minutes continuously?

1. YES  
 2. NO

07a PAQ665  
07a PAQ670

PHANIS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ665 1 YES  
07ac PAQ670

PHANIS IV MIC Questionnaire

Form: Answer Navigate Options Year 9

How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity sports, fitness or recreational activities.

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  1. MINUTES  
 2. HOURS

PAQ665 This question asks about moderate activities only.

If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **small increases** in breathing or heart rate.

Responses other than “yes” skip to PAQ680.

PAQ670 This question asks how many days in a typical week the SP does moderate-intensity sports, fitness, or recreational activities.

PAQ675 This question refers to the amount of time spent doing moderate intensity sports, fitness, or recreation activities on a typical day. SPs should consider the total amount of time doing moderate recreational activities for periods of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

PEIQUES IV MEC Questionnaire

Forme Answer Navigate Options Year 3

The following question is about sitting or reclining at school, at home, at work, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards, watching television, or using a computer, but do not include time spent sleeping.

How much time do you usually spend sitting or reclining on a typical day?

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT

1. MINUTES

2. HOURS

PAQ680 This question asks how much time is spent sitting or reclining on a typical day. The SP should consider the total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand crafts (i.e., knitting), resting, etc. Do not include time spent sleeping.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 9

Do you consider yourself now to be...

1. fat or overweight,  
 2. too thin, or  
 3. about the right weight?

LABEL	WEIGHT HISTORY
05a07a WHQ030c	<input type="checkbox"/>
05a WHQ500	<input type="checkbox"/>
07a WHQ511	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 9

Which of the following are you trying to do about your weight:

1. lose weight,  
 2. gain weight,  
 3. stay the same weight, or  
 4. not trying to do anything about your weight?

LABEL	WEIGHT HISTORY
05a07a WHQ030c	3 rightweight
05a WHQ500	<input type="checkbox"/>
07a WHQ511	

### 5.2.12 Weight History (WHQ)

A new weight history section was added in 2005 to include questions on the reasons for weight loss and the types of weight loss practices used by children and adolescents ages 8-15. WHQ is not administered if the interview is conducted with a proxy or if the interview is conducted with an interpreter that is a relative, neighbor, or friend.

The prevalence of adolescent overweight has nearly tripled in the past two decades. In 1999, 15 percent of children aged 6 to 19 years in the United States were overweight. Overweight children have a 70 percent chance of becoming overweight or obese adults. High cholesterol and high blood pressure, risk factors for heart disease, occur with increased frequency in overweight children and adolescents compared to children with a healthy weight. The child overweight trends pose significant health and financial burden for our children and the Nation. A related problem has to do with weight loss practices. Children and adolescents are especially prone to fad diets and eating disorders. Unhealthy methods of weight loss can compromise growth and are not recommended by health care professionals. There are no national data on the reasons children and adolescents try to lose weight or the methods they employ to lose weight. The information from this section will be used with sociodemographic and related nutrition and health information to develop public policies and programs to prevent and manage overweight among children and adolescents.

WHQ030C The first item in this section asks SPs to indicate whether they consider themselves overweight, underweight, or the right weight. We are interested in the SPs' perception of their weight, not what they may have been told by someone else.

WHQ500 WHQ500 obtains information about whether an SP is currently trying to lose weight, gain weight, or maintain their weight. There is also an option for SPs to report that they're not actively engaging in any type of weight control or loss practices.

10. I WANT TO LOOK BETTER
  21. A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL WANTS ME TO LOSE WEIGHT

11. I WANT TO BE HEALTHIER
  22. I DON'T WANT TO BE FAT

12. I WANT TO BE BETTER AT SPORTS AND OTHER PHYSICAL ACTIVITIES
  23. I WANT TO BE SKINNY

13. I GET TEASED ABOUT MY WEIGHT
  24. I WANT TO FEEL GOOD/BETTER ABOUT MYSELF

14. I THINK MY CLOTHES WILL FIT BETTER
  30. OTHER (SPECIFY)

15. I THINK BOYS WILL LIKE ME BETTER

16. I THINK GIRLS WILL LIKE ME BETTER

17. MY FRIENDS ARE TRYING TO LOSE WEIGHT

18. SOMEONE IN MY FAMILY IS TRYING TO LOSE WEIGHT

19. MY MOTHER OR FATHER WANTS ME TO LOSE WEIGHT

20. MY TEACHER OR COACH WANTS ME TO LOSE WEIGHT

LABEL	WEIGHT HISTORY	
05a07a WHQ030c	3	rightweight
05a WHQ050	1	loseweight
07a WHQ0511		

## CARD WHQ1

I want to look better

I want to be healthier

I want to be better at sports and other physical activities

I get teased about my weight

I think my clothes will fit better

I think boys will like me better

I think girls will like me better

My friends are trying to lose weight

Someone in my family is trying to lose weight

My mother or father wants me to lose weight

My teacher or coach wants me to lose weight

A doctor, nurse, or other health professional wants me to lose weight

Other (specify)

WHQ511 SPs who indicate in WHQ500 that they're currently trying to lose weight are asked their reasons for wanting to lose weight.

Always show the respondent card WHQ1 to assist him or her in categorizing his or her response according to the listed categories. This is a "code all that apply" item so remember to probe: "Anything else?" or "Are there any other reasons?"

**NOTE:** Categories 22, 23, and 24 appear on the interviewer's screen only. We would like the SPs to select one of the more descriptive categories on the hand card as a reason for trying to lose weight. However, if after additional probing, the SP still cannot select one of the listed categories on the hand card and responds with category 22, 23, or 24, the response can be recorded easily. Categories 22, 23, and 24 were added to only the interviewer's screen in order to reduce the amount of data entry needed. Other reasons for wanting to lose weight that aren't listed on the screen can be entered under the "Other (specify)" category.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you tried to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ5100S  
05a WHQ520  
05a WHQ530  
05a WHQ540

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you been on a diet to **lose weight**? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ5100S  
05a WHQ520 2 sometimes  
05a WHQ530  
05a WHQ540

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you starved (not eaten) for a day or more **to lose weight**? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ5100S  
05a WHQ520 2 sometimes  
05a WHQ530 1 never  
05a WHQ540

WHQ520 WHQ520 asks SPs to specify how frequently they've tried to lose weight in the past 12 months.

SPs who respond "never" (coded "1"), skip to the end of this section if they are younger than 12 years old. Otherwise, they skip to the final item in this section, DBQ091.

WHQ530 through WHQ580 are a series of items that elicit information on specific behaviors an SP may have engaged in for the purpose of losing weight.

WHQ530 WHQ530 obtains information on how often the SP has been on a diet for the purpose of losing weight. The period of interest is the past year.

WHQ540 This item asks SPs to report how frequently during the past year they haven't eaten for 24 hours or longer in order to lose weight. Failure to eat due to some illness or sickness is not of interest.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you cut back on what you ate to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550		
05a WHQ560		
05a WHQ570		
05a WHQ580		

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you skipped meals to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550	1	never
05a WHQ560		
05a WHQ570		
05a WHQ580		

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you exercised to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550	1	never
05a WHQ560	1	never
05a WHQ570		
05a WHQ580		

WHQ550 WHQ550 obtains information on how frequently the SP cut back on the amount of food he or she ate. Again, the period of interest is the past year.

WHQ560 SPs are asked to report how often in the past year they've skipped meals for the purpose of losing weight.

WHQ570 This item asks SPs to report how frequently during the past year they engaged in exercise or physical activity for the purpose of losing weight.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you eaten less sweets or fatty foods to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

65a WHQ550	1	never
65a WHQ560	1	never
65a WHQ570	1	never
65a WHQ580		

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 10

Next, I'm going to ask you about meals.

By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

Please **do not** include meals provided as part of the school lunch or school breakfast.

1. ENTER NUMBER  
 2. NONE

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

How many of those meals did you get from a fast-food or pizza place?

1. ENTER NUMBER  
 2. NONE

ENTER NUMBER

WHQ580 WHQ580 obtains information about how often the SP changed the type of food he or she ate, specifically fewer sweet or fatty foods.

For SPs 8-11 years old this is the final item in WHQ.

DBQ895 This item asks SPs to provide the number of meals eaten during the past 7 days that were prepared somewhere other than at home or as part of the school lunch/breakfast program. Meals include breakfast, lunch, or dinner. Do not include snacks. Please remember to read the entire question so that the SP hears the complete list of food establishments and/or sources of meals they need to consider when answering the question.

If asked, school meals from “a la carte” counters or from vending machines that are not part of the school lunch/breakfast program should be counted as meals not prepared at a home. Frozen meals eaten at home count as meals prepared at a home. Fully cooked foods (such as a roast chicken) from a deli counter count as meals not prepared at a home. However, if only the chicken is bought at a deli, but the rest of the foods were prepared at home, the meal should be counted as prepared in a home. Leftovers from a restaurant that were taken home and then taken to school the next day (for 2 meals) should be counted as meals not prepared at a home.

Note: Meals prepared at “a” home, which does not have to be the SP’s own home, still count as meals prepared at home. Therefore, a meal eaten at a grandmother’s or friend’s house counts as a meal prepared at home.

The unit of interest is the number of times in past 7 days. If the SP reports that he or she never eats meals that are prepared outside a home, code “2” in the first data field. Otherwise, code “1” in the first data field, press “Enter” to enable the second data field and type in the number of meals in the past 7 days.

DBQ900 Among foods-away-from-home, fast food has been singled out as the source most closely associated with poor diets and obesity. This question asks how many of the meals reported in DBQ895 were from a fast food or pizza place.

NIHANS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the past 30 days, how often did you buy "ready to eat" foods at the grocery store? Please do not count frozen or canned foods.

# 1. ENTER NUMBER 1  
 2. NEVER

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) 2

ENTER UNIT # 1. DAY 2  
 2. WEEK  
 3. MONTH

NIHANS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

HAND CARD WHQ2

During the past 30 days, how often did you eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

# 1. ENTER NUMBER 1  
 2. NEVER

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) 2

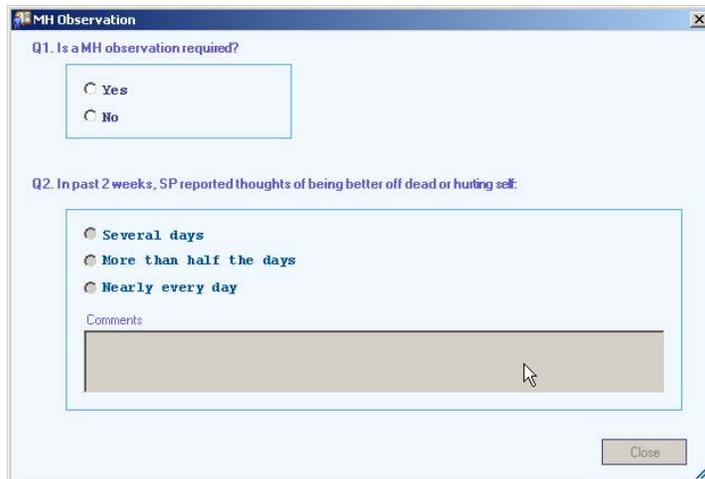
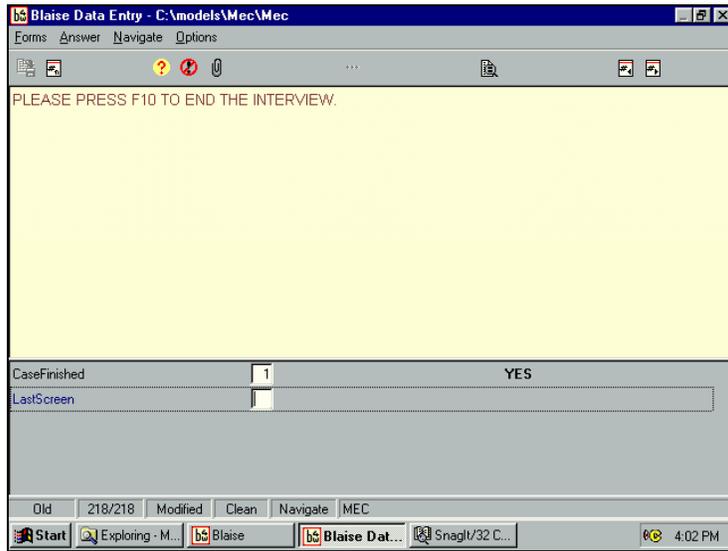
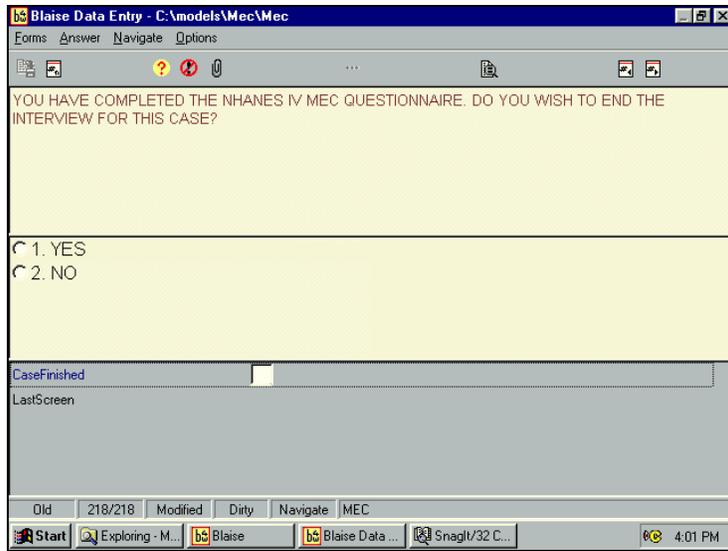
ENTER UNIT # 1. DAY 3  
 2. WEEK  
 3. MONTH

**CARD WHQ2**



DBQ905 In addition to foods-away-from-home, ready-to-eat meals bought in stores are another increasingly important category of foods. This question asks how often the SP bought “ready to eat” foods at the grocery store during the past 30 days. Frozen and canned foods should not be counted.

DBQ910 This question asks the respondent to indicate the number of times per day, week, or month that they ate frozen meals or frozen pizza during the past 30 days. Always show the respondent card WHQ2 to assist in his or her response.



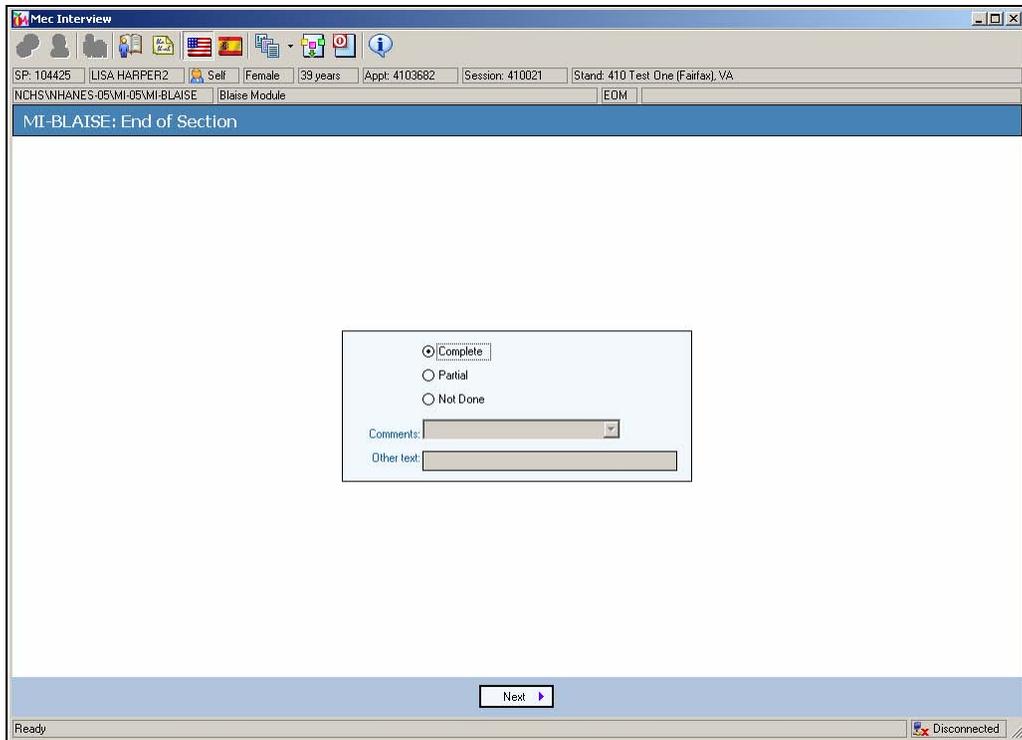
### **5.2.13 Ending the CAPI Interview**

After completing the final CAPI section appropriate to the SP's age and gender, the computer program displays the "Case Finished" screen. Unless you need to backup for some reason or to change an answer to a previous question, enter "1" and proceed to the last screen. Press F10 to exit the interview and proceed to the Mental Health Observation pop-up window.

MH

Observation

Complete the mental health observation window as described in Chapter 6.



## Blaise-CAPI

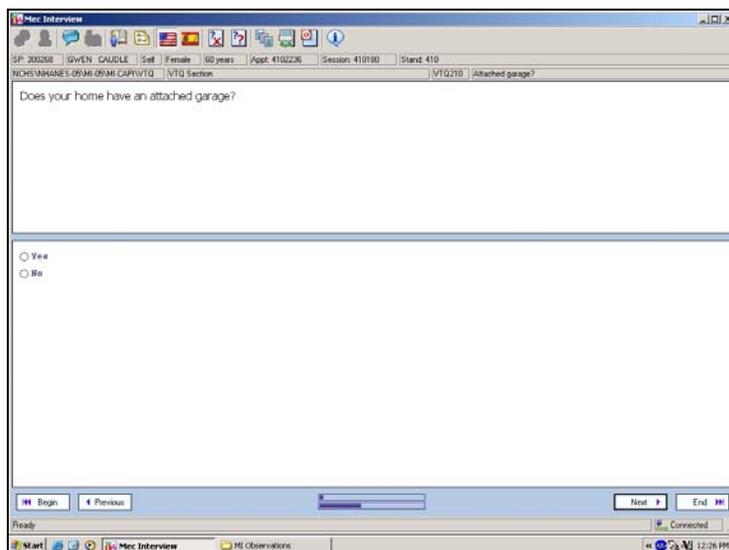
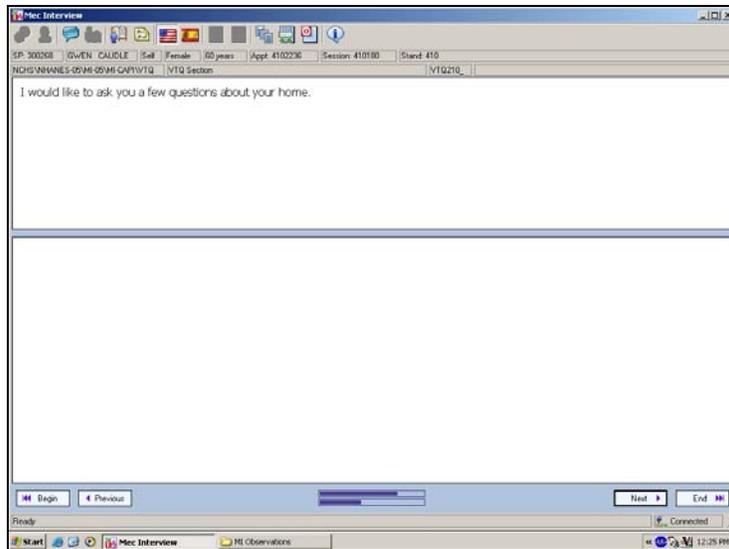
### Section

**Status** Choose the appropriate section status code. Select “complete” if all applicable questions for the SP’s age and gender were administered. Code “partial” if some, but not all, questions were administered. Code “not done” if the Blaise interview was launched but no questions were administered.

Choose and enter the appropriate comment code when the status is “partial” or “not done.”

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### 5.3 The Volatile Toxicant Section (VTQ) of the MEC Interview

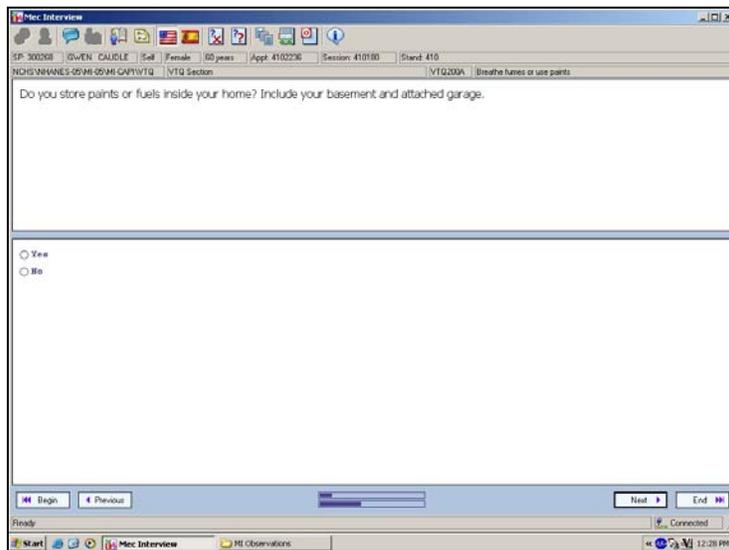
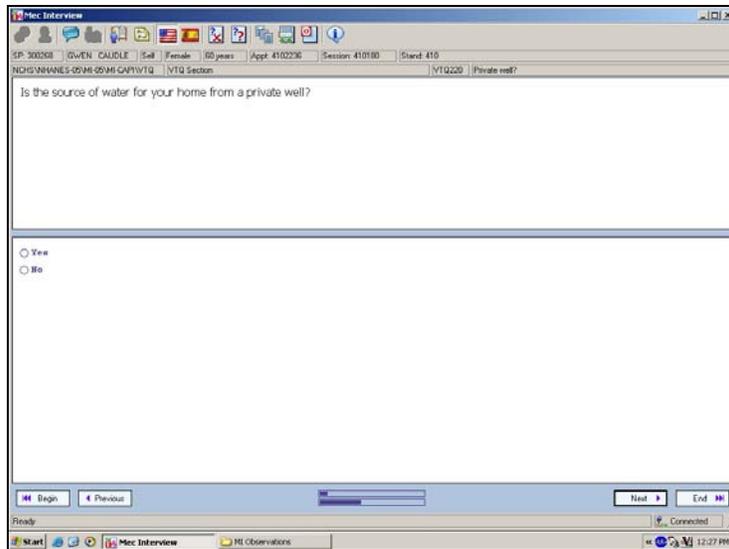
NHANES includes a study of Volatile Organic Compounds (VOCs), the purpose of which is to determine the prevalence of exposures chemicals called volatile organic compounds. A one-half sample of SPs 12 years of age and older is randomly selected to participate in this study. The household interviewer collects a tap water sample to be analyzed for study. When the SP comes to the MEC for the exam the phlebotomist collects an additional tube of blood, and the MEC interviewers administer a 14-item questionnaire.

The Volatile Toxicant questionnaire (VTQ) is a separate section of the MEC Interview and is administered to SPs in the VOC subsample after completion of the Blaise CAPI interview. The VTQ section collects data about the SP's home, activities, amount of time spent in various locations, and exposure to different chemicals over the past 72 hours. The section is administered when the interview is conducted with a proxy respondent. VTQ is a CAPI-based interview and is programmed using the MI-05 software. Data entry and navigation through this section follow the conventions described in Section 5.1.

VTQ210\_ The first screen in this section introduces the section to the SP.

VTQ210 (cont'd) This question refers to the residence where the SP spent the last 72 hours and specifically refers to whether or not the home has a garage and if it does, if it is attached or not.

Home refers to the building where the SP lives. This can be a mobile trailer, apartment, townhouse, single, or multiple family building. An attached garage means that one side of a wall faces a living space and the other faces an external enclosure where an automobile is stored at least some of the time. Vehicles off-gas many chemicals of interest, especially fuel vapors. If the external structure never contains a vehicle then it should be called a shed. An attached shed should be included with a basement and an attached garage. Select "Yes," if the home has an attached garage; "No" if it does not; "Refused" if the SP refuses to answer the questions; and "Don't know" if the SP is unsure.



VTQ220 This question asks the SP to report the source of water used in their home. Include all types of wells.

Bored Wells: An earth auger rotated, by hand or power, bores the hole and carries the earth to the surface. Casing is usually steel, concrete, or plastic pipe.

Dug Wells: Historically, dug wells were excavated by hand shovel to below the water table until incoming water exceeded the digger's bailing rate. The well was lined with stones, brick, tile, or other material to prevent collapse, and was covered with a cap of wood, stone, or concrete. Modern large-diameter dug wells are dug or bored by power equipment and typically are lined with concrete tile.

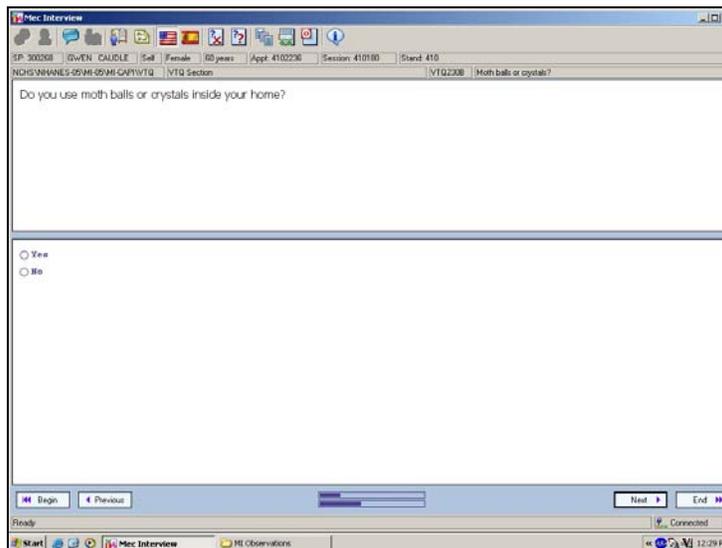
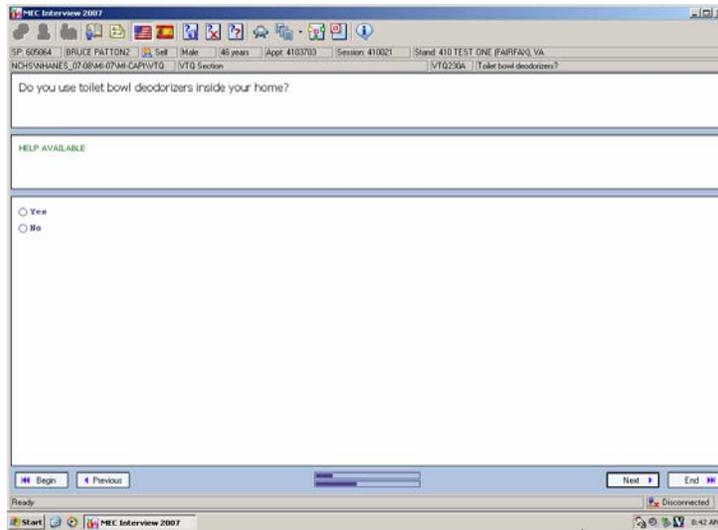
Driven-Point (sand point) Wells: Constructed by driving assembled lengths of pipe into the ground with percussion equipment or by hand.

Drilled Wells: Constructed by either percussion or rotary-drilling machines. Drilled wells that penetrate unconsolidated material require installation of casing and a screen to prevent inflow of sediment and collapse.

If the SP indicates if the source of water is from any of these types of private wells, select "Yes." If the SP reports that the source of water is from a municipal or city source, select "No." If the SP refuses to answer the question, select "Refused" and if the SP does not know select "Don't know."

VTQ200A This question asks the SP to decide if they currently have any paints or fuels stored inside their home. Include the basement and attached garage or attached shed if the SP reports having an attached garage in VTQ220. The program automatically inserts the appropriate fill depending upon the response to VTQ220.

Include areas of the home like the basement and attached garage. Do not include separate storage facilities like barns or unattached sheds on the same property. Include all paints, both indoor and outdoor, and fuels like propane or butane. Do not include wood or coal. If the SP indicates they store paint or fuels in any of these locations select "Yes." If the SP reports they do not store these items in these locations select "No." If the SP refuses to answer the question, select "Refused" and if the SP does not know select "Don't know."



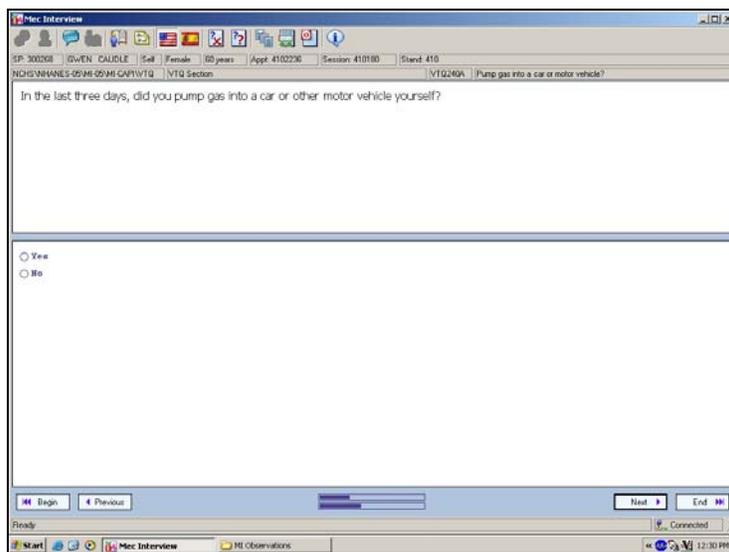
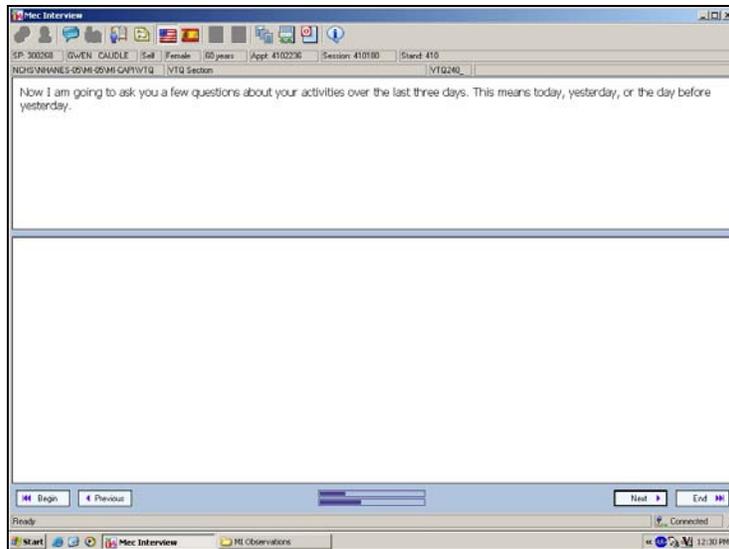
VTQ230A This question asks the SP to report if they use toilet bowl deodorizers inside the toilets in their home.

Include all types of deodorizers such as rim cage that clips onto the toilet rim, deodorant blocks, deodorant gels, and wall-mounted “para” block deodorant packaged in a cardboard hanger that hangs on the wall or fits in a separate wall-hanging plastic container (extra). Consider brand names such as Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way and Sno Bol. If the SP indicates they use any of these deodorizers select “Yes.” If the SP reports they do not use any of these items select “No.” If the SP refuses to answer the question, select “Refused” and if the SP does not know select “Don’t know.”

VTQ230A Help text is available for this question.  
(cont’d)

VTQ230B This question asks the SP to report if they use moth balls or moth crystals inside their home.

One traditional way to prevent fabric damage by moths is to pack sweaters and blankets in moth balls or moth crystals. Moth balls or moth crystals are naphthalene or camphor. They produce a characteristic odor. Naphthalene, also known as tar camphor, is a white crystalline solid with a distinctive mothball odor. Naphthalene is available to the public as a pest repellent and is frequently contained in moth balls, moth flakes, and toilet bowl deodorizers. Select “Yes,” if the SP reports that they use both balls or moth crystals, “No” if they do not; “Refused” if the SP refuses to answer the question; and “Don’t know” if the SP is unsure.

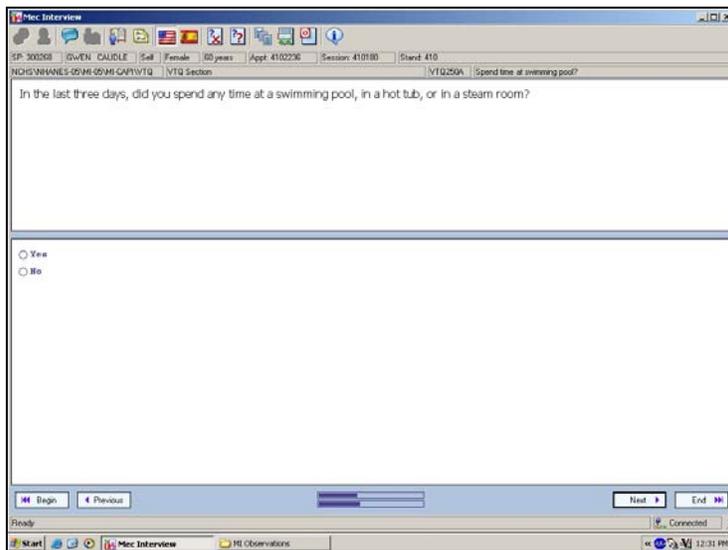
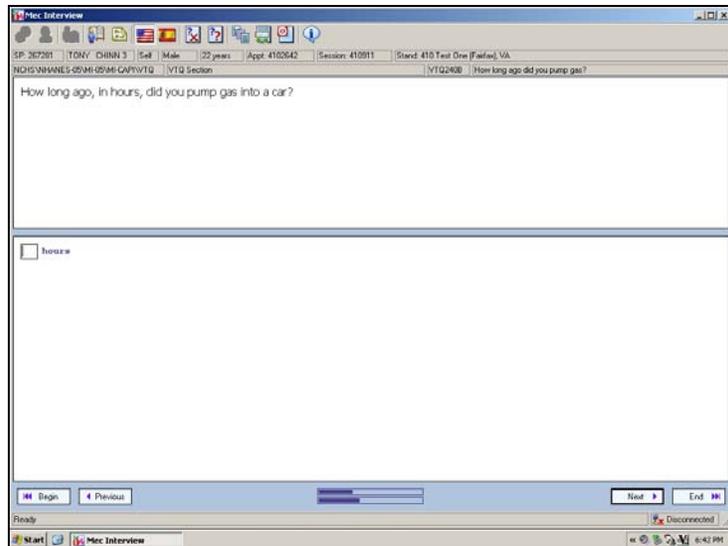


VTQ240\_ Items VTQ240A through VTQ270B ask about the SP's activities over the past 72 hours. This screen introduces the series of questions. Read the introduction as written and press "Enter" or select "Next" to proceed to VTQ240A.

VTQ240A This question asks the SP to report if they pumped gas into a car or other motor vehicle during the last 3 days.

Include any grade of gasoline but do not include natural gas. Include pumping gas into a container, such as a lawn mower container. Do not record "Yes" if the SP reports being a passenger in a car into which gas was pumped. If the SP reports actually pumping gas into any car or motor vehicle, select "Yes." If the SP reports they did not pump gas into a car or other motor vehicle, select "No." If the SP refuses to answer, select "Refused." If the SP does not know if they pumped gas into any car or other motor vehicle, select "Don't know."

If VTQ240A is coded "Yes", the interview continues with VTQ240B. Otherwise, the interview skips to VTQ250A.



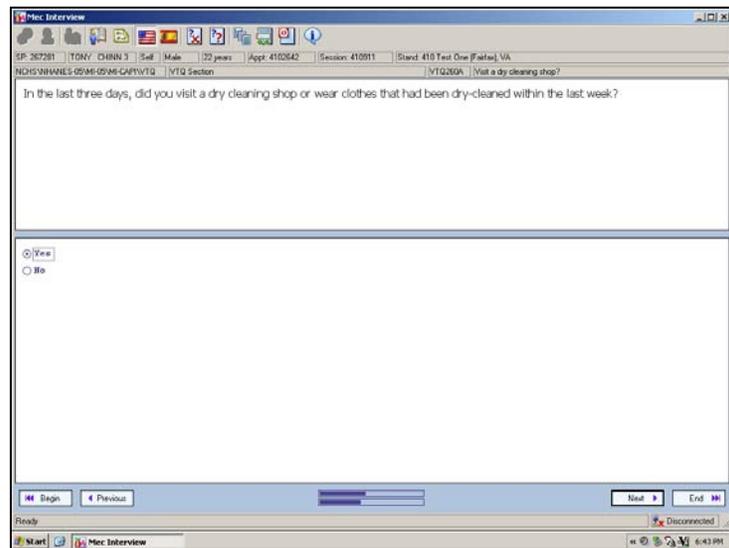
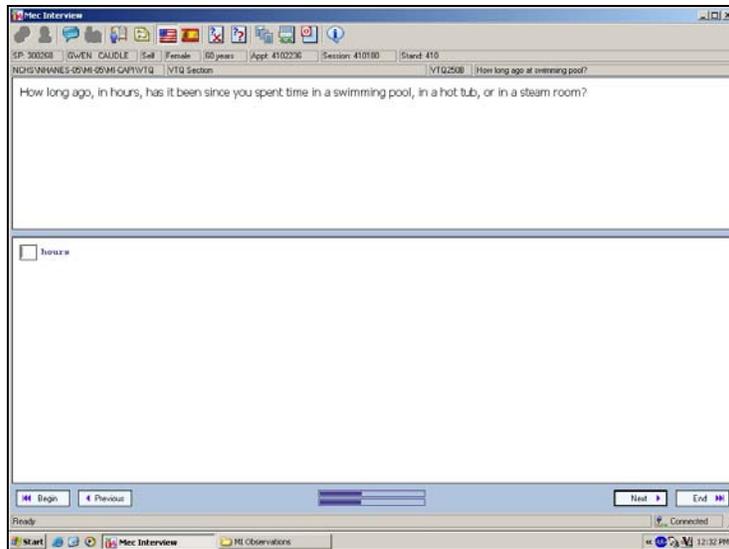
VTQ240B This question asks the SP to report the number of hours between the time they pumped gas into a car and the current time.

Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP's best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ250A This question asks the SP to report if they spent any time at a swimming pool, in a hot tub, or in a steam room during the last 3 days.

Determine if the SP spent any time at a swimming pool, in a hot tub, or in a steam room. The SP did not have to swim in the pool. If the SP reports being at or in a swimming pool, hot tub, or steam room, select "Yes." If the SP reports that they were not at a swimming pool, hot tub, or steam room, select "No." If the SP refuses to answer, select "Refused." If the SP does not know or cannot recall, select "Don't know."

If VTQ250A is coded "Yes", the interview continues with VTQ250B. Otherwise, the interview skips to VTQ260A.

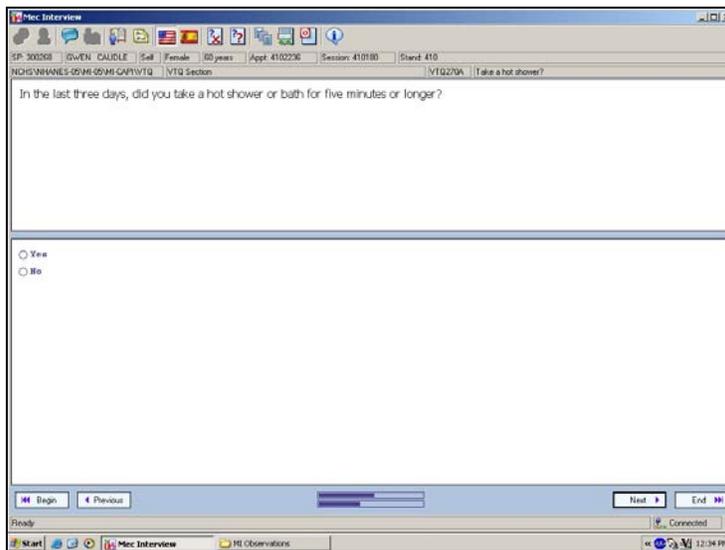
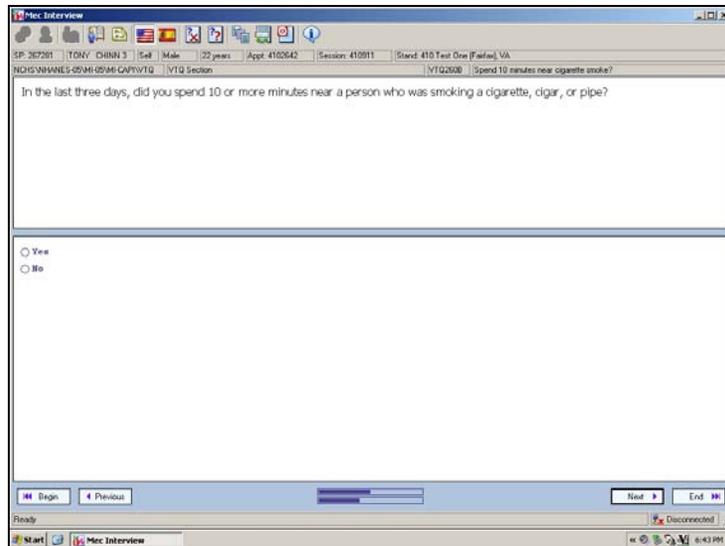


VTQ250B This question asks the SP to report the number of hours between the time they were in a swimming pool, hot tub, or steam room and the current time.

Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP's best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ260A This question asks the SP to report if they visited a dry cleaning shop or wore clothes that had been dry cleaned within the last week.

The dry cleaning process cleans clothing with chemical solvents having little or no water. Determine if the SP visited a dry cleaning shop during the last 3 days or if they wore clothes that had been dry-cleaned within the last week or 7 days. If the SP meets either criterion, select "Yes." If the SP reports that they were not at a dry cleaners in the last 3 days and have not worn clothes dry-cleaned within the last week, select "No." If the SP refuses to answer, select "Refused." If the SP does not know or cannot remember if they were at a dry cleaning shop in the last 3 days or wore clothes dry-cleaned within the last week, select "Don't know."



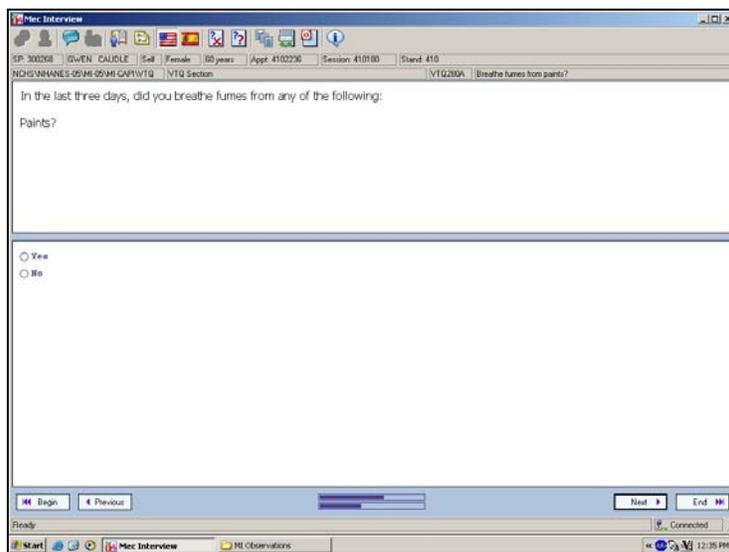
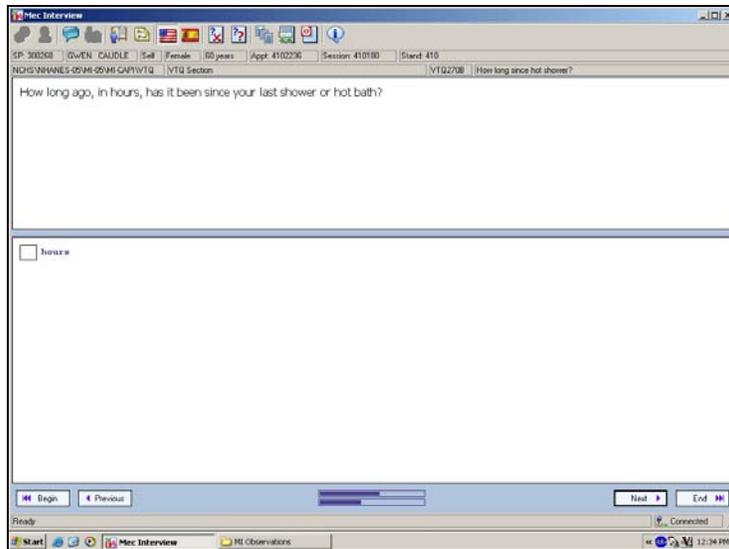
VTQ260B This question asks the SP to report if they have spent 10 or more minutes near any person who was smoking cigarettes, cigars, or a pipe in the last 3 days.

Include any brand of cigarette, any size of cigar, or any style of pipe. If the SP meets any of these criteria, select “Yes.” If the SP reports that they have not been around any of these sources of smoke, select “No.” If the SP refuses to answer, select “Refused.” If the SP does not know or cannot recall if they spent any time near someone who was smoking these forms of tobacco while using the exposure badge, select “Don’t know.”

VTQ270A This question asks the SP to report if they took a hot shower or bath for at least 5 minutes during the last 3 days.

Determine if the SP took a hot shower or bath for at least 5 minutes in the last 3 days. If the SP reports taking a hot shower or bath for a total of at least 5 minutes, select “Yes.” If the SP reports taking a cold or warm shower or a hot shower or bath for less than 5 minutes, select “No.” If the SP refuses to answer, select “Refused.” If the SP does not know or cannot recall taking a hot shower or bath for at least 5 minutes, select “Don’t know.”

If VTQ270A is coded “Yes”, the interview continues with VTQ270B. Otherwise, the interview skips to VTQ280A.



VTQ270B This question asks the SP to report the number of hours between the time they took a hot shower or bath and the current time.

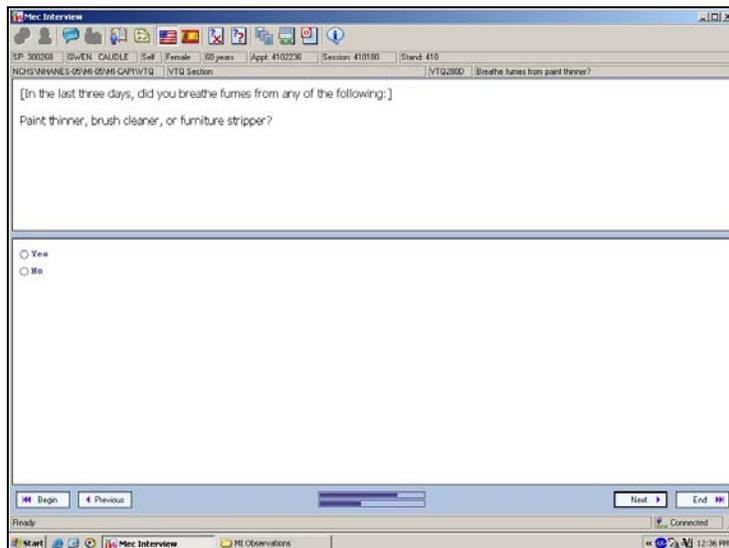
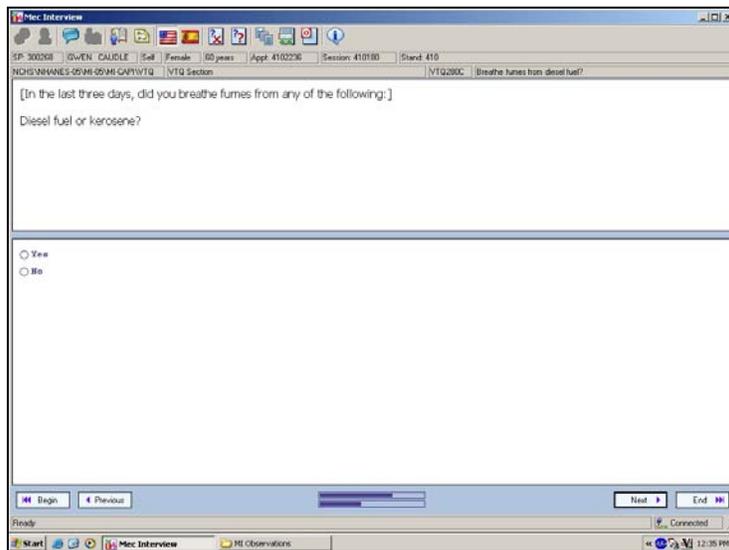
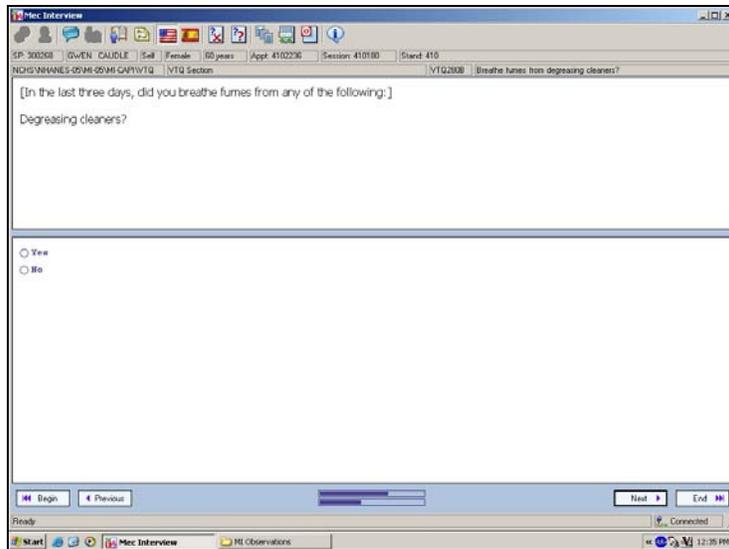
Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP's best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ280A through VTQ280H asks the SP to report if they breathed fumes from a variety of sources during the last 3 days.

Individually determine if the SP breathed fumes from each source. Record each answer. If the SP reports breathing fumes from an item in the last 3 days, select "Yes." If the SP reports he or she did not breathe fumes in the last 3 days, select "No." If known, workplace exposure to chemicals in the list of products should be coded as "Yes". If at any point during the interview the SP refuses to answer any further questions, select the "Refused" icon. If the SP does not know or cannot recall breathing fumes during the last 3 days, select "Don't know".

VTQ280A This question asks the SP to report if they breathed fumes from paints during the last 3 days.

Include all interior and exterior paints, spray paints used in arts and crafts, and oil-based artist paints.



VTQ280B This question asks the SP to report if they breathed fumes from degreasing cleaners during the last 3 days.

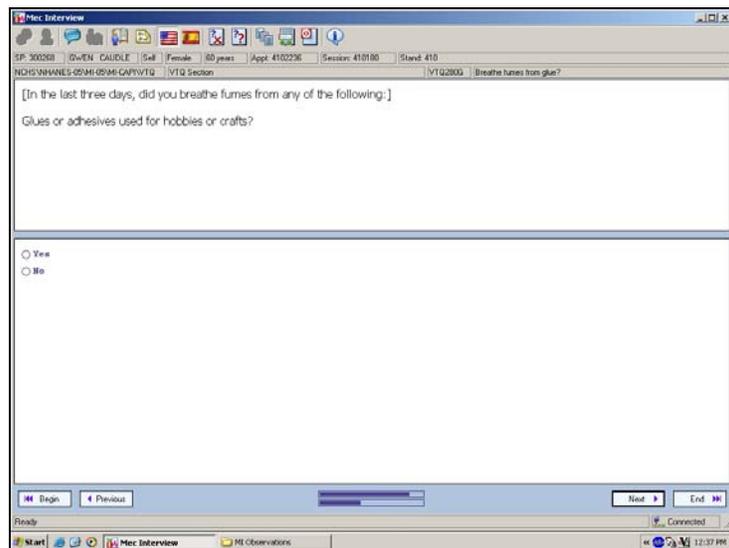
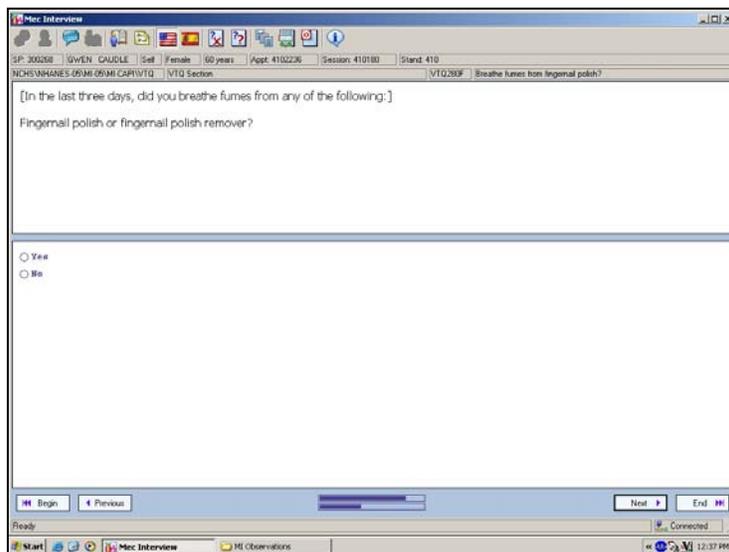
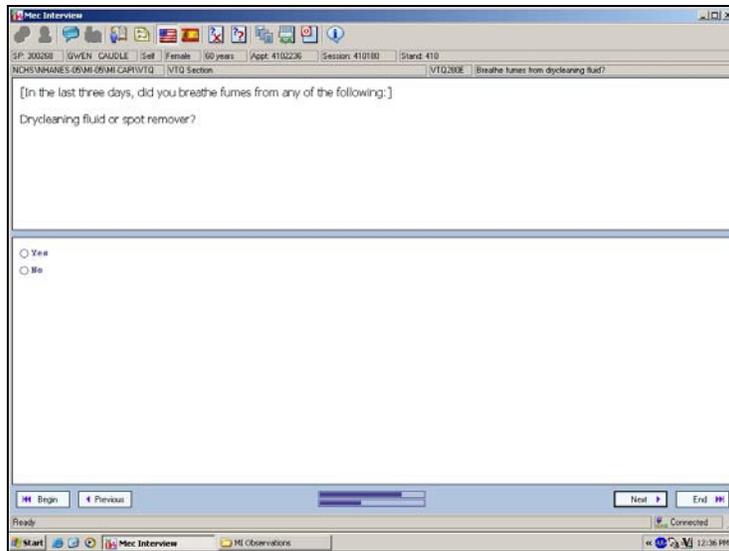
Consider all degreasing cleaners such as Formula 409® Cleaner Degreaser and Simple Green All-Purpose Industrial Degreaser/Cleaner. Oven cleaner is not considered to be a degreasing cleaner.

VTQ280C This question asks the SP to report if they breathed fumes from diesel fuel or kerosene during the last 3 days.

Diesel fuel is a crude oil. Kerosene is a hydrocarbon oil, chiefly of the methane series, used for burning in lamps. It is also called coal oil.

VTQ280D This question asks the SP to report if they breathed fumes from paint thinner, brush cleaner, or furniture stripper during the last 3 days.

These items contain turpentine.



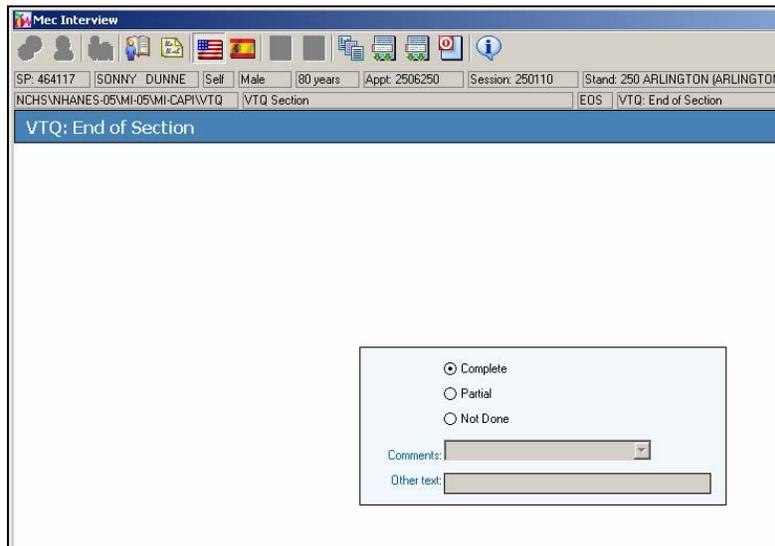
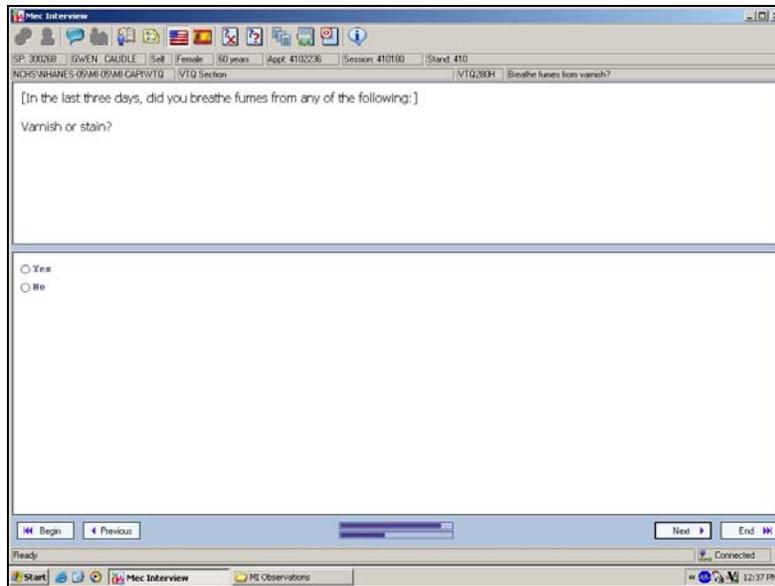
VTQ280E This question asks the SP to report if they breathed fumes from dry-cleaning fluid or spot remover during the last 3 days.

Consider all spot removers like K2R.

VTQ280F This question asks the SP to report if they breathed fumes from fingernail polish or fingernail polish remover during the last 3 days. Nail polish and nail polish remover contain acetone.

VTQ280G This question asks the SP to report if they breathed fumes from glues or adhesives used for hobbies or crafts during the last 3 days.

Glue is a viscid cement or adhesive preparation and is usually an impure gelatin derived from boiling certain animal substances. Hobby glue contains a significant amount of toluene.



VTQ280H This question asks the SP to report if they breathed fumes from varnish or stain during the last 3 days.

Varnish is a solution of certain gums or resins in alcohol, linseed oil, etc., and it is used to produce a shining, transparent coat on a surface. Stain is a dye or pigment used in staining.

VTQ Section Status Verify the VTQ section status of the MEC Interview. Choose and enter the appropriate comment code when the section status is “partial” or “not done.”

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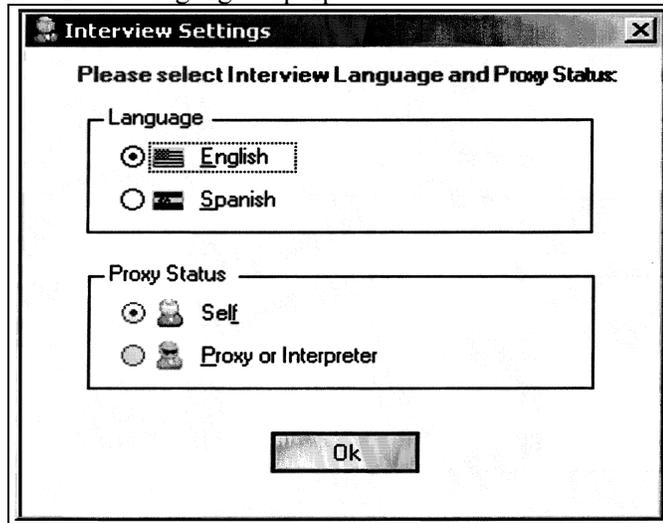
## **5.4 Audio-CASI Sections of the MEC Interview**

The audio-CASI section of the MEC interview consists of five sections of questions, which are asked in this format because they contain sensitive topics. Research on the mode of interview indicates that respondents will be more honest and forthcoming in their answers if they can answer a self-administered mode. The audio-CASI allows SPs to both hear and read the questions and to move at their own speed through the sections as they touch the computer screen to indicate their response.

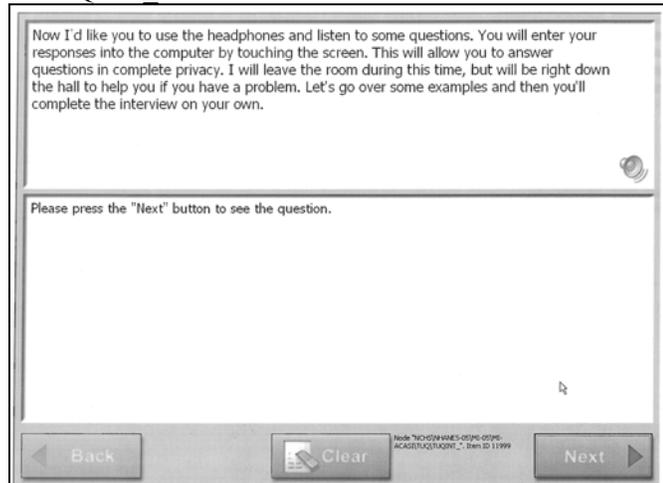
This method of administration is thought to be especially effective in eliciting answers from young people. Therefore, SPs aged 12 to 19 will be administered questions on tobacco and alcohol use in audio-CASI. A set of sensitive items on food security issues will be asked of SPs 12-15 years of age in the audio-CASI interview.

SPs aged 12-69 receive the section on drug use in audio-CASI, and SPs aged 14 to 69 receive the sexual behavior section in audio-CASI.

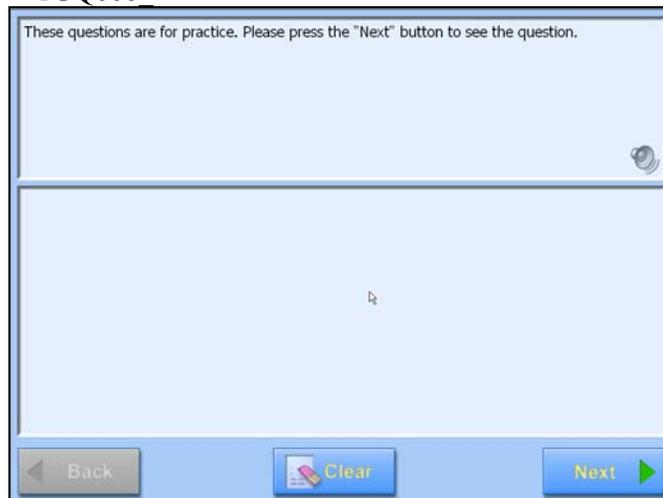
### ACASI Language Pop-up



### TUQINT



### TUQ000



### 5.4.1 **Beginning and Navigating the Audio-CASI Interview**

Depending upon the SP's age and whether he or she is selected for the VOC subsample, the computer launches the audio-CASI section following either the Blaise CAPI or VTQ section of the interview.

ACASI  
Language  
Pop-up Before launching ACASI, the application displays a pop-up window which allows you to select either the English or Spanish version of the screens and corresponding voice files. The "Proxy Status" box is grayed out and you cannot edit the information at this point in the interview. Only interviews conducted with the SP are eligible for the ACASI interview.

TUQINT\_ The interview begins with a brief set of practice screens. Read the ACASI Interview Introduction from screen then turn the screen toward the SP and assist him or her with the practice screens. Have the SP work through the practice screens without the headphones, by listening to the audio through the speakers.

TUQ000\_ This is the first practice screen. Instruct the SP to touch the "Next" button in the lower right hand corner to proceed to the next practice screen.

TUQ010

Here is an example of one type of question: 'Are you tired?'

Please select ...

✓ Yes      ✗ No

Back      Clear      Next

TUQ020

Another type of question requires a number response. Answer by pressing the number buttons on the keypad. 'How many hours did you sleep last night?'

Please enter a number.

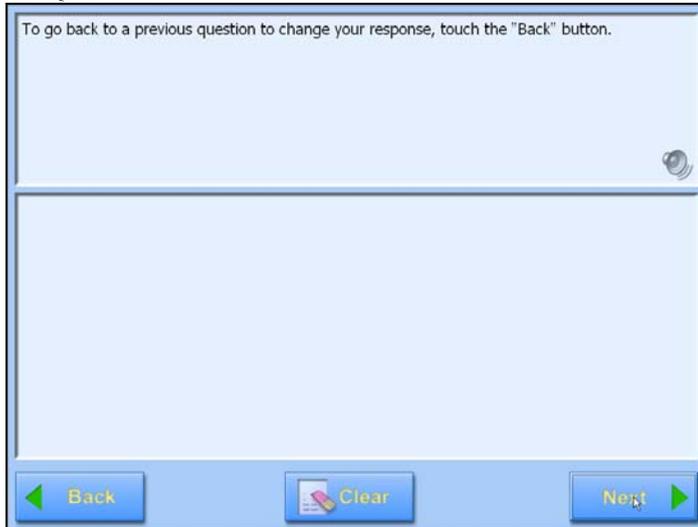
1 2 3 ←  
4 5 6  
7 8 9 0

Back      Clear      Next

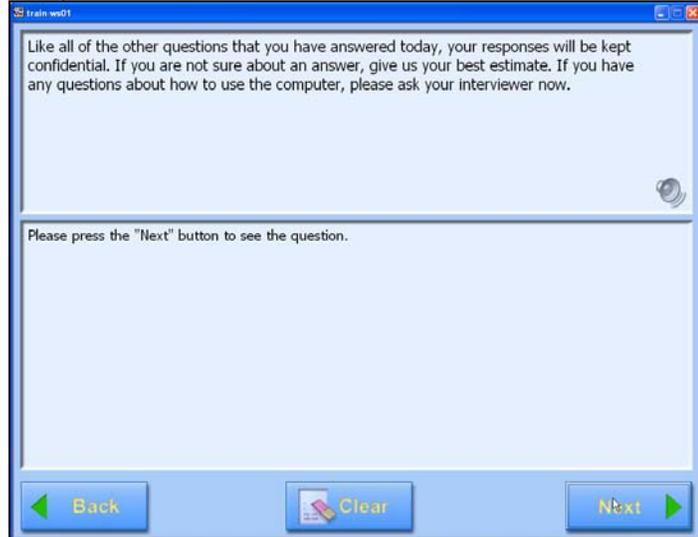
TUQ010 TUQ010 demonstrates how to record a simple yes or no response.

TUQ020 TUQ020 demonstrates how to record an answer to a question that requires a number response.

TUQ030



TUQ040



TUQ030 After listening to the recorded instructions, demonstrate by backing up to TUQ020. Use the “clear” button to erase the response, and then enter a new response.

TUQ040 After listening to the recorded instructions and answering any questions, instruct the SP to put on the headphones. Make sure he or she is comfortable and can hear the questions before you leave the room. Instruct the SP to open the door when she or he is done with the ACASI interview.

### Non-Response Screen

**Warning**

 **You did not answer the previous question. Did you mean to answer, would you prefer not to answer the question, or don't you know the answer?**

**Please select ...**

### Rather Not Answer

Have you **ever** used cocaine, crack cocaine, heroin, or methamphetamine?

Please select ...

Note: NCHS/HHMI-0595-0596-ACAS2PXX2DXQ277. Item ID 10901

### Don't Know the Answer

Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor?

Please select ...

Note: NCHS/HHMI-0595-0596-ACAS2PXX2DXQ277. Item ID 10904

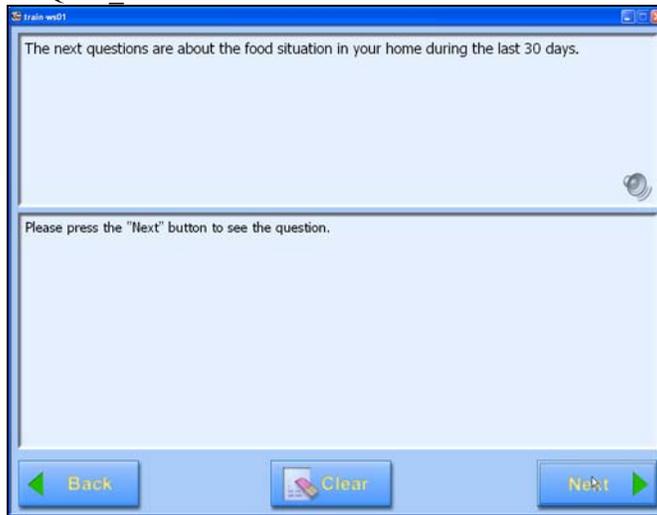
The specifications that follow are intended to assist you in answering questions that an SP may have in the course of responding to the computer-managed questioning.

Non-response Screen      The audio-CASI is designed not to provide the respondent with an obvious option of stating that they don't know an answer or refusing to answer. However, there is a nonresponse option for the SP. This option exists in the form of a pop-up screen which appears if the SP presses the "Next" button on the screen without answering the question. The pop-up screen will present SPs with three options: the first, that they would rather not answer the question; second, that they would rather not answer; and third, that they don't know the answer. Choosing the first response will take the SP back to the original question, while choosing the second or third option will skip the SP forward to the next appropriate question. If the SP goes back to a previous question to which they answered "I'd rather not answer," they will see that response superimposed upon the screen.

Rather Not Answer      If the SP goes back to a previous screen to which they answered "I'd rather not answer," they will see that response superimposed upon the screen.

I don't Know the Answer      If the SP goes back to a previous screen to which they answered "I don't know the answer," they will see that response superimposed upon the screen.

### FSQ700

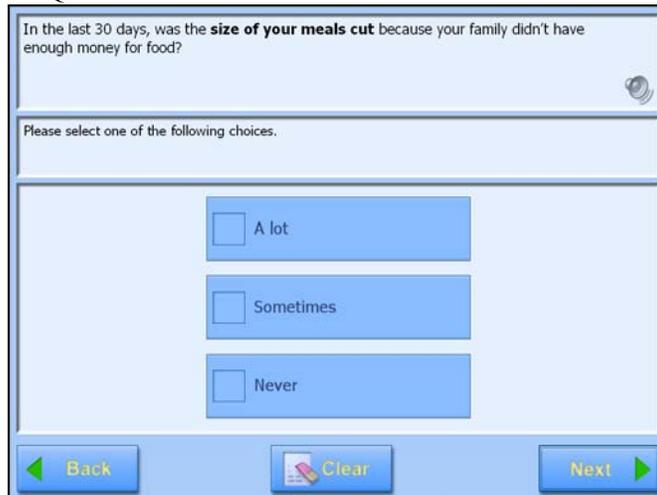


The next questions are about the food situation in your home during the last 30 days.

Please press the "Next" button to see the question.

Back Clear Next

### FSQ700



In the last 30 days, was the **size of your meals cut** because your family didn't have enough money for food?

Please select one of the following choices.

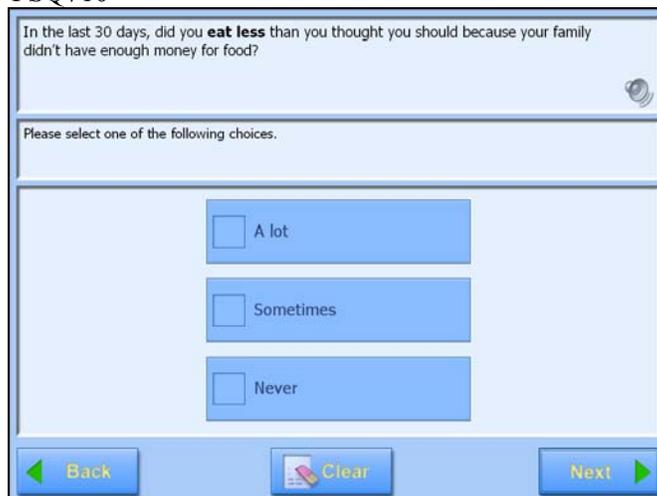
A lot

Sometimes

Never

Back Clear Next

### FSQ710



In the last 30 days, did you **eat less** than you thought you should because your family didn't have enough money for food?

Please select one of the following choices.

A lot

Sometimes

Never

Back Clear Next

## 5.4.2 Food Security (FSQ)

Questions about food security were first asked in NHANES III. The food security questionnaire used since NHANES 1999 includes the 18-item U.S. Household Food Security Survey Module (FSSM). Individual-level food security questions for participants less than 12 years and greater than 15 years were added to NHANES in 2000. The FSSM is asked in the household interview; the child and adult individual-level questions are asked in the MEC. In NHANES 2005, recently validated individual-level food security questions for youths will be included in the audio-CASI interview so that individual level data will be collected for participants of all ages.

SPs 12-15 years will be administered the ACASI FSQ section when information collected in the FSSM indicates that family members may have altered their eating behaviors because of insufficient financial resources. Due to the sensitive nature of these questions, the items are asked in audio-CASI mode for this age group.

FSQ is a short section consisting of five items that ask SPs to indicate the frequency with which they have modified their meals or eating habits because their family didn't have enough money for food. The period of interest is the past month.

FSQ700\_ This screen introduces the section.

FSQ700 In this question, the SP is asked how often the size of his or her meals was cut.

FSQ710 This item asks respondents to indicate how often they ate less than they think they should.

FSQ720

In the last 30 days, were you **hungry** but didn't eat because your family didn't have enough food?

Please select one of the following choices.

A lot

Sometimes

Never

[Back](#) [Clear](#) [Next](#)

FSQ730

In the last 30 days, did you **skip a meal** because your family didn't have enough money for food?

Please select one of the following choices.

A lot

Sometimes

Never

[Back](#) [Clear](#) [Next](#)

FSQ740

In the last 30 days, did you **not eat for a whole day** because your family didn't have enough money for food?

Please select one of the following choices.

A lot

Sometimes

Never

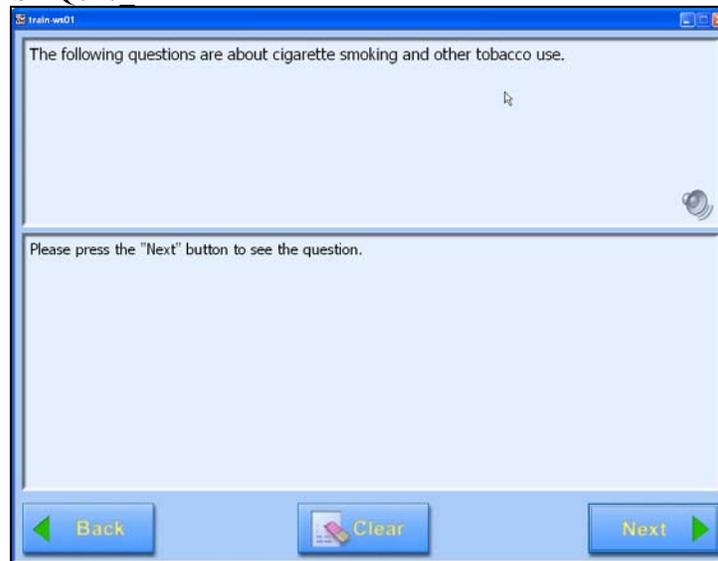
[Back](#) [Clear](#) [Next](#)

FSQ720 FSQ720 obtains information on how frequently SPs were hungry but didn't eat because the family didn't have enough food.

FSQ730 In this question, SPs are asked to indicate how often they skipped meals because of the family's financial situation.

FSQ740 FSQ740 asks respondents how frequently they didn't eat anything for an entire day.

## SMQ620

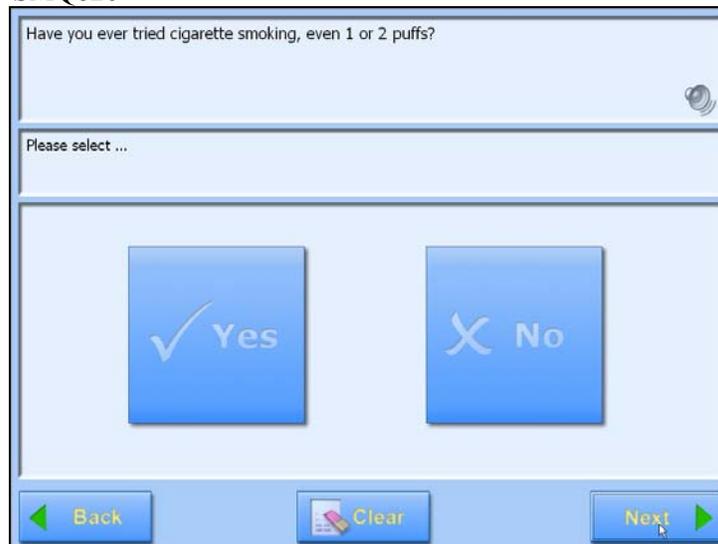


The following questions are about cigarette smoking and other tobacco use.

Please press the "Next" button to see the question.

Back Clear Next

## SMQ620



Have you ever tried cigarette smoking, even 1 or 2 puffs?

Please select ...

Yes No

Back Clear Next

### **5.4.3 Tobacco (SMQ)**

The questions in this section cover smoking history and current tobacco use. SPs 12-19 years of age are asked tobacco questions in the audio-CASI section of the interview.

SMQ620\_ This section introduces the Tobacco section. Touch “Next” to proceed to the first question.

SMQ620 This question identifies respondents who have never tried smoking cigarettes. Notice that the definition of “tried” includes just smoking 1 or 2 puffs. Respondents who respond other than “yes” are skipped to SMQ680.

SMQ630

How old were you when you smoked a whole cigarette for the **first** time?

Please enter an age or enter zero for never smoked a whole cigarette.

Calculator interface with buttons for digits 1-9, 0, and '+', and navigation buttons 'Back', 'Clear', and 'Next'.

SMQ640

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

Please enter a number or enter zero for none.

Calculator interface with buttons for digits 1-9, 0, and '+', and navigation buttons 'Back', 'Clear', and 'Next'.

SMQ650

During the past **30 days**, on the days that you smoked, how many cigarettes did you smoke per day?

Please enter a number.

Calculator interface with buttons for digits 1-9, 0, and '+', and navigation buttons 'Back', 'Clear', and 'Next'.

SMQ630 This item asks for the age when the sample person first smoked a cigarette. Respondents can enter any age up to and including their age at the time of the interview. Respondents are instructed to enter zero if they never smoked a whole cigarette. Subjects who have never smoked a whole cigarette skip to SMQ680.

SMQ640 This question is important to quantify the SP's smoking habit by asking the number of days he or she actually smoked over the month prior to the interview.

If the SP did not smoke cigarettes in the past 30 days, he or she is instructed to enter a zero. The program then skips to SMQ670.

SMQ650 This question is important to establish the current intensity of the SPs smoking habit. The SP is asked, on the days that he or she smoked, for the average number of cigarettes smoked.

SMQ077

How soon after you wake up do you smoke? Would you say...

<input type="checkbox"/> Within 5 minutes	<input type="checkbox"/> From more than 30 minutes to one hour
<input type="checkbox"/> From 6 to 30 minutes	<input type="checkbox"/> More than one hour

[Back](#) [Clear](#) [Next](#)

SMQ660

During the past **30 days**, on the days that you smoked, which brand of cigarettes did you **usually** smoke?

Please select one of the following choices.

<input type="checkbox"/> Marlboro	<input type="checkbox"/> Winston
<input type="checkbox"/> Camel	<input type="checkbox"/> Benson and Hedges
<input type="checkbox"/> Newport	<input type="checkbox"/> Salem
<input type="checkbox"/> Kool	<input type="checkbox"/> Some other brand

[Back](#) [Clear](#) [Next](#)

SMQ664

Were the Marlboro cigarettes menthol or non-menthol?

Please select ...

<input type="checkbox"/> Menthol
<input type="checkbox"/> Non-menthol

[Back](#) [Clear](#) [Next](#)

SMQ077 This is the second question that establishes the intensity of the SP's habit. Current smokers are asked to indicate how soon after they wake up they smoke.

SMQ660 The top seven brands used by smokers under age 20 are displayed, and the respondent is asked which one they usually smoke. An "other" option is offered should the SP smoke a brand other than the most popular brands for their age group.

SMQ664 SPs who report smoking Marlboro, Camel, Winston, or Benson and Hedges cigarettes or "some other brand" in SMQ660 are asked to indicate whether they smoked the menthol or non-menthol type of these cigarettes.

All other SPs skip to SMQ666.

SMQ666

Were the Newport cigarettes regular, lights, or ultra-lights?

Please select ...

Regular

Lights

Ultralights

[Back](#) [Clear](#) [Next](#)

SMQ670

During the past **12 months**, have you stopped smoking for one day or longer **because you were trying to quit smoking?**

Please select ...

Yes

No

[Back](#) [Clear](#) [Next](#)

SMQ666 This question asks the SP to indicate whether his or her usual brand of cigarettes reported in SMQ660 are regular, light, or ultra-light cigarettes.

SMQ670 This question is used to determine if the SP has made any attempt in the past year to quit smoking.

SMQ680

SMQ680

The following questions ask about use of tobacco or nicotine products in the past **5 days**.

Please press the "Next" button to see the question.

Back Clear Next

SMQ680

SMQ680

During the past **5 days**, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

Please select ...

Yes No

Back Clear Next

SMQ690

SMQ690

Which of these products did you use?

Please select all that you used.

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Chewing tobacco
<input type="checkbox"/> Pipes	<input type="checkbox"/> Snuff
<input type="checkbox"/> Cigars	<input type="checkbox"/> Nicotine patches, gum, or other nicotine product

Back Clear Next

SMQ680\_ Introductory screen

SMQ680 This question, and the series that follow it, are used to quantify the level of usage for current users of any type of tobacco product.

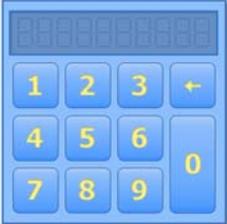
Subjects who respond other than “yes” skip to the next section.

SMQ690 If the SP reports having used any type of tobacco product in the past 5 days, this question asks the SP to specify which types of products he or she has used. The remainder of this question series follows up with questions appropriate only to those products the SP reports using in the past 5 days. The “past 5 days” refers to the current day and the 4 days immediately preceding the interview.

SMQ710

During the past **5 days**, including today, on how many days did you smoke cigarettes?

Please enter a number.



Back Clear Next

SMQ720

During the past **5 days**, on the days you smoked, how many cigarettes did you smoke each day?

Please enter a number.



Back Clear Next

SMQ725

When did you smoke your last cigarette? Was it...

Today

Yesterday

3 to 5 days ago

Back Clear Next

SMQ710 This question quantifies the smoker's current use of cigarettes. SPs should count the number of days in the 4 days immediately before the interview and the day of the interview that they smoked cigarettes, even if they took only a few puffs.

SMQ720 This question is asked of all current cigarette smokers to determine the number of cigarettes, not packs, smoked in the past 5 days. We are interested in the average number of cigarettes smoked per day, only for those days in the past five that the respondent smoked. If the respondent indicates that he or she smokes more than 95 cigarettes per day on average, the program will store a response of "95." The "95" response is visible to the SP only if the SP backs up to review his or her response.

SMQ725 This question asks the respondent to indicate when in the past 5 days he or she last smoked a cigarette.

SMQ740

During the past **5 days**, including today, on how many days did you smoke a pipe?

Please enter a number.



[Back](#) [Clear](#) [Next](#)

SMQ750

During the past **5 days**, on the days did you smoked a pipe, how many pipes did you smoke each day?

Please enter a number.



[Back](#) [Clear](#) [Next](#)

SMQ755

When did you smoke your last pipe? Was it...

Today

Yesterday

3 to 5 days ago

[Back](#) [Clear](#) [Next](#)

SMQ740 If the respondent indicated that he or she smoked a pipe in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ750 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked more than 59 pipes on the days that he or she smoked a pipe, the program stores a response of "59." The "59" response is visible to the respondent if he or she backs up to review the question.

SMQ755 Refer to the specifications for SMQ725.

SMQ770

During the past **5 days**, including today, on how many days did you smoke cigars?

Please enter a number.



◀ Back Clear ▶ Next

SMQ780

During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?

Please enter a number.



◀ Back Clear ▶ Next

SMQ785

When did you smoke your last cigar? Was it...

Today

Yesterday

3 to 5 days ago

◀ Back Clear ▶ Next

SMQ770 If the respondent indicated that he or she smoked a cigar in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ780 Refer to the specifications from SMQ720.

SMQ785 Refer to the specifications for SMQ725.

SMQ800

During the past **5 days**, including today, on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

Please enter a number.

1	2	3	+
4	5	6	0
7	8	9	0

Back Clear Next

SMQ815

When did you last use chewing tobacco? Was it...

Today

Yesterday

3 to 5 days ago

Back Clear Next

SMQ817

During the past **5 days**, including today, on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

Please enter a number.

1	2	3	+
4	5	6	0
7	8	9	0

Back Clear Next

SMQ800 This question refers to the use of chewing tobacco. This tobacco-containing product is taken by mouth. The tobacco is not burned. If the respondent indicated that he or she used chewing tobacco in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ815 Refer to the specifications from SMQ725.

SMQ817 If the respondent indicated that he or she used snuff in the past 5 days, he or she will be asked this question. Snuff is taken by mouth or rarely, by nose. The tobacco is not burned. Refer to the specifications from SMQ710.

SMQ819

When did you last use snuff? Was it...

Today

Yesterday

3 to 5 days ago

[Back](#) [Clear](#) [Next](#)

SMQ830

During the past **5 days**, including today, on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

Please enter a number.

0000000000

1 2 3 +

4 5 6

7 8 9 0

[Back](#) [Clear](#) [Next](#)

SMQ840

When did you last use a product containing nicotine? Was it...

Today

Yesterday

3 to 5 days ago

[Back](#) [Clear](#) [Next](#)

SMQ819 Follow the specifications for SMQ725.

SMQ830 This item applies to any nicotine-containing product that the respondent may have used in an effort to stop smoking. Refer to the specifications from SMQ710.

SMQ840 Refer to the specifications for SMQ725.

ALQ010

Frans wvd1

The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

Please press the "Next" button to see the question.

ALQ010

How old were you when you had your **first** drink of alcohol, other than a few sips?

Please select one of the following choices.

<input type="checkbox"/> I have never had a drink of alcohol, other than a few sips	<input type="checkbox"/> 13 or 14 years old
<input type="checkbox"/> 8 years old or younger	<input type="checkbox"/> 15 or 16 years old
<input type="checkbox"/> 9 or 10 years old	<input type="checkbox"/> 17 years old or older
<input type="checkbox"/> 11 or 12 years old	

#### **5.4.4 Alcohol Use (ALQ)**

This section obtains information on the use of alcohol. Sample persons 12-19 years are asked alcohol-related questions in the audio-CASI format.

ALQ010\_ This screen introduces the section and provides the SP with a definition of a drink. A “drink” is essentially, what the SP considers a drink to be; for example, a glass or can of beer, a glass of wine, a shot of hard liquor, or a mixed drink. It does not include drinking small amounts of wine for religious purposes.

ALQ010 This question obtains information on when a respondent had his or her first drink of alcohol other than just a few sips. Note that there is a response option that allows an SP to indicate that he or she has never had a drink of alcohol. The SP is presented with several age ranges.

ALQ022

During your life, on how many days have you had at least one drink of alcohol?

Please select one of the following choices.

<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 20 to 39 days
<input type="checkbox"/> 3 to 9 days	<input type="checkbox"/> 40 to 99 days
<input type="checkbox"/> 10 to 19 days	<input type="checkbox"/> 100 or more days

[Back](#) [Clear](#) [Next](#)

ALQ031

During the past 30 days, on how many days did you have at least one drink of alcohol?

Please select one of the following choices.

<input type="checkbox"/> 0 days	<input type="checkbox"/> 10 to 19 days
<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 20 to 29 days
<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> All 30 days
<input type="checkbox"/> 6 to 9 days	

[Back](#) [Clear](#) [Next](#)

ALQ041

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Please select one of the following choices.

<input type="checkbox"/> 0 days	<input type="checkbox"/> 6 to 9 days
<input type="checkbox"/> 1 day	<input type="checkbox"/> 10 to 19 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 20 or more days
<input type="checkbox"/> 3 to 5 days	

[Back](#) [Clear](#) [Next](#)

ALQ022 Note that this question asks for the number of days in the SP's life that he or she had at least one drink of alcohol. Response categories presented are ranges in the number of days. Responses of zero days skip the subject to the end of the alcohol section.

ALQ031 This question narrows the reference period to the past 30 days. Note that there is a response option of "all 30 days." Responses of zero days skip the subject to the end of the alcohol section.

ALQ041 This item obtains information on potential alcohol abuse and problem drinking. Note that it asks for the number of days in the past 30 on which five or more drinks were consumed.

DUQ200

frain\_wd01

The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential.

The first questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

Please press the "Next" button to see the question.

Back Clear Next

DUQ200

Have you **ever**, even once, used marijuana or hashish?

Please select ...

Yes No

Back Clear Next

DUQ210

How old were you the **first time** you used marijuana or hashish?

Please enter an age.

1 2 3 +  
4 5 6 0  
7 8 9

Back Clear Next

#### **5.4.5 Drug Use (DUQ)**

This section is administered to SPs aged 12 to 69 years. (SPs 60-69 years old only receive select questions in this section.) The questions focus on lifetime use of street drugs or recreational drugs and the intravenous use of these drugs. Additional questions on age of initiation of drug injection, duration of injection drug use, and lifetime history of drug treatment are included in this section. No measurements for the presence of drug metabolites will be conducted. The use of drugs has been demonstrated to be a risk factor for sexually transmitted diseases. Injection drug use is also a risk for blood borne pathogens such as HIV, HBV, and HCV. Researchers will use the information on drug use along with sexual behavior questions to develop a profile of risk-taking behavior.

DUQ200\_ This screen introduces the section and reminds respondents that the information collected in the study is kept confidential.

DUQ200 through DUQ230 obtain information on marijuana and hashish use. The introductory screen provides alternate terms that may be used to refer to marijuana or hashish and describes the various ways in which the drugs can be used.

DUQ200 This question asks SPs to indicate whether they have used marijuana at least one time in their life.

SPs who answer other than “yes” skip to DUQ240.

DUQ210 SPs who report having used marijuana or hashish in DUQ200 are asked their age when they first used these drugs.

DUQ220

How long has it been since you **last** used marijuana or hashish?

Please enter the number of days, weeks, months, or years, then select the unit of time.

Days  
 Weeks  
 Months  
 Years

Back Clear Next

DUQ220 Error Message

How long has it been since you **last** used marijuana or hashish?

Please enter

**Error**

Your response to time of last use is earlier than your response to age of first use.

Please press the "Back" button, press "Clear" and try again.

Back

Years

Back Clear Next

DUQ230

During the **past 30 days**, on how many days did you use marijuana or hashish?

Please enter a number.

Back Clear Next

DUQ220 This question asks SPs to indicate the length of time since they last used marijuana or hashish.

This item is more complex than many questions in the ACASI interview. It contains two data fields on the same screen. First, SPs must enter a number using the calculator keypad. Next, the SP must select the appropriate unit of time (days, weeks, months, or years) from the options displayed on the right side of the screen.

DUQ220 Error Message The program contains an edit to check whether the SP's response is valid based on the SP's current age and the age reported in DUQ210. An error window is displayed if the response to DUQ220 is invalid. To proceed with the interview, SPs must change either their response to DUQ220, or the age reported in DUQ210.

DUQ230 Only SPs who report using marijuana or hashish within the past month in DUQ220 are asked DUQ230, which asks SPs to report on how many days in the past 30 they used marijuana.

DUQ240

Have you **ever** used cocaine, crack cocaine, heroin, or methamphetamine?

Please select ...

Yes No

Back Clear Next

DUQ250

The following questions are about cocaine, including all the different forms of cocaine such as powder, crack, free base, and coca paste.

Please press the "Next" button to see the question.

Back Clear Next

DUQ250

Have you **ever**, even once, used cocaine, in any form?

Please select ...

Yes No

Back Clear Next

DUQ240 This question is a screener to determine whether the SP has ever used any of the following types of street or recreational drugs: cocaine, crack cocaine, heroin, or methamphetamine. SPs who respond other than “yes” skip to DUQ370.

DUQ250\_ This screen introduces the series of questions on cocaine use (DUQ250–DUQ280). It lists the forms of cocaine of interest including powder, crack, free base, and coca paste.

DUQ250 DUQ250 asks respondents whether they have used any form of cocaine at least once in their lifetime. SPs who respond other than “yes” skip to DUQ290.

DUQ260

How old were you the **first time** you used cocaine, in any form?

Please enter an age.

1 2 3 +  
4 5 6  
7 8 9 0

Back Clear Next

DUQ270

How long has it been since you **last** used cocaine, in any form?

Please enter the number of days, weeks, months, or years, then select unit of time.

1 2 3 +  
4 5 6  
7 8 9 0

Days  
 Weeks  
 Months  
 Years

Back Clear Next

DUQ272

During your **life**, altogether how many times have you used cocaine, in any form?

Please select one of the following choices.

Once  
 2-5 times  
 6-19 times  
 20-49 times  
 50-99 times  
 100 times or more

Back Clear Next

DUQ260 SPs who report having used cocaine in DUQ250 are asked their age at first use.

DUQ270 This question asks SPs to indicate the length of time since they last used cocaine.

This item requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ220.

The program contains an edit to check whether the SP's response is valid based on the SP's current age and the age reported in DUQ260. An error window is displayed if the response to DUQ270 is invalid. (Refer to the screen for DUQ220 Error Message.) To proceed with the interview, SPs must change either their response to DUQ270, or the age reported in DUQ260.

DUQ272 DUQ272 asks respondents to indicate how many times they've used cocaine in their lifetime. SPs are asked to select from six predefined categories. SPs who report having used cocaine within the past month in DUQ270 continue with DUQ280. Otherwise, the interview skips to DUQ290.

DUQ280

During the **past 30 days**, on how many days did you use cocaine, in any form?

Please enter a number.

1	2	3	←
4	5	6	
7	8	9	0

Back Clear Next

DUQ290

The following questions are about heroin.

Please press the "Next" button to see the question.

Back Clear Next

DUQ290

Have you **ever**, even once, used heroin?

Please select ...

Yes No

Back Clear Next

DUQ280 SPs are asked to report the number of days they've used cocaine in the past month.

DUQ290\_ This screen introduces a series of questions on heroin use (DUQ290 – DUQ320).

DUQ290 DUQ290 asks respondents to indicate whether they've used heroin at least once in their lifetime.

SPs who answer other than “yes” skip to DUQ330.

DUQ300

How old were you the **first time** you used heroin?

Please enter an age.



Back Clear Next

DUQ310

How long has it been since you **last** used heroin?

Please enter the number of days, weeks, months, or years, then select the unit of time.



Back Clear Next

DUQ320

During the **past 30 days**, on how many days did you use heroin?

Please enter a number.



Back Clear Next

DUQ300 SPs who report having used heroin in DUQ290 are asked their age at first use.

DUQ310 DUQ310 asks SPs to indicate the length of time since they last used heroin.

This item requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ220.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ300. An error window is displayed if the response to DUQ310 is valid. (Refer to DUQ220 Error Message.)

To proceed with the interview the respondent must change either their response to DUQ310, or the age reported in DUQ300.

SPs who report using heroin during the past month continue with DUQ320. Otherwise, the interview skips to DUQ330.

DUQ320 SPs are asked to report the number of days they've used heroin in the past month.

DUQ330

The following questions are about methamphetamine, also known as crank, crystal, ice or speed.

Please press the "Next" button to see the question.

Back Clear Next

DUQ330

Have you **ever**, even once, used methamphetamine?

Please select ...

Yes No

Back Clear Next

DUQ340

How old were you the **first time** you used methamphetamine?

Please enter an age.

0000000000

1 2 3 +

4 5 6

7 8 9 0

Back Clear Next

DUQ330\_ This screen introduces a series of items on methamphetamine use (DUQ330–DUQ360). Various street names for methamphetamine are provided.

DUQ330 This item asks SPs to indicate whether they've used methamphetamine at least once in their lifetime.

SPs who answer other than “yes” skip to DUQ370.

DUQ340 SPs who report having used methamphetamine in DUQ330 are asked their age at first use.

DUQ350

How long has it been since you **last** used methamphetamine?

Please enter the number of days, weeks, months, or years, then select the unit of time.

<input type="text"/>	<input type="checkbox"/> Days
<input type="text"/>	<input type="checkbox"/> Weeks
<input type="text"/>	<input type="checkbox"/> Months
<input type="text"/>	<input type="checkbox"/> Years

Back Clear Next

DUQ352

During your **life**, altogether how many times have you used methamphetamine?

Please select one of the following choices.

<input type="checkbox"/> Once	<input type="checkbox"/> 20-49 times
<input type="checkbox"/> 2-5 times	<input type="checkbox"/> 50-99 times
<input type="checkbox"/> 6-19 times	<input type="checkbox"/> 100 times or more

Back Clear Next

DUQ360

During the **past 30 days**, on how many days did you use methamphetamine?

Please enter a number.

<input type="text"/>
----------------------

Back Clear Next

DUQ350 This item asks SPs to indicate the length of time since they last used methamphetamine.

DUQ350 requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ220.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ340. An error window is displayed if the response to DUQ350 is invalid. (Refer to DUQ220 Error Message.) To proceed with the interview the respondent must change either their response to DUQ350, or the age reported in DUQ340.

DUQ352 DUQ352 asks respondents to indicate how many times they've used methamphetamine in their lifetime. SPs are asked to select from six predefined categories.

SPs who report having used methamphetamine within the past month in DUQ350 continue with DUQ360. Otherwise, the interview skips to DUQ370.

DUQ360 SPs are asked to report the number of days they've used methamphetamine in the past month.

DUQ370

Frame win01

The following questions are about the different ways that certain drugs can be used.

Please press the "Next" button to see the question.

Back Clear Next

DUQ370

Frame win01

Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor?

Please select ...

Yes No

Back Clear Next

DUQ380

Frame win01

Which of the following drugs have you injected using a needle?

Please select all the drugs that you injected.

Cocaine  Steroids

Heroin  Any other drugs

Methamphetamine

Back Clear Next

DUQ370\_ This screen introduces a series of questions on injection drug use (DUQ370–DUQ420).

DUQ370 DUQ370 asks respondents to indicate whether they've ever used a needle to inject drugs not prescribed by a doctor.

SPs who respond other than “yes” skip to either DUQ430, or to the end of the drug use questions, depending upon their responses to previous items.

DUQ380 This item asks SPs to specify the drug or drugs they've injected. Response options include cocaine, heroin, methamphetamine, or steroids. Respondents may also choose “any other drugs” if they've injected a drug that's not listed. This is a “code all that apply” item so SPs may select multiple responses.

DUQ390

How old were you when you **first** used a needle to inject any drug not prescribed by a doctor?

Please enter an age.

1 2 3 +  
4 5 6  
7 8 9 0

Back Clear Next

DUQ400

How long ago has it been since you **last** used a needle to inject a drug not prescribed by a doctor?

Please enter the number of days, weeks, months, or years, then select the unit of time.

1 2 3 +  
4 5 6  
7 8 9 0

Days  
 Weeks  
 Months  
 Years

Back Clear Next

DUQ410

During your **life**, altogether how many times have you injected drugs not prescribed by a doctor?

Please select one of the following choices.

Once  
 2-5 times  
 6-19 times  
 20-49 times  
 50-99 times  
 100 times or more

Back Clear Next

DUQ390 SPs who report injecting a drug not prescribed by a doctor in DUQ370 are asked their age the first time they injected drugs.

DUQ400 This item asks SPs to indicate the length of time since they last injected a drug not prescribed by a doctor.

DUQ400 requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ220.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ390. An error window is displayed if the response to DUQ400 is invalid. (Refer to DUQ220 Error Message.) To proceed with the interview the respondent must change either his or her response to DUQ400, or the age reported in DUQ390.

DUQ410 DUQ410 asks respondents to indicate the number of times in their lifetime they've injected drugs not prescribed by a doctor. SPs select from six predefined categories.

Respondents who've injected drugs only once skip to DUQ430. Otherwise, the interview continues with DUQ420.

DUQ420

Think about the period of your life when you injected drugs the **most often**. How often did you inject then?

Please select one of the following choices.

<input type="checkbox"/> More than once a day	<input type="checkbox"/> At least once a month but not every week
<input type="checkbox"/> About once a day	<input type="checkbox"/> Less than once a month
<input type="checkbox"/> At least once a week but not every day	

[Back](#) [Clear](#) [Next](#)

DUQ430

Have you **ever** been in a drug treatment or drug rehabilitation program?

Please select ...

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

[Back](#) [Clear](#) [Next](#)

DUQ420 This item asks SPs to report how frequently they injected drugs during the time in their life when they injected drugs the most often. SPs select from one of five predefined responses.

DUQ430 SPs who report having used marijuana, cocaine, heroin, methamphetamine, or engaged in injection drug use, at least once in their lifetime, get asked DUQ430. Respondents are asked whether they've ever been in a drug treatment or rehab program.

SXQ021

The next set of questions is about your sexual behavior. By sex, we mean vaginal, anal, or oral sex. Please remember that your answers are strictly confidential.

Please press the "Next" button to see the question.

Back Clear Next

SXQ021

Have you ever had vaginal, anal, or oral sex?

Please select ...

Yes No

Back Clear Next

SXQ031

When you first had vaginal, anal, or oral sex, how old were you?

Please enter an age.

1 2 3 +  
4 5 6 0  
7 8 9

Back Clear Next

#### **5.4.6 Sexual Behavior (SXQ)**

Information on sexual behavior is key to reducing the risk of STDs, including acquired immunodeficiency syndrome (AIDS). Such behaviors include delaying onset of sexual intercourse by adolescents, minimizing number of sexual partners and utilizing barrier contraceptives. Participants 14-69 years are asked about age of first intercourse, number of sexual partners, use of condoms, and history of sexually-transmitted diseases. (SPs 60-69 years old only receive select questions in this section.) The questions on sexual behavior are included to provide for: targeting risk reduction efforts; assessing the results of such effort, and improving current understanding of the epidemiology of STDs.

SXQ021\_ This screen introduces the section. It provides a definition of sex to include vaginal, oral, or anal sex. The introduction includes a statement reassuring confidentiality, as the questions in this section deal with very private behaviors and issues.

SXQ021 This question screens out individuals who have never had sex as defined in the question. These SPs will go to SXQ280 if they are male. If they are female and 18-59 years old, they go to SXQ294. If they are female and 14-17 years, they will go to the end of the section.

SXQ031 This item obtains the age of the SP when he or she first had sex.

Female SPs continue with SXQ101. Male SPs skip to SXQ130.

### SXQ101

In **your lifetime**, with how many **men** have you had vaginal, anal, or oral sex?

Please enter a number or enter zero for none.



Back Clear Next

### SXQ350

With how many of these **men** have you had **only oral** sex?

Please enter a number or enter zero for none.



Back Clear Next

### SXQ350 Error Message

With how many of these **men** have you had **only oral** sex?

Please enter a number or enter zero for none.

**Error**



Your response is greater than your lifetime number of male partners.

Please press the "Back" button, press "Clear" and try again.

Back



Back Clear Next

SXQ101 Female SPs are asked for the total number of men with whom they've had sex in their entire lifetime.

SXQ350 If the female SP indicated in SXQ101 that she had at least one male sexual partner in her lifetime, she is asked to indicate the number of these men with whom she has had only oral sex.

SXQ350 Error Message The program contains an edit to check that the number of partners reported in SXQ350 does not exceed the lifetime number of male partners reported in SXQ101. When the SP enters an invalid response in SXQ350, an error window displays. To proceed with the interview the respondent must change her response to either SXQ350 or SXQ101.

SXQ130

In **your lifetime**, with how many **women** have you had sex?

Please enter a number or enter zero for none.



Back Clear Next

SXQ171

In **your lifetime**, with how many **women** have you had vaginal, anal, or oral sex?

Please enter a number or enter zero for none.



Back Clear Next

SXQ400

With how many of these **women** have you had **only oral** sex?

Please enter a number or enter zero for none.



Back Clear Next

SXQ130 Female SPs are asked for the total number of women with whom they've had sex in their entire lifetime.

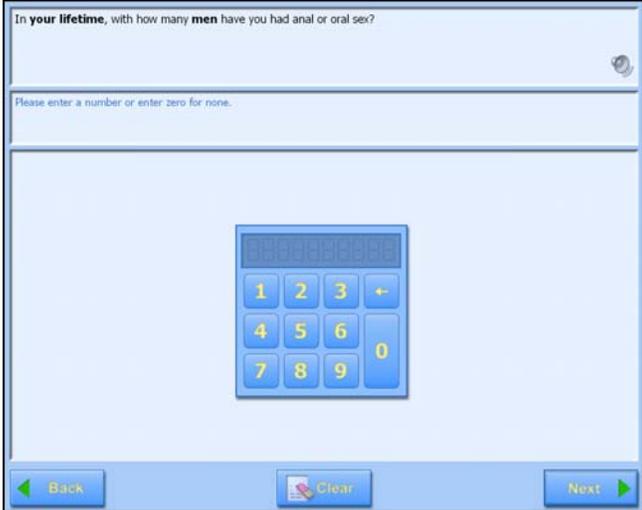
SXQ171 Male SPs are asked similar questions as female SPs, but in reverse order. Male SPs are asked for the total number of women with whom they've had sex in their entire lifetime.

SXQ400 If the male SP indicated in SXQ171 that he had at least one female sexual partner, he is asked to indicate the number of women with whom he has had only oral sex.

SXQ400 Error Message



SXQ410



SXQ430



SXQ400 Error Message The program contains an edit to check that the number of female partners reported in SXQ400 does not exceed the lifetime number of male partners reported in SXQ171. When the SP enters an invalid response in SXQ400, an error window displays. To proceed with the interview, the respondent must change his response to either SXQ400 or SXQ171.

SXQ410 Male SPs are asked for the total number of men with whom they have had anal or oral sex in their entire lifetime.

SXQ430 If the male SP indicated in SXQ410 that he had at least one male sexual partner, he is asked to indicate the number of men with whom he has had only oral sex.

The program contains an edit to check that the number of partners reported in SXQ430 does not exceed the lifetime number of male partners reported in SXQ410. An error window displays when the SP enters an invalid response. (Refer to SXQ350 Error Message for screen.) The respondent must change his response to either SXQ430 or SXQ410 in order to continue the interview.

SXQ450

In the **past 12 months**, with how many **men** have you had vaginal, anal, or oral sex?

Please enter a number or enter zero for none.



◀ Back Clear ▶

SXQ470

With how many of these **men** have you had **only oral** sex?

Please enter a number or enter zero for none.



◀ Back Clear ▶

SXQ450 Female SPs with at least one male sexual partner in their lifetime are asked to report how many males they've had sex with in the past year.

The program contains an edit to check that the number of partners reported in SXQ450 does not exceed the number of lifetime male partners reported in SXQ101. If the respondent enters an invalid response, an error message is displayed. (Refer to SXQ350 Error Message for screen.) To continue, the SP must change her response to either SXQ450 or SXQ101.

SXQ470 Female SPs who report having at least one male sexual partner in the past year are asked to report with how many of these males they've had only oral sex.

### SXQ470 Error Message

With how many of these **men** have you had **only oral** sex?

Please enter a number or enter zero for none.

**Error**

 **Your response is greater than your number of male partners in the past 12 months.**

**Please press the "Back" button, press "Clear" and try again.**

7 8 9

### SXQ490

In the **past 12 months**, with how many **women** have you had sex?

Please enter a number or enter zero for none.

1	2	3	←
4	5	6	0
7	8	9	

### SXQ510

In the **past 12 months**, with how many **women** have you had vaginal, anal, or oral sex?

Please enter a number or enter zero for none.

1	2	3	←
4	5	6	0
7	8	9	

SXQ470 Error Message The program contains an edit to check that the number of partners reported in SXQ470 does not exceed the number of male partners in the past year as reported in SXQ450. If the SP enters an invalid response, an error message is displayed. To continue, the SP must change her response to either SXQ470 or SXQ450.

SXQ490 Female SPs who report having at least one female sexual partner in their lifetime are asked to report their number of female partners in the past year.

The program contains an edit to check that the number of partners reported in SXQ490 does not exceed the number of female partners reported in SXQ130. If the SP enters an invalid response, an error message is displayed. (Refer to SXQ400 Error Message for screen.) To continue, the respondent must change her answer to either SXQ490 or SXQ130.

SXQ510 Male SPs who report at least one female sexual partner in their lifetime are asked how many females they've had sex with in the past year.

The program contains an edit to check that the number of partners reported in SXQ510 does not exceed the number of female partners reported in SXQ171. If the SP enters an invalid response, an error message is displayed. (Refer to SXQ400 Error Message for screen.) To continue, the respondent must change his answer to either SXQ510 or SXQ171.

### SXQ530

With how many of these **women** have you had **only oral** sex?

Please enter a number or enter zero for none.



Back Clear Next

### SXQ530 Error Message

With how many of these **women** have you had **only oral** sex?

Please enter a number or enter zero for none.

**Error**



Your response is greater than your number of female partners in the past 12 months.

Please press the "Back" button, press "Clear" and try again.

Back



Back Clear Next

### SXQ550

In the **past 12 months**, with how many **men** have you had anal or oral sex?

Please enter a number or enter zero for none.



Back Clear Next

SXQ530 Male SPs who report having at least one female sexual partner in the past year are asked with how many of these females they've had only oral sex.

SXQ530 Error Message The program contains an edit to check that the number of partners reported in SXQ530 does not exceed the number of female partners in the past year as reported in SXQ510. If the SP enters an invalid response, an error message is displayed. To continue, the respondent must change his answer to either SXQ530 or SXQ510.

SXQ550 Male SPs who have had at least one male sexual partner in their lifetime are asked how many males they've had sex with in the past year.

The program contains an edit to check that the number of partners reported in SXQ550 does not exceed the lifetime number of male partners reported in SXQ410. If the SP enters an invalid response, an error message is displayed. (Refer to SXQ350 Error Message for screen.) To continue, the respondent must change his answer to either SXQ550 or SXQ410.

SXQ570

With how many of these **men** have you had **only oral** sex?

Please enter a number or enter zero for none.



Back Clear Next

SXQ590

Of the persons you had sex with in the past 12 months, how many were five or more years **older** than you?

Please enter a number or enter zero for none.



Back Clear Next

SXQ590 Error Message

Of the persons you had sex with in the past 12 months, how many were five or more years **older** than you?

Please ente

**Error**



**Your response is greater than your total number of partners in the past 12 months.**

Please press the "Back" button, press "Clear" and try again.

Back



Back Clear Next

SXQ570 Male SPs who have had at least one male sexual partner in the past year are asked with how many of these men they've had only oral sex.

The program contains an edit to check that the number of partners reported in SXQ570 does not exceed the number of male partners in the past year as reported in SXQ550. If the SP enters an invalid response, an error message is displayed. (Refer to SXQ470 Error Message for screen.) To continue, the respondent must change his answer to either SXQ570 or SXQ550.

SXQ590 Male and female SPs with at least one sexual partner in the past year are asked how many of these partners were five or more years older than the SP.

SXQ590 Error Message The program contains an edit to check that the number of partners reported in SXQ590 does not exceed the combined total of male and female partners in the past year. If the SP enters an invalid response, an error message is displayed.

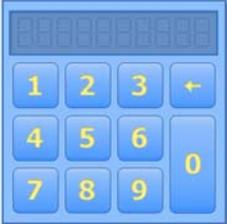
For female respondents, SXQ590 must not exceed the sum of partners reported in SXQ450 and SXQ490. To continue with the interview, the SP must change her response to either of these items.

For male respondents, SXQ590 must not exceed the sum of partners reported in SXQ510 and SXQ550. To continue with the interview, the SP must change his response to either of these items.

### SXQ600

Of the persons you had sex with in the past 12 months, how many were five or more years **younger** than you?

Please enter a number or enter zero for none.



Back Clear Next

### SXQ600 Error Message

Of the persons you had sex with in the past 12 months, how many were five or more years **younger** than you?

Please enter

**Error**

 Your responses to the last two questions are inconsistent with your total number of partners in the past 12 months. Please press the "Back" button, press "Clear" and try again.

Back



Back Clear Next

### SXQ610

In the **past 12 months**, about how many **times** have you had vaginal or anal sex?

Please select one of the following choices.

<input type="checkbox"/> Never	<input type="checkbox"/> 52-103 times
<input type="checkbox"/> Once	<input type="checkbox"/> 104-364 times
<input type="checkbox"/> 2-11 times	<input type="checkbox"/> 365 times or more
<input type="checkbox"/> 12-51 times	

Back Clear Next

SXQ600 Male and female SPs with at least one sexual partner in the past year are asked how many of these partners were five or more years younger than the SP.

The program contains an edit to check that the number of partners reported in SXQ600 does not exceed the combined total of male and female partners in the past year. If the SP enters an invalid response, an error message is displayed. (Refer to SXQ590 for screen.)

For female respondents, SXQ600 must not exceed the sum of partners reported in SXQ450 and SXQ490. To continue with the interview, the SP must change her response to either of these items.

For male respondents, SXQ600 must not exceed the sum of partners reported in SXQ510 and SXQ550. To continue with the interview, the SP must change his response to either of these items.

SXQ600 Error Message The program contains a second edit for this item. The second edit checks that the sum of partners reported in SXQ590 and SXQ600 does not exceed the combined total of male and female partners in the past year. If the SP enters an invalid response, an error message is displayed.

For female respondents, the sum of SXQ590 and SXQ600 must not exceed the sum of SXQ450 and SXQ490. To continue with the interview, the SP must change her response to one of these four items.

For male respondents, the sum of SXQ590 and SXQ600 must not exceed the sum of SXQ510 and SXQ550. To continue with the interview, the SP must change her response to one of these four items.

SXQ610 Male and female SPs who have been sexually active in the past year are asked to report how many times they've had vaginal or anal sex in the past 12 months. The SP must select from seven predefined categories.

SXQ250

In the **past 12 months**, about how often have you had vaginal or anal sex without using a condom?

Please select one of the following choices.

<input type="checkbox"/> Never	<input type="checkbox"/> Not always, but more than half of the time
<input type="checkbox"/> Less than half of the time	<input type="checkbox"/> Always
<input type="checkbox"/> About half of the time	

[Back](#) [Clear](#) [Next](#)

SXQ260

Has a doctor or other health care professional **ever** told you that you had genital herpes?

Please select ...

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

[Back](#) [Clear](#) [Next](#)

SXQ265

Has a doctor or other health care professional **ever** told you that you had genital warts?

Please select ...

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

[Back](#) [Clear](#) [Next](#)

SXQ250 Male and female SPs who have had vaginal or anal sex at least once in the past year are asked how frequently they had unprotected sex.

All SPs who have indicated that they have ever been sexually active are asked a series of questions regarding sexually transmitted diseases.

Questions SXQ260 and SXQ265 ask SPs if a health care professional has ever told them that they had these conditions.

SXQ260 Genital herpes is a highly contagious venereal disease of the genitalia of either sex.

SXQ265 Genital warts are an elevation of viral origin upon the skin of the genitalia.

SPs who have indicated that they have ever been sexually active are then asked if a health care professional has ever told them that they had these conditions in the past 12 months.

SXQ270

In the **past 12 months**, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?

Please select ...

Yes

No

SXQ272

In the **past 12 months**, has a doctor or other health care professional told you that you had chlamydia?

Please select ...

Yes

No

SXQ280

Are you circumcised or uncircumcised?

Please select ...

Circumcised 

Uncircumcised 

SXQ270 Gonorrhea, GC, or clap, is an infectious disease of the genital tract, rectum or cervix, transmitted chiefly by sexual intercourse.

SXQ272 Chlamydia is a venereal disease of the genital tract or cervix caused by the organism chlamydia trachomatis.

SXQ280 All male SPs, regardless of whether they've been sexually active, answer question SXQ280. Circumcision is the surgical process of removing the foreskin of the penis. This procedure, if done, is performed on babies, often within a few days of being born.

SXQ292

Do you think of yourself as...

<input type="checkbox"/> Heterosexual or straight (attracted to women)	<input type="checkbox"/> Something else
<input type="checkbox"/> Homosexual or gay (attracted to men)	<input type="checkbox"/> Not sure
<input type="checkbox"/> Bisexual (attracted to men and women)	

Back Clear Next

SXQ294

Do you think of yourself as...

<input checked="" type="checkbox"/> <b>Heterosexual or straight (attracted to men)</b>	<input type="checkbox"/> Something else
<input type="checkbox"/> Homosexual or lesbian (attracted to women)	<input type="checkbox"/> Not sure
<input type="checkbox"/> Bisexual (attracted to men and women)	

Back Clear Next

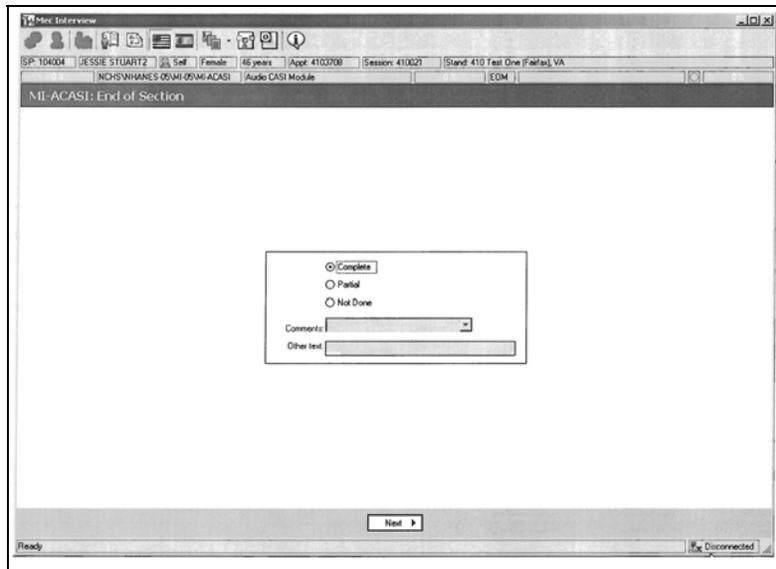
SXQ292 Male SPs 18-59 years of age are asked SXQ292. This question asks the subject to indicate his sexual orientation. Gender appropriate definitions of the terms are provided in the verbal instructions with abbreviated definitions included on the screen. "Not sure" is a valid response category for this item.

SXQ294 SXQ294 asks female SPs 18-59 years of age to indicate their sexual orientation. Gender appropriate definitions of the terms are provided in the verbal instructions with abbreviated definitions displayed on the screen. "Not sure" is a valid response option for this item.

### Final ACASI Screen



### ACASI Section Status



#### **5.4.7 Ending the Audio-CASI Interview**

Final ACASI Screen When the SP has answered the final question appropriate for his or her age and gender, the program displays a screen that thanks the SP for his or her participation and instructs the SP to inform the MEC interviewer that he or she is finished.

After the SP notifies you that he or she has completed the audio-CASI portion of the interview, you will return to the interview room to close out this section of the interview and proceed with the remainder of the interview.

ACSI Section Status Unless the SP needs to back-up or change an answer, turn the computer so that it is facing you. Press Alt + F4 and click on “yes” to exit the interview. Confirm that the ACASI section status is correct and press “Next” to continue.

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Mec Interview

SP: 333021 | JEREMY JONES 4 | Self | Male | 5 years | Appt: 4102591 | Session: 410911 | Stand: 410 Test One (Fairfax), VA

NCHS\NHANES-05\MI-05\MI-CDI\MI-CDI | Critical Data Items | CDI300 | Verify street address

I would like to verify your address. Please give me your complete address.

---

Additional Address Line:

Street #:  Dir Pre:  Street Name:  St. Type:  Dir Post:

Unit Type:  Unit #:  PO Box:  RRHC #:  RRHC Box:

City:  State:  Zip Code:

F A I R F A X:

Is your mailing address the same as your street address?

Did you live at this address on 8/25/2004?

Begin Previous Next End

Ready Disconnected

Start Mec Interview 6:35 PM

## 5.5 Critical Data Items (CDI)

Critical data items (CDI) are verified and/or collected for SPs 12 years of age and older in the final section of the MEC interview. For most SPs this information will have been collected previously by one of the field interviewers. At the time of the MEC interview, it is your responsibility to attempt data collection for all missing items and to verify the existing information for selected items.

Verify Street Address The CDI section begins with a request to verify the SP's street address. Verify that the existing information is correct and make any changes, as necessary.

Enter the address in the appropriate fields as follows:

- **Additional Address Line:** Use this field to enter additional address information that is not a street address. Examples include a university name, a nursing home name, or the name of an apartment complex. You should also use this field if a subject receives mail in care of another person (e.g., c/o John Jones).
- **Street #, Dir Pre, Street Name, St/Rd/Ave, Dir Post:** Enter the street number in the first data field on this line. When applicable, select the appropriate directional prefix or suffix (N, S, NE, SW, etc.) from the drop-down menu in the second and fifth data fields. Enter the complete street name in the third data field. Use the drop-down menu in the fourth field to select the street type (e.g., ST, RD, AVE, etc.).
- **Unit/Apt./Bldg.:** Use this field in conjunction with Unit # to indicate whether the number refers to an apartment, lot, room, suite, building, etc.
- **Unit #:** Enter the actual apartment (room, suite, bldg., etc.) unit number in this field.
- **PO Box, RRHC #, RRHC Box:** When applicable, enter a post office box number in the first field, a rural route number in the second field, and a rural post office box number in the third field. If a PO box number or Rural Route number is added and there is a street address, there will be a prompt to "Remove the street address." Delete the street address as directed.
- **City, State, Zip:** Enter the full name of the city in the first field. Use the drop-down menu in the second field to select the appropriate state abbreviation. Enter the full six-digit ZIP code plus the four-digit suffix, when known.

After verifying the street address, determine whether the SP's mailing address is the same as his or her street address and whether he or she lived at his or her current address at the time of the screener interview.

Mec Interview

SP: 833021 | JEREMY JONES 4 | Self | Male | 5 years | App# 4102591 | Session: 410911 | Stand: 410 Test One (Fafax), VA  
 NCHS/SHANES 09/04/09/AM CD/04M CD/1 | Critical Data Item | CD/000 | Verify mailing address

In case we have to contact you again, please give me your complete mailing address.

---

**Additional Address Line:**

Street #:  St Type:  St Post:

City:  State:  Zip Code:

APT:  BLDG:  PO Box:  RRHC B:  RRHC Box:

FAX:  VA  22345

Begin Previous Next End

Ready Disconnected

Start Mec Interview 6:38 PM

Mec Interview

SP: 64267 | KAPMA PATEL 1 | Self | Male | 7 years | App# 4102652 | Session: 410911 | Stand: 410 Test One (Fafax), VA  
 NCHS/SHANES 09/04/09/AM CD/04M CD/1 | Critical Data Item | CD/000 | Verify phone numbers

Please give me your home telephone number.

---

Is there another number where you can be reached? Where is that phone located?

---

Ph. Type	Phone No.	Ext	Refused	Don't Know	Don't Have	Remove
Home	(142) 548-5465	00000	Refused	Don't Know	Don't Have	Remove
Home	(301) 452-5516	00000	Refused	Don't Know	Don't Have	Remove
Home	(301) 565-6886	00000	Refused	Don't Know	Don't Have	Remove
Home	(412) 965-1244	00000	Refused	Don't Know	Don't Have	Remove

Add Phone

Begin Previous Next End

Ready Disconnected

Start Mec Interview 6:33 PM

Mec Interview

SP: 104004 | JESSIE STUART 2 | Self | Female | 46 years | App# 4102708 | Session: 410021 | Stand: 410 Test One (Fafax), VA  
 NCHS/SHANES 09/04/09/AM CD/04M CD/1 | Critical Data Item | CD/000 | Verify SSN

We also need your Social Security Number. The Department of Health and Human Services will use your Social Security Number to conduct health-related research by linking your survey data with vital statistics and other records, such as health registries. We may also use it if we need to recontact you or your family. Except for these purposes, the Department will not release your SSN to anyone, including any government agency. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on your benefits if you do not provide it. [Public Health Service Act is title 42, United States Code, section 243k.]

---

What is your Social Security Number?

Refused Don't Know Don't Have

Begin Previous Next End

Ready Disconnected

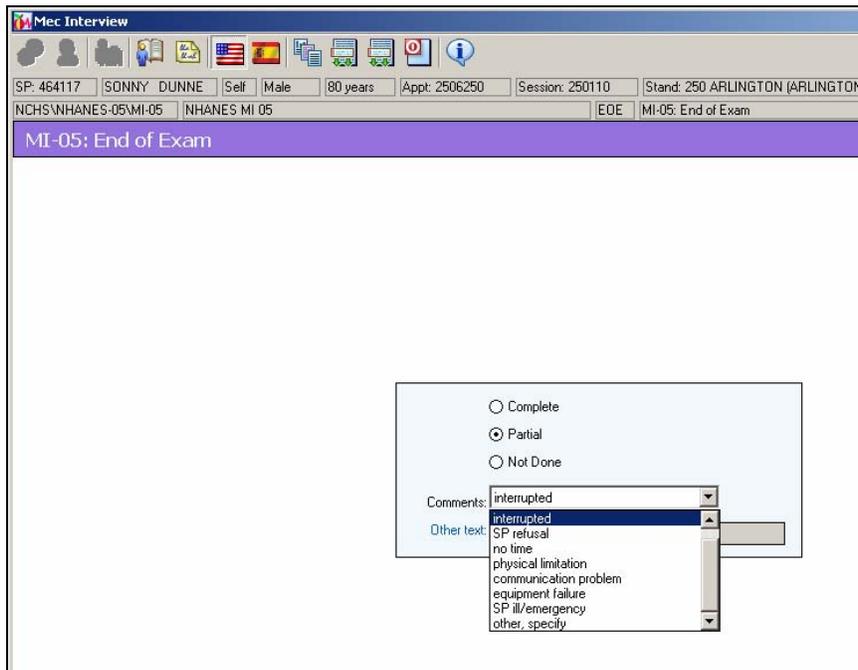
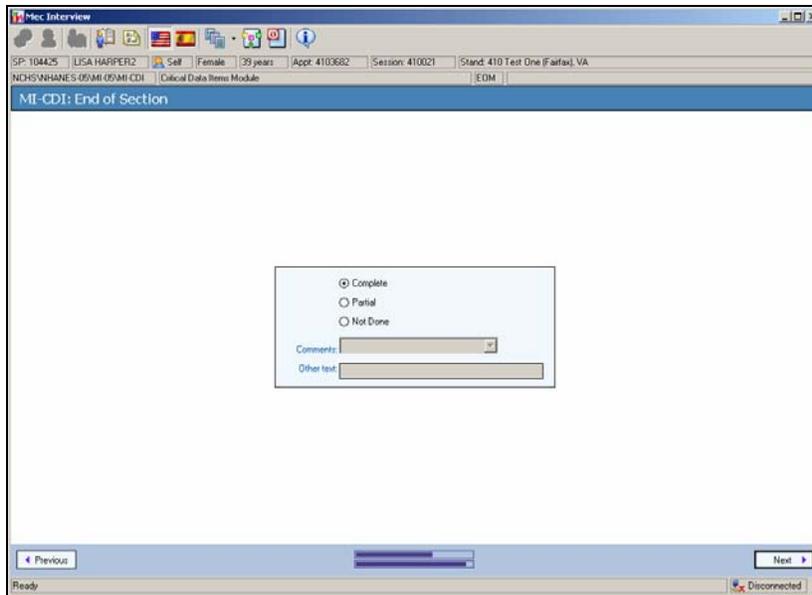
Click on “Next” to bring up the next appropriate screen. If the mailing address differs from the street address, the program displays the “Verify Mailing Address” screen. Otherwise, the program displays the “Verify Phone Numbers” screen.

Verify Mailing Address The screen will contain any mailing address information we have for the SP. Verify that the information is correct and make any changes, as necessary, in the same manner as for street address. After verifying the mailing address, click on “Next” then proceed to the “Verify Phone Numbers” screen.

Verify Phone Numbers The screen will display any phone numbers we have collected for the SP. Verify that the home phone number reported by the SP is among the numbers listed. If not, click on “Add Phone” and the program will provide another row for an additional number. Select “Home” from the drop-down menu under “Phone type,” and enter the phone number and extension, as applicable, in the designated fields. If the SP reports that he or she does not have a home phone, check that this information isn’t already in the system. If not, click on “Add Phone” to enter a new phone number, highlight “Home” under phone type, and click on the box labeled “Don’t Have.”

If the SP does not have a home phone, read the probes to obtain additional phone numbers where the SP can be contacted. After checking that any additional numbers are not in the system, choose the correct phone type (office, mobile, other) and enter the phone number and extension, as appropriate. If you select a phone type of “other” an additional data field appears in which you should type in an explanation of where the phone is located.

Verify SSN If a valid Social Security Number (SSN) has been collected previously for this SP, the software will not display this screen. You will attempt data collection if the SSN is missing, or a response of “don’t know,” “refused,” or “don’t have” is recorded. If a response of “don’t have” is recorded, confirm that the SP does not have a Social Security number. Occasionally, the SP may not have had an SSN at the time of the interview in the home, but has since obtained one. When attempting data collection for this item, you must read the entire question, including the lengthy disclaimer text.



Press “Next” to proceed to the CDI Section Status screen.

CDI Section Status      Confirm that the section status is correct and press “End” to exit the critical data section.

## **5.6      Ending the MEC Interview**

After completing all applicable sections of the MEC interview depending upon the age of the SP and whether the interview is conducted with a proxy or interpreter, the program displays the overall exam status screen or MI-05End of Exam screen. If all sections for which the SP is eligible have been completed, the screen will show an exam status of “Complete.” If some, but not all sections for which the SP is eligible have been completed, an exam status of “Partial” is displayed. If none of the sections for which the SP is eligible have been completed, the program displays an exam status of “Not Done.” The interviewer must verify that the exam status is correct. If the exam is “Partial” or “Not Done,” the interviewer must verify that the comment code is correct, or select the appropriate comment code if none is present.

To complete the exam, click the “End Exam” button at the bottom of the screen. This will take you back to the initial MEC Interview screen, with only the Session and Stand showing.

## 6. MENTAL HEALTH REFERRALS

This chapter describes the role of the MEC interviewer in identifying and documenting situations that warrant a referral to the MEC physician.

### 6.1 Referral Procedures

Certain information volunteered or reported during the MEC interview should prompt a referral to the mobile examination center (MEC) physician. These situations are listed in Section 6.2. MEC interviewers will send a mental health observation via ISIS to the physician. The ISIS system will alert the physician that the examinee needs to be seen prior to leaving the MEC. The physician is responsible for assessing the mental health problem and facilitating a referral, when needed.

### 6.2 Situations Requiring a Mental Health Referral

SPs 12 years of age and older should be referred to the MEC physician prior to leaving the examination center in the following circumstances:

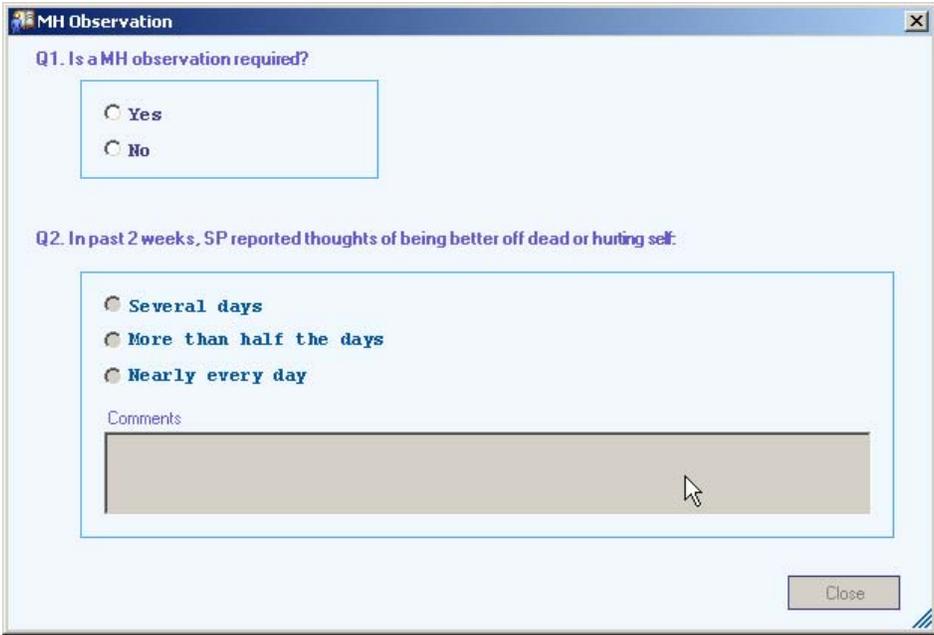
- During the Depression section (DPQ) of the Blaise CAPI interview, the SP reports that in the **past two weeks**, there have been several days or more when the SP had thoughts that he or she would be better off dead **or** the SP had thoughts about hurting him/herself [i.e., SP responds “several days” (code “1”), more than half the days (code “2”), or “nearly every day” (code “3”) to DPQ.090.]
- The participant becomes visibly upset while answering the question about suicide (e.g., crying, unable to answer question).

### 6.3 Generating a Mental Health Observation

Whenever you encounter any of the situations listed in Section 6.2, you must enter a mental health observation. You will generate the observation immediately after closing out the Blaise CAPI portion of the interview, prior to recording a section status.

The system automatically displays an observation window (Exhibit 6-1) for non-proxy interviews with SPs 12 years of age and older. If the SP did not meet the criteria for initiating a mental health referral, code “No” to the first item: “Is a mental health observation required?” Select “Close” to exit the window and return to the Blaise CAPI section status screen. If the SP met the criteria, code “Yes” to enable Q2 in the bottom portion of the screen. Select the response that corresponds to the SP’s response to DPQ.090. Use the “Comment” box to enter any information that may be helpful to the physician in assessing the situation.

Exhibit 6-1. Mental Health Observation window



The screenshot shows a window titled "MH Observation" with a close button in the top right corner. The window contains two questions:

**Q1. Is a MH observation required?**

- Yes
- No

**Q2. In past 2 weeks, SP reported thoughts of being better off dead or hurting self:**

- Several days
- More than half the days
- Nearly every day

Below the radio buttons is a text area labeled "Comments" with a mouse cursor pointing to it. A "Close" button is located in the bottom right corner of the window.

If the SP met the criteria for initiating a mental health referral and “No” to the first item was inadvertently selected and the window was closed, follow the steps below:

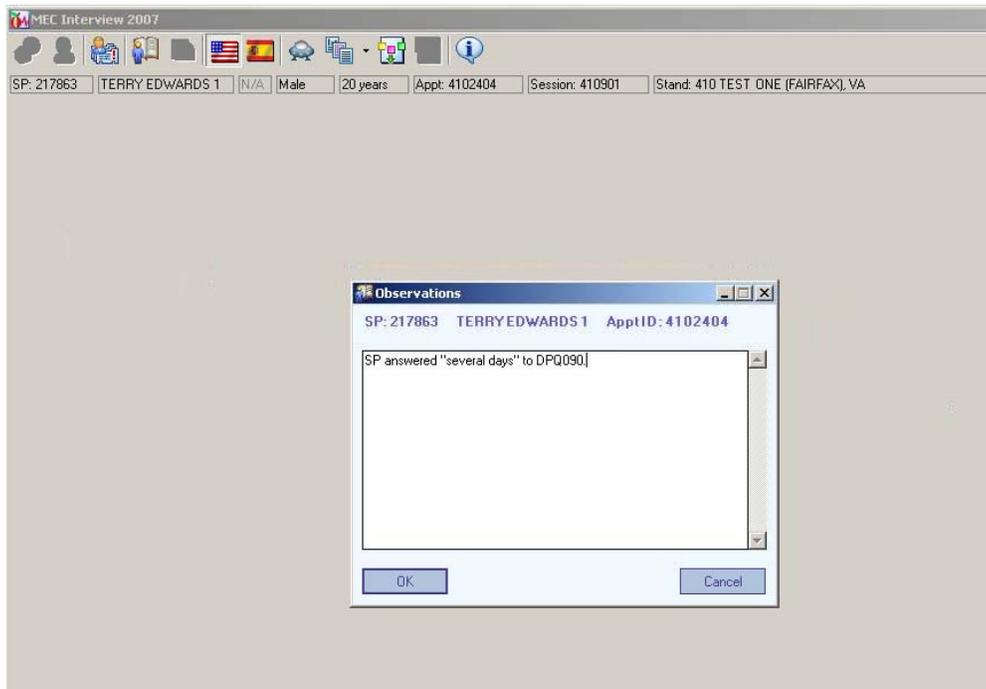
**If the exam is still open:**

- Select the observation icon (  ). (The observation icon is available throughout the remainder of the exam.)
- Write a note to the physician indicating the SP’s response to DPQ.090 (Exhibit 6-2).

**If the exam has been closed:**

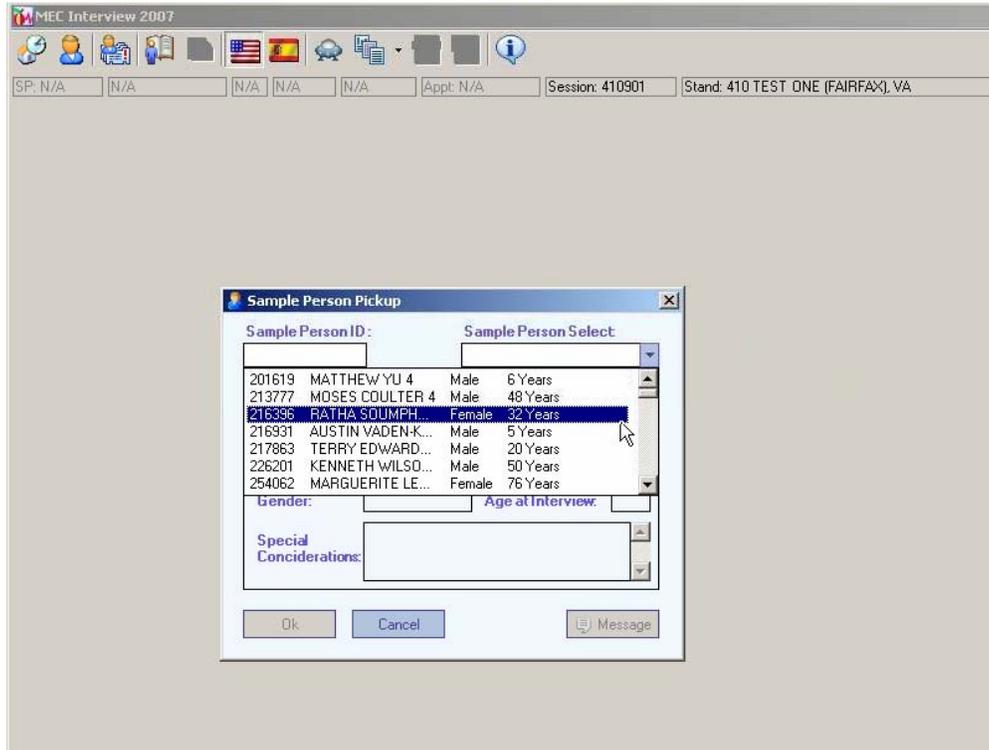
- Select the observation icon (  ). A pick list of SPs within the current session will appear.
- Select the appropriate SP from the pick list.
- Write a note to the physician indicating the SP’s response to DPQ.090 (Exhibit 6-2).

Exhibit 6-2. Physician Observations window



NOTE: When selecting the observation icon inside of an exam, that particular SP populates the observation. When outside of an exam, you must pick the appropriate SP from a pick list (Exhibit 6-3).

Exhibit 6-3. Sample Person Pickup window



If you inadvertently select “No” in the mental health observation pop-up box, it is important to submit the mental health observation as soon as you remember. Do not wait.

It is **not** necessary to submit a UFO when you enter a mental health observation using the observation icon.

## **7. QUALITY CONTROL**

Quality control for the MEC Interview consists of three main activities: data edits, observation/review of actual interviews, and data monitoring and review.

### **7.1 Data Edits**

The MEC Interview data are keyed directly into an automated data entry system. Each of the four sections of the MEC Interview (CAPI, VTQ, audio-CASI, and CDI) contains built-in error and consistency checks, although the number and type of checks varies across the sections. Checks may include range and valid response checks, skip pattern or branching checks, and checks for logical relationships. Depending upon the section, checks may be either soft or hard edits. Soft edits alert the interviewer to a potential error or problem but allow the interviewer to proceed after confirming that the entered value(s) are correct. Hard edits prohibit the interviewer from continuing with the interview until the error has been corrected.

### **7.2 Observation and Review of Interviews**

NHANES home office and NCHS staff will observe a small number of live interviews for each MEC interviewer. The purpose of the observations is to determine whether appropriate interviewing techniques are being used. The observer will refer to a standard checklist of items (Exhibit 7-1) against which the interviewer will be evaluated. Among the items the observer will assess are ability to gain and maintain rapport, use of appropriate probes, ability to respond to SP questions, and accurate entry of data.

Interviewers will be asked to tape record additional interviews for review by home office staff. Recorded interviews will be returned to the home office on a weekly basis and evaluated using the same evaluation criteria as for interviews that are observed live.

Any problems identified during either observation or review of recorded interviews will be brought to the interviewer's attention and corrected.

Exhibit 7-1. NHANES MEC Interviewer Evaluation Form

<b>NHANES MEC INTERVIEWER EVALUATION FORM</b>				
Interviewer name: _____	Evaluator name: _____			
Date: _____	SP ID/Age/Gender: _____			
Interview/Form:	Assent/Consent <input type="checkbox"/>	CAPI <input type="checkbox"/>	VTQ <input type="checkbox"/>	ACASI <input type="checkbox"/>
	satisfactory	unsatisfactory	comments	
<b>A. COMFORT WITH COMPUTER</b>				
1. General ease with computer	<input type="checkbox"/>	<input type="checkbox"/>		
2. Uses appropriate function/navigational keys	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. INTERVIEWER CHARACTERISTICS</b>				
1. Manner (is friendly yet professional)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Rapport (effectively engages respondent)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Eye contact (maintains eye contact)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Overall comfort with interview contents/materials	<input type="checkbox"/>	<input type="checkbox"/>		
<b>C. GENERAL ADMINISTRATION</b>				
1. Gives appropriate instructions to respondent	<input type="checkbox"/>	<input type="checkbox"/>		
2. Answers respondent's questions clearly and accurately	<input type="checkbox"/>	<input type="checkbox"/>		
3. Reads questions as written	<input type="checkbox"/>	<input type="checkbox"/>		
4. Reads questions with expression	<input type="checkbox"/>	<input type="checkbox"/>		
5. Reads questions clearly and with appropriate volume	<input type="checkbox"/>	<input type="checkbox"/>		
6. Adjusts pace of interview to accommodate respondent	<input type="checkbox"/>	<input type="checkbox"/>		
7. Identifies "active" part of questions (including time period)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Backs up in interview when appropriate	<input type="checkbox"/>	<input type="checkbox"/>		
9. Processes interviewer instructions correctly	<input type="checkbox"/>	<input type="checkbox"/>		
10. Uses note functions as appropriate	<input type="checkbox"/>	<input type="checkbox"/>		
11. Uses hand cards/interviewer materials as appropriately	<input type="checkbox"/>	<input type="checkbox"/>		
12. Records responses accurately	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D. PROBING</b>				
1. Listens to entire answer	<input type="checkbox"/>	<input type="checkbox"/>		
2. Listens for what may not be said and probes	<input type="checkbox"/>	<input type="checkbox"/>		
3. Probes unclear responses	<input type="checkbox"/>	<input type="checkbox"/>		
4. Uses nondirective probes	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E. ACASI</b>				
1. Changes ear covers for each respondent	<input type="checkbox"/>	<input type="checkbox"/>		
<b>F. Critical Data Items</b>				
1. Asks items as needed	<input type="checkbox"/>	<input type="checkbox"/>		

## 7.2.1 Procedures for Audiotaping the Interview

Each interviewer will tape one interview per week according to the following procedures:

1. Refer to the appropriate MEC Interview Taping Schedule to determine which subjects have been identified for audiotaping. An example is shown in Exhibit 7-2. The schedule assumes that each interviewer on a team will conduct four interviews per session. If, for any reason, you are unable to tape the selected interview (e.g., SP refuses, insufficient SPs, other reason), you should attempt to tape the next available interview.
2. Before logging the SP into the interview, inform the SP (parent/guardian, as appropriate) that you would like to record the interview by reviewing the statement on the top of the permission form (Exhibit 7-3). If the SP (parent/guardian) agrees, have the SP (parent/guardian) sign and date the form in the space provided. Sign your name, date the form, print the SP's name, and print the SP ID number in the appropriate spaces.

**NOTE:** A parent or guardian must sign the form for children 17 years of age or younger.

3. Log the SP into the MEC Interview and begin recording. Read the script for obtaining recorded permission of taping (Exhibit 7-4). If the SP (parent/guardian) provides verbal permission as well as written, you may continue recording the interview. Record only one interview per audiotape. Tape the introduction to the audio-CASI section and the practice questions, but DO NOT tape the actual audio-CASI questions. Also, DO NOT tape the critical data information.
4. At the end of taping, obtain verbal permission to keep the tape by reading the scripted statement. If the SP (parent/guardian) denies permission to retain the tape, destroy the tape immediately in his/her presence.
5. Label the completed audiotape with the examination date, session, SP's age, and your initials. Do not label the tape with the SP ID number. If the interview was conducted in Spanish, indicate this on the label.
6. Immediately place the completed audiotape in a labeled mailing envelope and seal it.
7. As soon as possible after the interview, give the envelope and the completed permission form to the MEC manager. The MEC manager is responsible for keeping the items in a locked cabinet until they are given to the Field Office staff to mail to the home office.

Exhibit 7-2. Sample taping schedule

**SAMPLE MEC INTERVIEW TAPING SCHEDULE**

**MEC INTERVIEWER 1**

STAND 203	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1	SP2					
Week 2				SP3		
Week 3			SP3			
Week 4				SP1		
Week 5	SP3					
Week 6		SP4				

**MEC INTERVIEWER 2**

STAND 203	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP2				
Week 2			SP4			
Week 3				SP4		
Week 4			SP3			
Week 5		SP2				
Week 6			SP3			

STAND 205	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1				SP4		
Week 2	SP4					
Week 3		SP3				
Week 4					SP1	
Week 5			SP3			
Week 6	SP3					

STAND 205	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1			SP3			
Week 2		SP3				
Week 3			SP4			
Week 4				SP1		
Week 5		SP2				
Week 6	SP3					

STAND 207	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1	SP1					
Week 2		SP2				
Week 3			SP1			
Week 4			SP2			
Week 5			SP2			

STAND 207	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP4				
Week 2			SP4			
Week 3				SP4		
Week 4	SP3					
Week 5			SP3			

STAND 209	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP1				
Week 2					SP1	
Week 3				SP3		
Week 4		SP3				
Week 5			SP2			
Week 6				SP3		
Week 7		SP2				

STAND 209	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP4				
Week 2			SP1			
Week 3			SP2			
Week 4					SP3	
Week 5		SP2				
Week 6	SP1					
Week 7				SP1		

Exhibit 7-3. Taping permission form

**National Health and Nutrition Examination Survey (NHANES)  
Permission to Audiotape the MEC Interview**

We would like to tape record your/your child's interview so that survey staff may check the quality of my work. You may allow us to record the interview or not. That is your choice. As with all of the examination procedures, the information on the audiotape is protected and kept confidential. Once the interview begins, you may stop the audiotaping at any time. At the end of the interview, you may request to have the audiotape destroyed.

I have read the information above. I freely choose to let survey staff tape record the interview.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(Required if the participant is 17 years and younger)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of interviewer

\_\_\_\_\_  
Date

Print name  
of participant

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

Exhibit 7-4. Scripts for obtaining recorded permission

**Script for Obtaining Recorded Permission of Taping**

The audiotape is now recording our conversation. Do I have your permission to record this interview? This recording will only be used to review the quality of my work.

*If Respondent answers Yes: Continue the taping of the interview.*

*If Respondent answers No: Stop the taping immediately, then proceed with the interview.*

**Script for Obtaining Recorded Permission of Keeping the Tape**

We have now completed the recording of the interview. Do I have your permission to keep this tape?

*If Respondent answers Yes: Keep the tape and send it back to the home office as instructed.*

*If Respondent answers No: Destroy the tape immediately in the presence of the SP.*

8. Complete the MEC Interview QC Recording Log (Exhibit 7-5). Complete the log for each interview selected for audiotaping, regardless of the outcome, following the procedures outlined below.
  - a. Print the SP ID number in column 1.
  - b. Indicate the SP type in column 2. "P" is the designation for a primary SP and "A" is for an alternate SP. Enter "P" if the SP is the SP identified on the taping schedule. Enter "A" if the SP is other than the primary SP.
  - c. Enter the date of the interview in column 3.
  - d. Indicate whether the session was a morning, afternoon, or evening session by entering "a.m.," "p.m.," or "eve" in column 4.
  - e. Indicate whether the interview was recorded by entering "Y" for yes or "N" for no in column 5.
  - f. Indicate whether the interview was done in Spanish by entering "Y" for yes or "N" for no in column 6.
  - g. Enter the reason code in column 7 for all interviews that should have been taped and were not recorded. Leave this column blank for interviews that are successfully recorded.

**Refusal (Code 1)** – Enter a code of "1" if the subject (parent/guardian) did not grant permission for you to tape the interview.

**Equipment/Software Failure (Code 2)** – Enter "2" if there was any type of equipment failure. This includes situations where the tape recorder malfunctions or your computer/application malfunctions and you are unable to administer any portion of the interview. If the computer/application malfunctions after you have initiated the interview and you have recorded up to the point where the equipment/application fails, code "Y" in column 5 and leave column 7 blank.

**Interviewer Error (Code 3)** – Enter "3" for interviewer error, that is, you forgot to tape the selected interview.

**Insufficient SPs (Code 4)** – Enter "4" when too few SPs are interviewed during the session for you to record the selected interview.

**Other (Code 5)** – Enter "5" for any other reason and offer a brief explanation of what occurred.
  - h. Print your initials in column 7.
9. At the end of each stand, send completed logs to the home office.



### **7.3 Data Monitoring and Review**

The home office will evaluate completed MEC interviews to look for problem interviews (incompletes, refusals, extremely long interviews, etc.), additional interviewer notes, and comments. Home office staff will also review administrative data generated by the ISIS to assist in the identification of problem interviews and in the assessment of interview administration times.

Appendix A

Spanish MEC Interview

## **Section A.1**

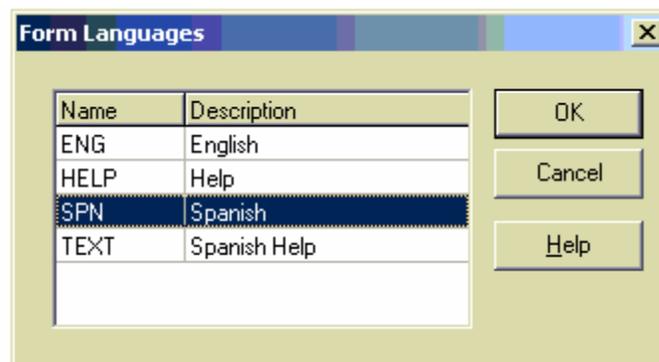
### **Launching the Spanish MEC Interview**

## A.1 Launching the Spanish MEC Interview

After logging the SP into the MEC Interview as described in Section 4.5, the automated system displays a pop-up screen that allows you to select the interview language and proxy status. The top portion of the screen labeled “Language” allows you to set the interview language to either English or Spanish. Please note, this sets the language for VTQ, ACASI, and Critical Data sections of the interview.



To set or switch the language of the Blaise CAPI interview, select **F2** or “**Options**” then “**Form language**” from the Blaise menu bar. Choose “ENG English” to display the questions in English or “SPN Spanish” to display the questions in Spanish.



To switch the language of the help text associated with an item, select **“Options”** then **“Form language.”** Choose **“TEXT Spanish Help”** to display the help text in Spanish. Choose **“HELP Help”** to display the help text in English.

To switch/toggle between languages in VTQ and CDI, press one of the flag buttons ( ). Pressing the American flag button will change the interview to English; pressing the Spanish flag button next to it will change the interview to Spanish. You may also change the interview language to English by using the hotkeys Ctrl+E; change to Spanish by pressing Ctrl+S.

Before ACASI launches, another pop-up screen that allows you to select the interview language will appear. The language will be preselected based on your selection prior to the launch of the Blaise CAPI interview. If the wrong language is preselected or if the SP changes his or her mind about the preferred language, change the language selection in the pop-up box. After ACASI is launched, the language cannot be changed while ACASI is running.

To change the language after ACASI has launched, close ACASI (Alt + F4) and click the “select module” icon . Select “Audio-CASI Module” and click OK. The pop-up box will reappear so that you can change the language.

## **Section A.2**

### **The Spanish CAPI Interview**

**RESPONDENT SELECTION SECTION - RIQ - MEC**

**Target Group:** SPs 12+

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

- SP..... 1 (RIQ.090)
- MOTHER..... 2
- FATHER..... 3
- SPOUSE..... 4
- SISTER OR BROTHER..... 5
- CHILD..... 6
- GRANDPARENT..... 7
- LEGAL GUARDIAN..... 8
- OTHER (SPECIFY)\_\_\_\_\_ 9

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

- SP HAS COGNITIVE PROBLEMS..... 1
- SP HAS PHYSICAL PROBLEMS  
(SPECIFY)\_\_\_\_\_ 2
- OTHER (SPECIFY)\_\_\_\_\_ 3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

- YES..... 1
- NO..... 2

RIQ.090 INTERPRETER USED FOR THIS INTERVIEW?

- YES..... 1
- NO..... 2 (END OF SECTION)

RIQ.100 CODE TYPE OF INTERPRETER.

- RELATIVE..... 1
- NEIGHBOR OR FRIEND..... 2
- PAID INTERPRETER..... 3

RIQ.140 LANGUAGE OF INTERVIEW.

- CHINESE..... 1
- FRENCH..... 2
- GERMAN..... 3
- ITALIAN..... 4
- JAPANESE..... 5
- RUSSIAN..... 6
- VIETNAMESE..... 8
- SPANISH..... 9
- OTHER (SPECIFY)\_\_\_\_\_ 10

**BOX 1**

**CHECK ITEM RIQ.149:**

- IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT:  
"Durante esta entrevista, le haré preguntas acerca de su salud y su peso. Sus respuestas se mantendrán privadas. ¿Desea hacer alguna pregunta antes de que empecemos?"
- IF SP 12 YEARS OR OLDER AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "Durante esta entrevista, le haré preguntas sobre su estado de salud actual y sobre otros comportamientos de salud. Recuerde, todas sus respuestas a estas preguntas serán mantenidas estrictamente en confidencia. ¿Desea hacer alguna pregunta antes de que empecemos?"
- OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "Durante esta entrevista, le haré preguntas sobre el estado de salud actual de {SP} y sobre otros comportamientos de salud."

**CURRENT HEALTH STATUS – HSQ**  
**Target Group: SPs 12+**

HUQ.010 {Primero/A continuación} tengo algunas preguntas generales acerca de {su salud/la salud de SP}.

¿Diría que {su salud/la salud de SP} en general es...

CAPI INSTRUCTION:

DISPLAY "PRIMERO" IF SP AGE IS >= 16 YEARS.

excelente, .....	1
muy buena, .....	2
buena, .....	3
regular, o .....	4
mala? .....	5
REFUSED .....	7
DON'T KNOW .....	9

HSQ.470 Las siguientes preguntas son acerca de {su salud/la salud de SP} reciente durante los 30 días indicados en el calendario.

Pensando acerca de {su salud física/la salud física de SP}, la cual incluye enfermedades físicas y lesiones, ¿cuántos días, durante los últimos 30 días, no fue buena {su salud física/ la salud física de {él(MPR)/ella(FPR)}}?

HAND CARD HSQ1

CAPI INSTRUCTION:

HARD EDIT VALUES: 0-30.

|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS

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

HSQ.480 Ahora pensando acerca de {su salud mental/la salud mental de SP}, la cual incluye tensión, depresión, y problemas emocionales, ¿cuántos días, durante los últimos 30 días, no fue buena {su salud mental/ la salud mental de {él(MPR)/ella(FPR)}}?

CAPI INSTRUCTION:

HARD EDIT VALUES: 0-30.

|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS

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

HSQ.490 Durante los últimos 30 días, ¿cuántos días más o menos la mala salud física o mental le impidió a {usted/SP} hacer sus actividades normales, tales como el cuidado personal, trabajo, escuela, o recreación?

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

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

HSQ.493 Durante los últimos 30 días, ¿por cuántos días aproximadamente el dolor le dificultó a {usted/SP} hacer sus actividades usuales, tales como el cuidado propio, trabajo o recreación?

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

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

HSQ.496 Durante los últimos 30 días, ¿por cuántos días aproximadamente se ha sentido {usted/SP} {preocupado(M)/preocupada(F)}, tenso(M)/tensa(F)}, o ansioso(M) ansiosa(F)}?

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

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

HSQ.500 ¿Tuvo {usted/SP} un resfrío o catarro que empezó durante esos 30 días?

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

HSQ.510 ¿Tuvo {usted/SP} enfermedad estomacal o intestinal con vómitos o diarrea que empezó durante esos 30 días?

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

HSQ.520 ¿Tuvo {usted/SP} influenza, pulmonía/neumonía, o infección en los oídos que empezó durante esos 30 días?

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

**BOX 1**

**CHECK ITEM HSQ.560:**  
IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.571.  
OTHERWISE, GO TO END OF SECTION.

HSQ.571 Durante los **últimos 12 meses**, es decir, desde {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, ¿ha donado {usted/SP} sangre?

- YES ..... 1
- NO ..... 2 (HSQ.590)
- REFUSED ..... 7 (HSQ.590)
- DON'T KNOW ..... 9 (HSQ.590)

HSQ.580 ¿Cuánto tiempo hace desde la última vez que {usted/SP} donó sangre?

IF LESS THAN ONE MONTH, ENTER '1'.

CAPI INSTRUCTION:  
HARD EDIT VALUES: 1-12.

|\_|\_|  
ANOTE LA CANTIDAD DE MESES

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

HSQ.590 Excepto por las pruebas que a {usted/SP} le pueden haber hecho como parte de las donaciones de sangre, ¿le han hecho a {usted/SP} alguna vez pruebas para la infección del virus del SIDA?

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

This page is intentionally blank.

**PESTICIDE USE – PUQ**  
**Target Group: SPs 8+**

PUQ.100 En los **últimos 7 días**, ¿se usó algún producto químico en {su hogar/el hogar de {él(M)/ella(F)}} para controlar las pulgas, cucarachas, hormigas, termitas u otros insectos?

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ REPORT AND ENTER IT IN PUQ.100"

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

PUQ.110 En los **últimos 7 días**, ¿se usó algún producto químico en {su jardín o césped/el jardín o césped de {él(M)/ella(F)}} para matar las malas hierbas/la maleza?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17. LOOK UP THE PROXY RESPONSE IN THE PUQ REPORT AND ENTER IT IN PUQ.110."

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

This page is intentionally blank.

**DEPRESSION SCREEN – DPQ**  
**Target Group: SPs 12+**

**BOX 1**

**CHECK ITEM DPQ.001:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.010 Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:

Tener poco interés o placer en hacer las cosas? ¿Diría...

HANDCARD DPQ1

Nunca, .....	0
varios días, .....	1
más de la mitad de los días, o .....	2
casi todos los días? .....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.020 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Sentirse {desanimado(M)/desanimada(F)}, {deprimido(M)/deprimida(F)} o sin esperanza?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS .....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.030 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Con problemas en dormirse o en mantenerse {dormido(M)/dormida(F)}, o en dormir demasiado?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS .....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.040 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Sentirse {cansado(M)/cansada(F)} o tener poca energía?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.050 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Tener poco apetito o comer en exceso?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.060 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Sentir falta de amor propio – o que sea un fracaso o que se decepcionara a sí {mismo(M)/misma(F)} o a su familia?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.070 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.080 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Se mueve o habla tan lentamente que otra gente se podría dar cuenta - o por el contrario, está tan {agitado(M)/agitada(F)} o {inquieto(M)/inquieta(F)} que se mueve mucho más de lo acostumbrado?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.090 Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado el siguiente problema:

Se le han ocurrido pensamientos de que sería mejor estar {muerto(M)/muerta(F)} o de que se haría daño de alguna manera?

INTERVIEWER INSTRUCTION: IF DPQ.090 CODED 1, 2, OR 3, PLEASE COMPLETE MENTAL HEALTH OBSERVATION FOR PHYSICIAN REVIEW AT CONCLUSION OF INTERVIEW.

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 2**

**CHECK ITEM DPQ.095:**

- IF RESPONSE TO ANY OF QUESTIONS DPQ.010 – DPQ.090 = 1, 2, OR 3, GO TO DPQ.100.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.100 ¿Qué tan **difícil** se le ha hecho cumplir con su trabajo, atender su casa o relacionarse con otras personas debido a estos problemas?

¿Nada difícil,.....	0
algo difícil,.....	1
muy difícil,.....	2
extremadamente difícil?.....	3
REFUSED .....	7
DON'T KNOW .....	9

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**TOBACCO - SMQ**  
**Target Group:** SPs 20+ (CAPI)

SMQ.680 Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

Durante los últimos **5 días**, ¿usó {usted(SE)/él(MPR)/ella(FPR)} algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

VERBAL INSTRUCTIONS TO SP:  
Por favor seleccione sí, no.

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

SMQ.690 ¿Cuál de estos productos usó {usted(SE)/él(MPR)/ella(FPR)}? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:  
Por favor seleccione todo lo que usó.

(Cigarros/Cigarrillos).....	1
Pipas .....	2
(Puros/Cigarros/Tabacos) .....	3
Tabaco de Mascar .....	4
Rapé.....	5
Parches, chicles de nicotina, u otro producto de nicotina .....	6
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2**

**CHECK ITEM SMQ.700:**

IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.  
IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.  
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.  
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.710.

SMQ.710 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} (cigarros/cigarrillos)?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

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

SMQ.720 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó, ¿cuántos (cigarros/cigarrillos) fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | | |

ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

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

SMQ.725 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su último (cigarro/cigarrillo)? ¿Fue esto. . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 3**

**CHECK ITEM SMQ.730:**

- IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
- IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
- IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
- IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
- IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
- IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.740.

SMQ.740 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} pipa?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

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

SMQ.750 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó pipa, ¿cuántas pipas fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | |

ANOTE LA CANTIDAD DE PIPAS

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

SMQ.755 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su última pipa? ¿Fue esto. . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM SMQ.760:**

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.770.

SMQ.770 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} (puros/cigarros/tabacos)?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

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

SMQ.780 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó (puros/cigarros/tabacos) , ¿cuántos (puros/cigarros/tabacos) fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | |

ANOTE LA CANTIDAD DE (PUROS/CIGARROS/TABACOS)

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

SMQ.785 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su último (puro/cigarro/tabaco) ? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM SMQ.790:**

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.800.

SMQ.800 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_\_|

ANOTE LA CANTIDAD DE DÍAS

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

SMQ.815 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó tabaco de mascar? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM SMQ.816:**

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.817.

SMQ.817 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_\_|

ANOTE LA CANTIDAD DE DÍAS

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

SMQ.819 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó rapé? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM SMQ.820:**

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.830.

OTHERWISE, GO TO END OF SECTION.

SMQ.830 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

VERBAL INSTRUCTIONS TO SP:

Por favor anote una cantidad.

|\_\_|

ANOTE LA CANTIDAD DE DIAS

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

SMQ.840 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó un producto que contenía nicotina? ¿Fue esto . . .

hoy, ..... 1  
ayer, o ..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**ALCOHOL USE – ALQ**  
**Target Group:** SPs 20+ (CAPI)

ALQ.101 Las siguientes preguntas son acerca de tomar bebidas alcohólicas. Están incluidos licores (tales como whiskey o ginebra), cerveza, vino, sangría o cualquier otro tipo de bebida alcohólica.

En **algún año determinado**, ¿ha tomado {usted/SP} al menos 12 bebidas alcohólicas de cualquier tipo? Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.

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

ALQ.110 En **toda su vida**, ¿se ha tomado {usted/SP} al menos 12 bebidas alcohólicas?

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

ALQ.120 En los **últimos 12 meses**, ¿con qué frecuencia se tomó {usted/SP} algún tipo de bebida alcohólica?

Q/U

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP}?

ENTER '0' FOR NEVER.

\_\_\_\_\_  
ENTER QUANTITY

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

ENTER UNIT

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

**BOX 1**

**CHECK ITEM ALQ.125:**

IF SP DIDN'T DRINK (CODED '0') IN ALQ.120, GO TO ALQ.150.  
OTHERWISE, CONTINUE WITH ALQ.130.

ALQ.130 En los **últimos 12 meses**, en aquellos días en que {usted/SP} se tomó algún tipo de bebida alcohólica, en promedio, ¿cuántas bebidas se tomó {usted(SE)/él(MPR)/ella(FPR)}? (Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.)

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

\_\_\_\_\_  
ENTER # OF DRINKS

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

ALQ.140 En los **últimos 12 meses**, ¿cuántos **días** se tomó {usted/SP} 5 o más bebidas alcohólicas de cualquier tipo?  
Q/U

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP} 5 o más bebidas alcohólicas en un solo día?

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 ¿Hubo alguna vez un tiempo o tiempos en {su vida/la vida de SP} cuando {usted(SE)/él(MPR)/ella(FPR)} **se tomó 5 o más bebidas alcohólicas** de cualquier tipo **casi todos los días**?

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

**REPRODUCTIVE HEALTH – RHQ**  
**Target Group: Female SPs Ages 12+**

RHQ.010 La siguiente serie de preguntas es acerca de {su historia reproductiva/la historia reproductiva de SP}. Empezaré por hacer algunas preguntas acerca {de su período o ciclo menstrual/del período o ciclo menstrual de SP}.

¿Qué edad tenía {usted/SP} cuando {usted(SE)/ella(FPR)} tuvo su (**primer** período menstrual/**primera** regla)?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:

SOFT EDIT VALUES: 8-25 YEARS.

HARD EDIT VALUES: AGE OF 1<sup>ST</sup> PERIOD CANNOT BE GREATER THAN CURRENT AGE.

|\_|\_|

ANOTE LA EDAD EN AÑOS

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 1**

**CHECK ITEM RHQ.015:**

- IF PERIODS HAVEN'T STARTED (CODED '0'), GO TO END OF SECTION.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020 ¿Tenía {usted/SP} . . .

menos de 10 años, ..... 1  
de 10 a 12 años, ..... 2  
entre 13 y 15 años, o ..... 3  
16 o más años? ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

RHQ.031 ¿Ha tenido {usted/SP} **al menos un período** en los **últimos 12 meses**? (Por favor no incluya hemorragias causadas por condiciones médicas, terapia de hormonas o cirugías.)

SOFT EDIT: Display edit when age of SP is greater than or equal to 60 and RHQ.031 is coded yes.

Error message: "It is unlikely that SPs aged 60 years or older will still be menstruating. Please verify."

YES ..... 1 (RHQ.131)  
NO ..... 2  
REFUSED ..... 7 (RHQ.060)  
DON'T KNOW ..... 9 (RHQ.060)

RHQ.042 ¿Cuál es la razón por la cual {usted/SP} no ha tenido **un período** en los últimos 12 meses?

EMBARAZO .....	1 (RHQ.143)
AMAMANTANDO .....	2 (RHQ.143)
MENOPAUSIA/HISTERECTOMÍA .....	7
CONDICIONES MÉDICAS/TRATAMIENTOS .....	8
OTHER .....	9
REFUSED .....	77
DON'T KNOW .....	99

RHQ.060 ¿Más o menos qué edad tenía {usted/SP} cuando tuvo su **último** período?

SOFT EDIT: Display edit when RHQ.060 is greater than 59.

Error message: "It is unlikely that an SP will have her last menstrual period after age 59. Please verify."

\_\_\_\_|

ANOTE LA EDAD EN AÑOS

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

**BOX 2**

**CHECK ITEM RHQ.065:**

- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO RHQ.131.

RHQ.070 ¿Tenía {usted/SP} . . .

menos de 30 años, .....	1
entre 30 y 34 años, .....	2
entre 35 y 39 años, .....	3
entre 40 y 44 años, .....	4
entre 45 y 49 años, .....	5
entre 50 y 54 años, o .....	6
55 o más años? .....	7
REFUSED .....	77
DON'T KNOW .....	99

RHQ.131 Las siguientes preguntas son acerca de {su historia de embarazo/la historia de embarazo de SP}.

¿Ha estado {usted/SP} **alguna vez** embarazada? Por favor incluya (embarazo actual), nacimientos vivos, abortos espontáneos, nacimientos muertos, embarazos extrauterinos y abortos.

MARK IF KNOWN. OTHERWISE ASK.

YES .....	1
NO .....	2 (BOX 12)
REFUSED .....	7 (BOX 12)
DON'T KNOW .....	9 (BOX 12)

**BOX 6**

**CHECK ITEM RHQ.135C:**

- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031) OR SP HAS NOT EXPERIENCED MENOPAUSE/HYSTERECTOMY (NOT CODED 7 IN RHQ.042), CONTINUE WITH RHQ.143.
- OTHERWISE, GO TO RHQ.160.

RHQ.143 ¿Está {usted/SP} embarazada **ahora**?

MARK IF KNOWN. OTHERWISE ASK.

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

RHQ.152 ¿En qué mes de embarazo está {usted/ella}?

|\_|\_|

ANOTE LA CANTIDAD DE MESES

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

RHQ.160 ¿Cuántas veces ha estado embarazada {usted/SP}? ({Nuevamente, asegúrese/Asegúrese} de contar todos {sus embarazos/los embarazos de ella} incluyendo (embarazo actual,) nacimientos vivos, abortos espontáneos, nacimientos muertos, embarazos extrauterinos o abortos.)

|\_|\_|

ANOTE LA CANTIDAD DE EMBARAZOS

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

RHQ.162 **Durante {alguno de sus embarazos/su embarazo/el embarazo de SP}, ¿le dijo a {usted/SP} alguna vez un médico o algún otro profesional de salud que {usted/ella} tenía diabetes, diabetes de azúcar, o diabetes gestacional? Por favor no incluya diabetes de la cual {usted/SP} haya sabido antes del embarazo.**

CAPI INSTRUCTION:

IF RHQ.160 = 1, DISPLAY {su embarazo/el embarazo de SP}. OTHERWISE, DISPLAY {alguno de sus embarazos}.

HELP SCREEN SHOULD READ: Diabetes gestacional es una forma de diabetes o alta azúcar en la sangre encontrada en las mujeres embarazadas.

YES ..... 1  
NO ..... 2 (BOX 7)  
BORDERLINE ..... 3 (BOX 7)  
REFUSED ..... 7 (BOX 7)  
DON'T KNOW ..... 9 (BOX 7)

RHQ.163 ¿Qué edad tenía {usted/SP} cuando se le dijo **por primera vez** que {usted/ella} tenía diabetes **durante un embarazo?**

SOFT EDIT: IF RHQ.143 = 1 AND RHQ.160 = 1, THEN RHQ.163 must be equal to the age of the SP or the age of the SP minus 1.

Error message: "Es poco probable que le hayan dicho por primera vez a esa edad que tenía diabetes ya que este es su primer embarazo. Por favor verifique."

HARD EDIT: RHQ.163 must be equal to or less than age of SP.

Error message: "Age cannot be greater than age of SP."

SOFT EDIT: RHQ.163 must be equal to or greater than 12.

Error message: "Unlikely age. Please verify."

|\_|\_|

ANOTE LA EDAD EN AÑOS

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7**

**CHECK ITEM RHQ.165:**

- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.143, SKIP TO RHQ.395.
- OTHERWISE CONTINUE WITH RHQ.166.

RHQ.166 ¿Cuántos partos vaginales ha tenido {usted/SP}? {Por favor cuente los nacimientos muertos así como los vivos.}

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: RHQ.166 must be equal to or less than RHQ.160.

Error message: "Number of vaginal deliveries cannot be greater than the number of pregnancies."

SOFT EDIT: IF RHQ.143 = 1, THEN RHQ.166 must be equal to or less than RHQ.160 minus 1.

Error message: "Debido a que usted está actualmente embarazada es improbable que la cantidad de partos vaginales sea igual o mayor a la cantidad de sus embarazos. Por favor verifique."

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7A**

**CHECK ITEM RHQ.168:**

- IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.172.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143 AND THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166 EQUALS THE NUMBER OF PREGNANCIES IN RHQ.160 MINUS 1, SKIP TO RHQ.172.
- OTHERWISE, CONTINUE WITH RHQ.169.

RHQ.169 ¿Cuántos partos por cesárea ha tenido {usted/SP}? (Partos por cesárea son conocidos como “C-sections” en inglés.) (Por favor cuente los nacimientos muertos así como los nacimientos vivos.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: Sum of RHQ166 and RHQ.169 must be equal to or less than RHQ160.

Error message: "It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify."

SOFT EDIT: If currently pregnant (coded '1' in RHQ143) then the sum of RHQ166 and RHQ169 should be less than or equal to RHQ160 minus 1.

Error message: "Since SP is currently pregnant, it is unlikely that the number of vaginal and cesarean deliveries is equal to or greater than the number of pregnancies. Please verify."

HARD EDIT: RHQ.169 must be equal to or less than RHQ.160.

Error message: "Number of cesarean deliveries cannot be greater than the number of pregnancies."

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7B**

**CHECK ITEM RHQ.170A:**

- IF THE NUMBER OF DELIVERIES IN RHQ.166 AND RHQ.169 EQUALS ZERO, GO TO BOX 12.
- OTHERWISE, CONTINUE WITH RHQ.172.

RHQ.172 {{Su parto/El parto de SP}}/{{Alguno de sus partos/Alguno de los partos de SP}} resultó en un bebé que pesara 9 libras (4082 gramos) o más al nacer? (Por favor cuente los nacimientos muertos así como también los nacimientos vivos.)

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), DISPLAY {{SU PARTO/EL PARTO DE SP}}.

IF SP HAD MORE THAN ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 > 1), DISPLAY {{ALGUNO DE SUS PARTOS/ALGUNO DE LOS PARTOS DE SP}}.

YES .....	1
NO .....	2 (RHQ.171)
REFUSED .....	7 (RHQ.171)
DON'T KNOW .....	9 (RHQ.171)

RHQ.173 ¿Qué edad tenía {usted/SP} cuando dio a luz un bebé que pesó 9 libras (4082 g) o más? (Por favor cuente los nacimientos muertos así como los nacimientos vivos.)

[IF MORE THAN 1 BABY WEIGHED 9 POUNDS OR MORE RECORD AGE FOR FIRST ONE]

HARD EDIT: RHQ.173 must be equal to or less than age of SP.

Error message: "Age cannot be greater than age of SP."

\_\_\_\_\_  
ANOTE LA CANTIDAD DE AÑOS

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

RHQ.171 ¿Cuántos de {sus partos/los partos de ella} resultaron en nacimientos vivos? {¿Resultó {su parto/el parto de ella} en un nacimiento vivo?

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), REPLACE {¿Cuántos de {sus partos/los partos de ella} resultaron en nacimientos vivos?} WITH {¿Resultó {su parto/el parto de ella} en un nacimiento vivo?

FOR SINGLE DELIVERIES:

Yes = 1

No = 0

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

\_\_\_\_\_  
ANOTE LA CANTIDAD DE PARTOS

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

**BOX 8**

**CHECK ITEM RHQ.175:**

- IF SP HAD NO DELIVERIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.171, GO TO BOX 12.
- IF SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171, GO TO BOX 8A.
- OTHERWISE, CONTINUE WITH RHQ.180.

RHQ.180 ¿Qué edad tenía {usted/SP} en el momento de su **primer** nacimiento vivo?

CAPI INSTRUCTION:

HARD EDIT: RHQ.180 must be equal to or less than age of SP.

Error message: "Age of SP at first delivery cannot be greater than age of SP."

|\_|\_| (RHQ.190)  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77 (RHQ.190)  
DON'T KNOW ..... 99 (RHQ.190)

**BOX 8A**

**CHECK ITEM RHQ.176:**

- IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1) AND SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171 AND SP DELIVERED ONE BABY THAT WEIGHTED 9 POUNDS OR MORE (CODED '1') IN RHQ.172 AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS ZERO OR 1, GO TO RHQ.197.
- IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1) AND SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171 AND SP DELIVERED ONE BABY THAT WEIGHTED 9 POUNDS OR MORE (CODED '1') IN RHQ.172 AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, GO TO RHQ.205.
- OTHERWISE, CONTINUE WITH RHQ.190.

RHQ.190 ¿Qué edad tenía {usted/SP} en el momento de su **{último}** nacimiento vivo?

CAPI INSTRUCTION:

IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY {ÚLTIMO}.

HARD EDIT: RHQ190 must be equal to or less than age of SP.

Error message: "Age of SP at last delivery cannot be greater than age of SP."

|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

**BOX 9**

**CHECK ITEM RHQ.195:**

- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE.
- OTHERWISE, GO TO RHQ.205.

RHQ.197 ¿Cuántos meses hace que {usted/SP} tuvo su bebé?

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

ANOTE LA CANTIDAD DE MESES

REFUSED ..... 777

DON'T KNOW ..... 999

RHQ.200 ¿Está {usted/SP} **ahora** amamantando/dándole pecho a un niño?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

RHQ.205 (¿Amamantó/Le dio pecho) {usted/SP} {a su niño/al niño de ella}/{a alguno {de sus niños/de los niños de ella}} por lo menos un mes?

**CAPI INSTRUCTION:**

IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.171, DISPLAY {A SU NIÑO/AL NIÑO DE ELLA}.

IF SP HAD MORE THAN ONE LIVE BIRTH (CODED > 1) IN RHQ.171, DISPLAY {A ALGUNO {DE SUS NIÑOS/DE LOS NIÑOS DE ELLA}}.

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 12**

**CHECK ITEM RHQ.275A:**

- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, GO TO RHQ.395.
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031), GO TO RHQ.282.
- OTHERWISE, CONTINUE WITH RHQ.282.

RHQ.282 ¿Le han hecho a {usted/SP} una histerectomía, incluyendo una histerectomía parcial, es decir, cirugía para **sacarle** el útero o matriz?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1  
NO ..... 2 (RHQ.305)  
REFUSED ..... 7 (RHQ.305)  
DON'T KNOW ..... 9 (RHQ.305)

RHQ.291 ¿Qué edad tenía {usted/SP} cuando le {hicieron la histerectomía/sacaron el (útero/la matriz)} a {usted/ella}?

|\_|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

RHQ.305 ¿Le han sacado a {usted/SP} los **dos** ovarios (ya sea cuando le sacaron el útero o en otra ocasión)?

YES ..... 1  
NO ..... 2 (RHQ.395)  
REFUSED ..... 7 (RHQ.395)  
DON'T KNOW ..... 9 (RHQ.395)

RHQ.332 ¿Qué edad tenía {usted/SP} cuando le sacaron los ovarios o le sacaron el último ovario si se los sacaron en diferentes ocasiones?

|\_|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

RHQ.395 ¿Siente {usted/SP} un abultamiento o como que se le cae algo que puede ver o sentir en el área de la vagina?

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

RHQ.420 Ahora le voy a preguntar acerca {de su historia/de la historia de SP} del uso de métodos de control de la natalidad.

¿Ha tomado {usted/SP} **alguna vez** pastillas/píldoras anticonceptivas por alguna razón?

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

**BOX 18**

**CHECK ITEM RHQ.435B:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.442.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), CONTINUE WITH RHQ.442.
- OTHERWISE, GO TO RHQ.460.

RHQ.442 ¿**Actualmente** está {usted/SP} tomando pastillas/píldoras anticonceptivas?

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

RHQ.460 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} pastillas/píldoras anticonceptivas?

Q/U

CODE "1" FOR LESS THAN ONE MONTH.

|\_|\_|  
 ANOTE LA CANTIDAD

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

ENTER UNIT

- MESES ..... 1
- AÑOS ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

RHQ.510 ¿Ha usado {usted/SP} **alguna vez** Depo-Provera o inyectables para prevenir el embarazo?

- YES ..... 1
- NO ..... 2 (BOX 20)
- REFUSED ..... 7 (BOX 20)
- DON'T KNOW ..... 9 (BOX 20)

**BOX 19**

**CHECK ITEM RHQ.519:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.520.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), CONTINUE WITH RHQ.520.
- OTHERWISE, GO TO BOX 20.

RHQ.520 ¿Está usando {usted/SP} **ahora** Depo-Provera o inyectables para prevenir el embarazo?

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

**BOX 20**

**CHECK ITEM RHQ.535:**

- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO BOX 24.

RHQ.540 ¿Ha usado {usted/SP} **alguna vez** hormonas femeninas tales como estrógeno y progesterona? Por favor incluya todas las formas de hormonas femeninas, tales como pastillas/píldoras, cremas, parches e inyectables, pero **no** incluya métodos de control de la natalidad o uso para la esterilidad.

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS "NO".

- YES ..... 1
- NO ..... 2 (BOX 24)
- REFUSED ..... 7 (BOX 24)
- DON'T KNOW ..... 9 (BOX 24)

RHQ.541 ¿Qué formas de hormonas femeninas ha usado {usted/SP}?

CODE ALL THAT APPLY

- PASTILLAS/PÍLDORAS ..... 10
- PARCHES ..... 11
- CREMA/SUPOSITORIO/INYECCIÓN..... 12
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 21**

**CHECK ITEM RHQ.552:**

IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.541, CONTINUE WITH RHQ.554.  
OTHERWISE, GO TO BOX 22.

RHQ.554 ¿Ha tomado {usted/SP} **alguna vez pastillas/píldoras** de hormonas femeninas que contienen **estrógeno solamente** (tal como Premarin)? (No incluya pastillas/píldoras anticonceptivas.)

- YES ..... 1
- NO ..... 2 (RHQ.562)
- REFUSED ..... 7 (RHQ.562)
- DON'T KNOW ..... 9 (RHQ.562)

RHQ.558 ¿Está {usted/SP} tomando **ahora** píldoras que contienen estrógeno solamente?

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

RHQ.560 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen estrógeno solamente?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

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

ENTER UNIT

- MESES ..... 1
- AÑOS ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

RHQ.562 ¿Ha tomado {usted/SP} **píldoras** de hormonas femeninas que contienen **progestina solamente** (tal como Provera)? (No incluya pastillas/píldoras anticonceptivas.)

YES ..... 1  
 NO ..... 2 (RHQ.570)  
 REFUSED ..... 7 (RHQ.570)  
 DON'T KNOW ..... 9 (RHQ.570)

RHQ.566 ¿Está {usted/SP} tomando **ahora** pastillas/píldoras que contienen progestina?

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

RHQ.568 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen progestina solamente?  
 Q/U

CODE "1" FOR LESS THAN 1 MONTH

ANOTE LA CANTIDAD

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

ENTER UNIT

MESES ..... 1  
 AÑOS ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

RHQ.570 ¿Ha tomado {usted/SP} **pastillas/píldoras** de hormonas femeninas que contienen **ambos, estrógeno y progestina** (tal como Prempro, Premphase)? (No incluya pastillas/píldoras anticonceptivas.)

YES ..... 1  
 NO ..... 2 (BOX 22)  
 REFUSED ..... 7 (BOX 22)  
 DON'T KNOW ..... 9 (BOX 22)

RHQ.574 ¿Está {usted/SP} tomando **ahora** píldoras que contienen ambos, estrógeno y progestina?

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

RHQ.576 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha  
Q/U tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen ambos, estrógeno y progestina?

CODE "1" FOR LESS THAN 1 MONTH

\_\_\_\_\_  
ANOTE LA CANTIDAD

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

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 22**

**CHECK ITEM RHQ.578:**  
IF SP USED PATCHES (CODE '11') IN RHQ.541, CONTINUE WITH RHQ.580.  
OTHERWISE, GO TO BOX 24.

RHQ.580 ¿Ha usado {usted/SP} **alguna vez parches** de hormonas femeninas que contienen **estrógeno solamente**?

YES ..... 1  
NO ..... 2 (RHQ.596)  
REFUSED ..... 7 (RHQ.596)  
DON'T KNOW ..... 9 (RHQ.596)

RHQ.584 ¿Está {usted/SP} usando **ahora** parches que contienen estrógeno solamente?

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

RHQ.586 Sin contar ningún tiempo durante el cual {usted/SP} dejó de usarlos, ¿por cuánto tiempo **en total** {ha usado usted/usó usted/ha usado ella/usó ella} parches que contienen estrógeno solamente?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

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

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

RHQ.596 ¿Ha usado {usted/SP} **parches** de hormonas femeninas que contienen **ambos, estrógeno y progestina**?

YES ..... 1  
NO ..... 2 (BOX 24)  
REFUSED ..... 7 (BOX 24)  
DON'T KNOW ..... 9 (BOX 24)

RHQ.600 ¿Está {usted/SP} usando **ahora** parches que contienen ambos, estrógeno y progestina?

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

RHQ.602 Sin contar ningún tiempo durante el cual {usted/SP} dejó de usarlos, ¿por cuánto tiempo **en total** {ha usado usted/usó usted/ha usado ella/usó ella} parches que contienen ambos, estrógeno y progestina?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

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

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 24**

**CHECK ITEM RHQ.640A:**

- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.652.
- IF RHQ.190 IS FILLED AND THE AGE DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE IN RHQ.190 IS ZERO, 1, OR 2, CONTINUE WITH FSQ.652 ELSE IF RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE AGE DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE IN RHQ.173 IS ZERO, 1, OR 2, CONTINUE WITH FSQ.652.
- OTHERWISE, GO TO END OF SECTION.

FSQ.652 Estas siguientes preguntas son acerca de la participación en programas para mujeres con niños pequeños.

¿Recibió {usted/SP} **personalmente** beneficios de WIC, es decir, del Programa para Mujeres, Infantes y Niños, en los **últimos 12 meses**?

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

**BOX 26**

**CHECK ITEM RHQ.641:**

- IF CODED '1-12' IN RHQ.197, CONTINUE WITH FSQ.661.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.661.
- OTHERWISE, GO TO END OF SECTION.

FSQ.661 ¿Está {usted/SP} recibiendo **ahora** beneficios del Programa WIC?

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

FSQ.671  
Q/U

Pensando acerca de {su embarazo/su reciente embarazo/su más reciente embarazo/sus más recientes embarazos}, ¿cuánto tiempo {recibió usted/ha estado recibiendo usted/recibió ella/ha estado recibiendo ella} beneficios del Programa WIC?

PROBE: Queremos saber acerca de los beneficios únicamente para {usted/SP}, los cuales recibió por su {embarazo actual/niño/último niño/último niño y durante su embarazo actual}.

CAP I INSTRUCTION:

IF RHQ.143 = 1 AND RHQ.160 = 1, DISPLAY {SU EMBARAZO}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS FILLED AND THE DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {SU EMBARAZO}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {SU EMBARAZO}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 = 1, DISPLAY {SU RECIENTE EMBARAZO }

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 IS GREATER THAN 1, DISPLAY {SU MÁS RECIENTE EMBARAZO}.

OTHERWISE, DISPLAY {SUS MÁS RECIENTES EMBARAZOS}.

IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.661, DISPLAY {HA ESTADO RECIBIENDO USTED/HA ESTADO RECIBIENDO ELLA}.

OTHERWISE, DISPLAY {RECIBIÓ USTED/RECIBIÓ ELLA}.

IF RHQ.143 = 1 AND RHQ.160 = 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS FILLED AND THE DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 = 1, DISPLAY {NIÑO}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 IS GREATER THAN 1, DISPLAY {ÚLTIMO NIÑO}.

OTHERWISE, DISPLAY {ÚLTIMO NIÑO Y DURANTE SU EMBARAZO ACTUAL}.

SOFT EDIT: FSQ.671 must be equal to or less than 24 months or 2 years.  
Error message: Unlikely response. Please verify.

|\_|\_|

ANOTE LA CANTIDAD

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

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**KIDNEY CONDITIONS - KIQ**  
**New Target Group: SPs 20+**

KIQ.005 A muchas personas se les sale la orina. Las siguientes preguntas son acerca de las personas a quienes se les sale la orina.

¿Qué tan frecuentemente se le sale la orina a {usted/SP}? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} ...

CAPI INSTRUCTION:

HELP SCREEN: Otra manera de decir se le sale la orina es no poder contener la orina antes de llegar al baño, no poder controlar la vejiga, pérdida de control de la orina.

- nunca,..... 1 (KIQ.042)
- menos de una vez al mes,..... 2
- unas pocas veces al mes, ..... 3
- unas pocas veces a la semana, o ..... 4
- todos los días y/o noches? ..... 5
- REFUSED ..... 7 (KIQ.042)
- DON'T KNOW ..... 9 (KIQ.042)

KIQ.010 ¿Cuánta orina pierde {usted/SP} cada vez? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} ...

- gotas,..... 1
- salpicaduras pequeñas, o..... 2
- más?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.042 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña de orina debido a una actividad tal como toser, levantar algo o hacer ejercicios?

- YES ..... 1
- NO ..... 2 (KIQ.044)
- REFUSED ..... 7 (KIQ.044)
- DON'T KNOW ..... 9 (KIQ.044)

KIQ.430 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes,..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.044 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña, debido a que {usted(SE)/él(MPR)/ella(FPR)} tenía urgencia o presión para orinar y no pudo llegar al baño lo suficientemente rápido?

- YES ..... 1
- NO ..... 2 (KIQ.046)
- REFUSED ..... 7 (KIQ.046)
- DON'T KNOW ..... 9 (KIQ.046)

KIQ.450 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes, ..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.046 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña, **sin** hacer una actividad tal como toser, levantar algo o hacer ejercicios, o sin tener urgencia para orinar?

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

KIQ.470 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes, ..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 1**

**CHECK ITEM KIQ.048A:**

- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
- OTHERWISE, GO TO KIQ.480.

KIQ.050 Durante los **últimos 12 meses**, ¿qué tanto le ha molestado a {usted(SE)/él(MPR)/ella(FPR)} la salida de la orina? Por favor seleccione una de las siguientes opciones:

- nada, ..... 1
- un poco solamente, ..... 2
- algo,..... 3
- mucho, o..... 4
- excesivamente?..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.052 Durante los **últimos 12 meses**, ¿qué tanto le ha afectado a {usted(SE)/él(MPR)/ella(FPR)} la salida de la orina en sus actividades diarias? (Por favor seleccione una de las siguientes opciones):

- nada, ..... 1
- un poco solamente, ..... 2
- algo,..... 3
- mucho, o..... 4
- excesivamente?..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.480 Durante los **últimos 30 días**, ¿cuántas veces por noche se levantó {usted/SP} usualmente para orinar, desde el momento en que {usted(SE)/él(MPR)/ella(FPR)} se fue a acostar en la noche hasta el momento en que se levantó en la mañana? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que...

- 0, ..... 0
- 1, ..... 1
- 2, ..... 2
- 3, ..... 3
- 4, ..... 4
- 5 o más?..... 5
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 2**

**CHECK ITEM KIQ.070:**

- IF SP FEMALE, GO TO END OF SECTION.
- IF SP MALE AGE 20-39, GO TO KIQ.490.
- OTHERWISE, CONTINUE WITH KIQ.080.

KIQ.080 ¿Tiene {usted/SP} **normalmente** dificultad para empezar a orinar?

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

KIQ.100 Después de orinar (de la salida de orina), ¿siente la vejiga vacía?

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

KIQ.490 El siguiente conjunto de preguntas es acerca de la salud de los hombres, incluyendo problemas urinarios y de la próstata. La próstata es una glándula localizada justo debajo de la vejiga.

¿Le ha dicho **alguna vez** un médico o un profesional de la salud que {usted/SP} tenía alguna enfermedad de la próstata? Esto incluye el agrandamiento de la próstata.

CAPI INSTRUCTION:

HELP SCREEN: La próstata es una glándula del tamaño de una nuez que forma parte del sistema reproductivo del hombre. Está localizada frente al recto y debajo de la vejiga.

Una próstata agrandada significa que la glándula ha aumentado su tamaño. Al agrandamiento de la próstata frecuentemente se le llama hipertrofia prostática benigna (HPB) o hiperplasia prostática benigna.

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

**BOX 3**

**CHECK ITEM KIQ.170:**

- IF SP AGE IS 20-39, GO TO END OF SECTION.
- OTHERWISE, CONTINUE WITH KIQ.120.

KIQ.120 ¿Le ha dicho **alguna vez** un médico o un profesional de la salud que {usted/SP} tenía agrandamiento de la próstata?

CAPI INSTRUCTION:

HELP SCREEN: La próstata es una glándula del tamaño de una nuez que forma parte del sistema reproductivo del hombre. Está localizada frente al recto y debajo de la vejiga.

Una próstata agrandada significa que la glándula ha aumentado su tamaño. Al agrandamiento de la próstata frecuentemente se le llama hipertrofia prostática benigna (HPB) o hiperplasia prostática benigna.

- YES ..... 1
- NO ..... 2 (KIQ.360)
- REFUSED ..... 7 (KIQ.360)
- DON'T KNOW ..... 9 (KIQ.360)

KIQ.140 ¿Fue éste un agrandamiento benigno – es decir no canceroso, llamado también hipertrofia prostática benigna?

YES ..... 1  
NO ..... 2 (KIQ.180)  
REFUSED ..... 7 (KIQ.180)  
DON'T KNOW ..... 9 (KIQ.180)

KIQ.160 ¿Qué edad tenía {usted/SP} cuando le dijeron por primera vez que tenía agrandamiento benigno de la próstata?

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD EN AÑOS

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

**BOX 4**

**CHECK ITEM KIQ.230:**  
■ GO TO KIQ.360.

KIQ.180 ¿Fue el agrandamiento debido a cáncer?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7

KIQ.360 ¿Le han hecho alguna vez un examen rectal para la detección de cáncer de próstata? Un examen rectal lo hace normalmente un médico al insertar un dedo en el recto para examinar si hay problemas.

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

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**BOWEL HEALTH – BHQ**  
**Target Group: SPs 20+**

**BOX 1**

**CHECK ITEM BHQ.005:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE WITH BHQ.010.
- OTHERWISE, GO TO NEXT SECTION.

BHQ.010 Ahora nos gustaría hablar con usted acerca de la salud de sus intestinos. Empezaremos con escape accidental de los intestinos. Hay cuatro tipos de escapes intestinales que puedan ocurrir: escape de gas o pasar gas, escape de mucosidades, escape de excremento líquido y escape de excremento sólido. Le preguntaremos acerca de cada uno de estos escapes, uno por uno.

¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de gases de los intestinos? ¿Diría ...

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: Otros nombres para los intestinos incluyen **tripas y entrañas**. **Escape accidental de gas de los intestinos** es un escape de los intestinos que no se puede controlar. **Escape de gas** se llama también expulsar un gas, expulsar ventosidades o tirarse un gas.

2 o más veces al día,.....	1
una vez al día, .....	2
2 o más veces a la semana, .....	3
una vez a la semana, .....	4
1-3 veces al mes o .....	5
nunca? .....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.020 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de mucosidad de los intestinos?

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: La mucosidad es una sustancia (espesa/viscosa), como gelatinosa, que producen los intestinos para ayudar a cubrir y a proteger las paredes de los intestinos. La mucosidad también ayuda a que el excremento pase más fácilmente a través del intestino grueso y del recto.

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES O .....	5
NUNCA?.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.030 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de excremento líquido de los intestinos?

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: Otros nombres para excremento son evacuaciones fecales, materias fecales o popó.

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES O .....	5
NUNCA?.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.040 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de excremento sólido de los intestinos?

HAND CARD BHQ1

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES, O .....	5
NUNCA?.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.050  
Q/U

¿Con qué frecuencia normalmente tiene evacuación intestinal o hace del cuerpo?

PROBE: ¿Cuántas veces al día o a la semana normalmente tiene evacuación intestinal o hace del cuerpo?

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA O A LA SEMANA)

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

ENTER UNIT

AL DÍA ..... 1  
A LA SEMANA..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

BHQ.060

Por favor mire esta tarjeta y dígame el número que corresponde a su tipo de (excremento/evacuación fecal/materia fecal) normal o más común.

HAND CARD BHQ2

TIPO 1 (COMO PELOTONCITOS DUROS  
SEPARADOS, COMO NUECES)..... 1  
TIPO 2 (COMO SALCHICHA, PERO CON  
PELOTONCITOS)..... 2  
TIPO 3 (COMO SALCHICHA, PERO CON  
GRIETAS EN LA SUPERFICIE) ..... 3  
TIPO 4 (COMO SALCHICHA, O CULEBRA,  
LISA Y SUAVE)..... 4  
TIPO 5 (MANCHAS SUAVES CON  
BORDES CLARAMENTE CORTADOS) ..... 5  
TIPO 6 (PEDAZOS ESPONJOSOS CON  
BORDES IRREGULARES, UNA  
DEPOSICIÓN BLANDA) ..... 6  
TIPO 7 (AGUADO, PEDAZOS NO  
SÓLIDOS)..... 7  
REFUSED ..... 77  
DON'T KNOW ..... 99

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**PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ**

**Target Group:** SPs 12-15

PAQ.605 A continuación {te/le} voy a preguntar acerca del tiempo que {pasas/SP pasa} haciendo diferentes tipos de actividades físicas en una semana típica. Por favor {contesta/conteste} estas preguntas aun si {no te consideras/SP no se considera} una persona activa.

{Piensa/Piense} primero acerca del tiempo que {pasas/SP pasa} trabajando. {Piensa/Piense} en el trabajo como las cosas que {tienes que hacer/SP tiene que hacer} tales como trabajo pagado o sin pago, estudiar o recibir capacitación, trabajo en el hogar y trabajo en el jardín. Al responder estas preguntas, “actividades de intensidad **vigorosa**” son actividades que requieren un esfuerzo físico **intenso** y que causan **grandes aumentos** del ritmo de la respiración o de los latidos del corazón y “actividades de intensidad **moderada**” son actividades que requieren un esfuerzo físico **leve** y que causan **pequeños aumentos** del ritmo de la respiración o de los latidos del corazón

¿Incluye {tu trabajo/el trabajo de SP} actividades de intensidad **vigorosa** que causan **grandes aumentos** del ritmo de la respiración o de los latidos del corazón, tales como acarrear o levantar cargas pesadas, trabajo de excavación o construcción por **al menos 10 minutos continuamente?**

- YES ..... 1
- NO ..... 2 (PAQ.620)
- REFUSED ..... 7 (PAQ.620)
- DON'T KNOW ..... 9 (PAQ.620)

PAQ.610 En una semana típica, ¿cuántos días {haces/hace SP} actividades de intensidad **vigorosa** como parte de {tu/su} trabajo?

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days  
Error Message: La cantidad de días debe ser entre 1 y 7.

\_\_\_\_\_  
ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 77 (PAQ.620)
- DON'T KNOW ..... 99 (PAQ.620)

PAQ.615  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo actividades de intensidad **vigorosa** en un día típico de trabajo?

PROBE IF NEEDED: Piense en un día típico en el cual hace actividades de intensidad vigorosa durante su trabajo.

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.620

¿Incluye {tu trabajo/el trabajo de SP} actividades de intensidad **moderada** que causan **pequeños aumentos** del ritmo de la respiración o de los latidos del corazón tales como caminar rápidamente, acarrear o levantar cargas ligeramente pesadas por **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.635)  
REFUSED ..... 7 (PAQ.635)  
DON'T KNOW ..... 9 (PAQ.635)

PAQ.625

En una semana típica, ¿cuántos días {haces/hace SP} actividades de intensidad **moderada** como parte de {tu/su} trabajo?

PROBE IF NEEDED: La actividad de intensidad moderada causa pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.635)  
DON'T KNOW ..... 99 (PAQ.635)

PAQ.630  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo actividades de intensidad **moderada** en el trabajo en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace actividades de intensidad moderada durante su trabajo.

PROBE IF NEEDED: La actividad de intensidad moderada causa pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.635

Las siguientes preguntas excluyen las actividades físicas en el trabajo que ya me {has/ha} mencionado. Ahora quisiera {preguntarte/preguntarle} acerca de la manera habitual en que {te trasladas/se traslada SP} de un lugar a otro. Por ejemplo para ir a la escuela, de compras o al trabajo.

¿{Caminas o usas/Camina o usa SP} una bicicleta **al menos 10 minutos continuamente** para ir y volver a un lugar?

YES ..... 1  
NO ..... 2 (PAQ.650)  
REFUSED ..... 7 (PAQ.650)  
DON'T KNOW ..... 9 (PAQ.650)

PAQ.640

En una semana típica, ¿cuántos días {caminas o usas/camina o usa SP} una bicicleta **al menos 10 minutos continuamente** para ir y volver a un lugar?

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.650)  
DON'T KNOW ..... 99 (PAQ.650)

PAQ.645  
Q/U

¿Cuánto tiempo {pasas/pasa SP} caminando o andando en bicicleta para {trasladarte/trasladarse} en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual camina o anda en bicicleta para trasladarse.

SOFT EDIT: >4 HOURS.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING OR BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.650

Las siguientes preguntas excluyen las actividades del trabajo y de transporte que ya me {has/ha} mencionado. Ahora quisiera {preguntarte/preguntarle} acerca de deportes y actividades físicas para estar en forma y actividades de recreación.

¿{Haces/Hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa** que {te/le} causan **grandes aumentos** del ritmo de la respiración o de los latidos del corazón, tales como correr o jugar básquetbol **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.665)  
REFUSED ..... 7 (PAQ.665)  
DON'T KNOW ..... 9 (PAQ.665)

PAQ.655

En una semana típica, ¿cuántos días {haces/hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa**?

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.665)  
DON'T KNOW ..... 99 (PAQ.665)

PAQ.660  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa** en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace deportes o actividades físicas para estar en forma, o actividades de recreación de intensidad vigorosa.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.665

¿{Haces/Hace SP} algún deporte o alguna actividad física para estar en forma o actividad de recreación con intensidad **moderada** que {te/le} causan **pequeños aumentos** del ritmo de la respiración o de los latidos del corazón, tales como caminar rápido, andar en bicicleta, nadar o jugar voleibol **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.680Q)  
REFUSED ..... 7 (PAQ.680Q)  
DON'T KNOW ..... 9 (PAQ.680Q)

PAQ.670

En una semana típica, ¿cuántos días {haces/hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con **intensidad moderada**?

PROBE IF NEEDED: Los deportes o actividades físicas para estar en forma o actividades de recreación de intensidad moderada causan pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hacen **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.680Q)  
DON'T KNOW ..... 99 (PAQ.680Q)

PAQ.675  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **moderada** en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace deportes o actividades físicas para estar en forma, o actividades de recreación con intensidad moderada.

PROBE IF NEEDED: Las deportes o actividades físicas para estar en forma, o actividades de recreación con **intensidad moderada** causan pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hacen **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTOS ..... 1

HORAS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.680  
Q/U

La siguiente pregunta es acerca de sentarse o recostarse en la escuela, el hogar o el trabajo, mientras {te trasladadas/se traslada} de un lugar a otro, mientras {estás/está} con los amigos, incluyendo el tiempo que {pasas/pasa} {sentado(M)/sentada(F)} frente a un escritorio, {sentado(M)/sentada(F)} con los amigos, viajando en carro, (camión/autobús/bus) o tren, leyendo, jugando (cartas/naipes), viendo la televisión o usando una computadora, pero no {incluyas/incluya} el tiempo que {pasas/pasa} durmiendo.

¿Cuánto tiempo {pasas/pasa SP} usualmente {sentado(M)/sentada(F)} o {recostado(M)/recostada(F)} en un día típico?

SOFT EDIT: 18 hours or more.

Error Message: Por favor verifique tiempos de 18 horas o más.

HARD EDIT: 24 hours or more.

Error Message: El tiempo debe ser menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

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**WEIGHT HISTORY – WHQ**  
**Target Group: SPs 8-15 years**

**BOX 1**

**CHECK ITEM WHQ.499:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND NO INTERPRETER USED (RIQ.090 CODED '2'), CONTINUE WITH WHQ.030c.
- IF INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND INTERPRETER USED (RIQ.090 CODED '1'), AND PAID INTERPRETER (CODED '3') IN RIQ.100, CONTINUE WITH WHQ.030c.
- OTHERWISE, GO TO NEXT SECTION.

WHQ.030c ¿Consideras que hoy estás ...

gordo(a) o con sobrepeso,.....	1
muy delgado(a) o de bajo peso, o .....	2
más o menos en el peso correcto? .....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.500 ¿Cuál de las siguientes cosas estás tratando de hacer acerca de tu peso:

bajar de peso,.....	1
subir de peso, .....	2 (WHQ.520)
mantenerte en el mismo peso, o. ....	3 (WHQ.520)
no estás tratando de hacer nada acerca de tu peso?.....	4 (WHQ.520)
REFUSED .....	7 (WHQ.520)
DON'T KNOW .....	9 (WHQ.520)

WHQ.511 ¿Por qué estás tratando de bajar de peso? (Anote todo lo que corresponda)

HAND CARD WHQ1 [CATEGORIES 22, 23, AND 24 APPEAR ON INTERVIEWER'S SCREEN ONLY]

QUIERO VERME MEJOR .....	10
QUIERO SER MÁS SALUDABLE .....	11
QUIERO SER MEJOR EN LOS DEPORTES Y OTRAS ACTIVIDADES FÍSICAS.....	12
ME MOLESTAN POR MI PESO.....	13
CREO QUE LA ROPA ME QUEDARÁ MEJOR.....	14
CREO QUE LE GUSTARÉ MÁS A LOS NIÑOS .....	15
CREO QUE LE GUSTARÉ MÁS A LAS NIÑAS .....	16
MIS AMIGOS ESTÁN TRATANDO DE BAJAR DE PESO .....	17
ALGUIEN EN MI FAMILIA ESTÁ TRATANDO DE BAJAR DE PESO.....	18
MI MADRE O MI PADRE QUIERE QUE BAJE DE PESO .....	19
MI MAESTRO(A) O MI ENTRENADOR QUIERE QUE BAJE DE PESO.....	20
MI MÉDICO, ENFERMERA U OTRO PROFESIONAL DE SALUD QUIERE QUE BAJE DE PESO .....	21
NO QUIERO SER GORDO .....	22
QUIERO SER DELGADO.....	23
QUIERO SENTIRME BIEN/MEJOR ACERCA DE MÍ MISMO .....	24
OTRO (ESPECIFIQUE).....	30
REFUSED .....	77
DON'T KNOW .....	99

WHQ.520 El año pasado, ¿con qué frecuencia trataste de bajar de peso? ¿Dirías...

nunca,.....	1 (BOX 2)
algunas veces, o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.530 El año pasado, ¿con qué frecuencia hiciste una dieta para **bajar de peso**? ¿Dirías...

nunca,.....	1
algunas veces, o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.540 El año pasado, ¿con qué frecuencia pasaste hambre (no comiste) por un día o más para **bajar de peso**?  
¿Dirías...

nunca,.....	1
algunas veces, o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.550 El año pasado, ¿con qué frecuencia redujiste lo que comías para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.560 El año pasado, ¿con qué frecuencia te saltaste alguna comida para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.570 El año pasado, ¿con qué frecuencia hiciste ejercicios para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.580 El año pasado, ¿con qué frecuencia comiste menos alimentos dulces o con grasa para **bajar de peso**?  
¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 2**

**CHECK ITEM WHQ.709:**

- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DBQ.895 A continuación voy a preguntarte acerca de comidas.  
G/Q

Por comida, quiero decir **desayuno, comida/almuerzo y cena**. Durante los **últimos 7 días**, ¿cuántas comidas comiste que fueron **preparadas fuera del hogar** en lugares tales como restaurantes, lugares de comida rápida ("fast food"), puestos de comida, (tiendas/almacenes) de alimentos o de máquinas para vender comidas.

Por favor no incluyas comidas proporcionadas como parte de (una comida/un almuerzo) o desayuno escolar.

SOFT EDIT VALUES: 0-21

Error message: "Por favor verifica que comiste **más** de 3 comidas preparadas fuera del hogar **todos** los días durante los últimos 7 días.

|\_|\_|

ANOTE LA CANTIDAD

NINGUNA .....	2	(DBQ.905)
REFUSED .....	77	(DBQ.905)
DON'T KNOW .....	99	(DBQ.905)

DBQ.900 ¿Cuántas de esas comidas conseguiste en un lugar de comida rápida ("fast food") o pizzería?

HARD EDIT: "DBQ.900 must be equal to or less than DBQ.895."

Error message: "La cantidad de comidas de un lugar de comida rápida ("fast food") o pizzería no puede ser mayor que la cantidad de comidas que comiste y que fueron preparadas fuera del hogar. ¿Puedes dar otra respuesta por favor?

|\_|\_|

ANOTE LA CANTIDAD

NINGUNA .....	2
REFUSED .....	77
DON'T KNOW .....	99

DBQ.905  
G/Q/U

Algunas tiendas de comestibles venden comidas "listas para comer", tales como ensaladas, sopas, pollo, sándwiches/emparedados y verduras/vegetales cocidos(as) en sus secciones de ensaladas ("salad bar") y "deli" (fiambrería).

Durante los **últimos 30 días**, ¿con qué frecuencia compraste comidas "listas para comer" en (una tienda/un almacén)? Por favor no incluyas alimentos congelados o enlatados.

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA, A LA SEMANA, O AL MES)

NUNCA ..... 2  
REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

DÍA ..... 1  
SEMANA ..... 2  
MES..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

DBQ.910  
G/Q/U

Durante los **últimos 30 días**, ¿con qué frecuencia comiste comidas o pizzas congeladas? Aquí hay unos ejemplos de comidas congeladas y de pizzas congeladas.

HAND CARD WHQ2

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA, A LA SEMANA, O AL MES)

NUNCA ..... 2  
REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

DÍA ..... 1  
SEMANA ..... 2  
MES..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

## **Section A.3**

### **The Spanish Volatile Toxicant (VTQ) Section**

**VOLATILE TOXICANT – VTQ**  
**Target Group: SPs 12-150 Sub-Sampled into VOC**

The VOC section is applicable for only those SPs that are subsampled into VOC. To determine if a particular SP is subsampled into VOC, check the mec\_sp\_subsample. If the SP in question has a record for subsample 1, they are subsampled for VOC and so should get the VOC section.

VTQ.210\_ Quisiera hacerle algunas preguntas acerca de {su hogar/el hogar de SP}.

VTQ.210 ¿Tiene {su hogar/el hogar de él/ella} (una cochera/un garaje) unido(a) al hogar?

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

VTQ.220 ¿Es la fuente de agua para {su hogar/el hogar de él/ella} de un pozo privado?

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

VTQ.200a ¿Guarda {usted/él/ella} pinturas o combustibles dentro de su hogar? Incluya el sótano {y (la cochera/el garaje) unido(a) a su hogar}.

**CAP I INSTRUCTION:**

IF SP HAS AN ATTACHED GARAGE (CODED '1' IN VTQ.210), DISPLAY {y (la cochera/el garaje) unido(a) a su hogar}.

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

VTQ.230a ¿Usa {usted/él/ella} desodorante para la taza del (inodoro/excusado/wáter) dentro de su hogar?

HELP SCREEN SHOULD READ: Algunos desodorantes para el (inodoro/excusado/wáter) se cuelgan en la orilla de la taza, otros, como desodorantes en barras y gelatinas, se ponen en el tanque o se cuelgan dentro de la pared del tanque. Algunas marcas conocidas son Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way, y Sno Bol.

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

VTQ.230b ¿Usa {usted/él/ella} bolas o cristales de naftalina para las polillas dentro de su hogar?

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

VTQ.240\_ Ahora le voy a hacer algunas preguntas acerca de {sus actividades/las actividades de SP} durante los últimos tres días. Esto significa hoy, ayer o anteayer.

VTQ.240a En los últimos tres días, ¿le echó gasolina {usted mismo/él mismo (MPR)/ella misma (FPR)} a un carro u otro vehículo de motor?

YES ..... 1  
NO ..... 2 (VTQ.250a)  
REFUSED ..... 7 (VTQ.250a)  
DON'T KNOW ..... 9 (VTQ.250a)

VTQ.240b ¿Cuánto tiempo hace, en horas, que {usted/él/ella} le echó gasolina a un carro?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.250a En los últimos tres días, ¿pasó {usted/él/ella} algún tiempo en una (alberca/piscina), en una tina tipo “hot tub” o en un cuarto de vapor?

YES ..... 1  
NO ..... 2 (VTQ.260a)  
REFUSED ..... 7 (VTQ.260a)  
DON'T KNOW ..... 9 (VTQ.260a)

VTQ.250b ¿Cuánto tiempo hace, en horas, desde que {usted/él/ella} pasó algún tiempo en una (alberca/piscina), en una tina tipo “hot tub” o en un cuarto de vapor?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.260a En los últimos tres días, ¿visitó {usted/él/ella} una (limpiaduría/tintorería/lavandería) de lavado en seco o usó ropa que había sido lavada en seco dentro de la última semana?

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

VTQ.260b En los últimos tres días, ¿pasó {usted/él/ella} 10 minutos o más cerca de una persona que estaba fumando (cigarro/cigarrillo), (puro/cigarro/tabaco) o pipa?

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

VTQ.270a En los últimos tres días, ¿se dio {usted/él/ella} una ducha o un baño caliente por cinco minutos o más?

YES ..... 1  
NO ..... 2 (VTQ.280a)  
REFUSED ..... 7 (VTQ.280a)  
DON'T KNOW ..... 9 (VTQ.280a)

VTQ.270b ¿Cuánto tiempo hace, en horas, desde la última vez que {usted/él/ella} se dio una ducha o un baño caliente?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.280a En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:

Pinturas?

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

VTQ.280b [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Limpiadores desengrasantes?

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

VTQ.280c [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Combustible de diesel o querosén?

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

VTQ.280d [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Líquido para diluir pintura, limpiar brochas o quitar la pintura de los muebles?

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

VTQ.280e [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Líquido para lavar en seco o para quitar manchas?

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

VTQ.280f [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Esmalte para las uñas o líquido para quitar el esmalte de las uñas?

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

VTQ.280g [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Goma de pegar o adhesivos que se usan para pasatiempos o artesanías?

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

VTQ.280h [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Barniz o (tinte/tintura)?

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

## **Section A.4**

### **The Spanish Audio-CASI**

**FOOD SECURITY - FSQ**  
**Target Group: SPs 12-15 (Audio-CASI)**

**BOX 1**

**CHECK ITEM FSQ.699:**

- IF ANY OF ITEMS FSQ.032a – FSQ.032f FROM THE HOUSEHOLD INTERVIEW ARE CODED '1', '2', '7', OR '9', CONTINUE WITH FSQ.700.
- OTHERWISE, GO TO END OF SECTION.

FSQ.700\_ Las siguientes preguntas son acerca de la situación de comida en su hogar en los últimos 30 días.

FSQ.700 En los últimos 30 días, ¿redujo usted **el tamaño de sus comidas** porque su familia no tenía suficiente dinero para alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

Mucho.....	1
Algunas veces .....	2
Nunca .....	3
REFUSED .....	77
DON'T KNOW .....	99

FSQ.710 En los últimos 30 días, ¿**comió menos** de lo que pensó que debía porque su familia no tenía suficiente dinero para comprar alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

Mucho.....	1
Algunas veces .....	2
Nunca .....	3
REFUSED .....	77
DON'T KNOW .....	99

FSQ.720 En los últimos 30 días, ¿**tuvo hambre** pero no comió porque su familia no tenía suficientes alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

Mucho.....	1
Algunas veces .....	2
Nunca .....	3
REFUSED .....	77
DON'T KNOW .....	99

FSQ.730 En los últimos 30 días, ¿**dejó de comer una comida** porque su familia no tenía suficiente dinero para alimentos?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Mucho.....	1
Algunas veces .....	2
Nunca .....	3
REFUSED .....	77
DON'T KNOW .....	99

FSQ.740 En los últimos 30 días, ¿**no comió usted en todo el día** porque su familia no tenía suficiente dinero para alimentos?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Algunas veces .....	1
Una o dos veces.....	2
Nunca .....	3
REFUSED .....	77
DON'T KNOW .....	99

**ALCOHOL USE – ALQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

ALQ.010 \_ Las siguientes preguntas son acerca del uso de alcohol. Esto incluye cerveza, vino, sangrías licores tales como ron, ginebra, vodka o wiskey. Esto no incluye tomar unos pocos sorbos de vino con propósitos religiosos.

ALQ.010 ¿Qué edad tenía usted cuando tomó su **primer** trago de alcohol, que no sean unos pocos sorbos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (RIAAGEYR < 17 and ALQ.010 = 7) OR (RIAAGEYR < 15 and ALQ.010 in (6, 7)) OR (RIAAGEYR < 13 and ALQ.010 in (5, 6, 7)) then ERROR

Error message: “Su respuesta es mayor que la edad anotada. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

- Nunca he tomado un trago de alcohol que no sean unos pocos sorbos..... 1 (END OF SECTION)
- 8 años de edad o más joven..... 2
- 9 o 10 años de edad..... 3
- 11 o 12 años de edad..... 4
- 13 o 14 años de edad..... 5
- 15 o 16 años de edad..... 6
- 17 años de edad o mayor..... 7
- REFUSED..... 77
- DON'T KNOW..... 99

ALQ.022 Durante su vida, ¿cuántos días ha tomado al menos un trago de alcohol?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- 1 o 2 días..... 2
- 3 a 9 días..... 3
- 10 a 19 días..... 4
- 20 a 39 días..... 5
- 40 a 99 días..... 6
- 100 o más días..... 7
- REFUSED..... 77
- DON'T KNOW..... 99

ALQ.031 Durante los últimos 30 días, ¿cuántos días ha tomado al menos un trago de alcohol?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (ALQ.022 = 2 and ALQ.031 in (3,4,5,6,7)) or (ALQ.022 =3 and ALQ.031 in (5,6,7)) or (ALQ.022 = 4 and ALQ.031 in (6,7)) then ERROR

Error message: "Su respuesta no es consistente con su consumo en toda la vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

0 días.....	1 (END OF SECTION)
1 o 2 días.....	2
3 a 5 días.....	3
6 a 9 días.....	4
10 a 19 días.....	5
20 a 29 días.....	6
Los 30 días.....	7
REFUSED .....	77
DON'T KNOW .....	99

ALQ.041 Durante los últimos 30 días, ¿cuántos días ha tomado 5 tragos o más de alcohol de corrido, es decir, dentro de un par de horas?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (ALQ.031= 2 and ALQ.041 in (4,5,6,7)) or (ALQ.031=3 and ALQ.041 in (5,6,7)) or (ALQ.031 = 4 and ALQ.041 in (6,7)) or (ALQ.031 = 5 and ALQ.041 = 7) then ERROR

Error message: "Su respuesta no es consistente con su consumo en los últimos 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

0 días.....	1
1 días.....	2
2 días.....	3
3 a 5 días.....	4
6 a 9 días.....	5
10 a 19 días.....	6
20 o más días .....	7
REFUSED .....	77
DON'T KNOW .....	99

**TOBACCO – SMQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

SMQ.620\_ Las siguientes preguntas son acerca de fumar (cigarros/cigarrillos) y otros tipos de tabaco.

SMQ.620 ¿Ha probado (cigarros/cigarrillos) alguna vez, aunque sea 1 ó 2 aspiradas?

INSTRUCTIONS TO SP:

Por favor seleccione. . .

- Sí ..... 1
- No ..... 2 (SMQ.680)
- REFUSED ..... 7 (SMQ.680)
- DON'T KNOW ..... 9 (SMQ.680)

SMQ.630 ¿Qué edad tenía usted cuando fumó un (cigarro/cigarrillo) entero por **primera** vez?

SMQ.630a

INSTRUCTIONS TO SP:

Por favor anote una edad o seleccione cero si nunca fumó un (cigarro/cigarrillo) entero.

CAP I INSTRUCTION:

COMBINATION CONTROL: Number Pad: Enter Age

ACCEPTABLE VALUES: 6-20 years, Refused, Don't Know. If R enters less than 6 years, store 6 years.

HARD EDIT: If SMQ.630a > RIAAGEYR then ERROR

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA EDAD

- EDAD ..... 1-20
- NUNCA FUME UN (CIGARRO/CIGARRILLO)
- ENTERO ..... 55 (SMQ.680)
- REFUSED ..... 77 (SMQ.680)
- DON'T KNOW ..... 99 (SMQ.680)

SMQ.640 Durante los últimos **30 días**, ¿cuántos días fumó (cigarros/cigarrillos)?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o cero si no ha fumado ninguno.

**CAPI INSTRUCTION:**

ACCEPTABLE VALUES: 0-30, Refused, Don't Know

HARD EDIT: If SMQ.640 > 30 then ERROR

Error message: "Su respuesta sobrepasa los 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA CANTIDAD DE DIAS

REFUSED ..... 77 (SMQ.670)

DON'T KNOW ..... 99 (SMQ.670)

**BOX 1A**

**CHECK ITEM SMQ.645:**

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.640, GO TO SMQ.670.

OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650 Durante los últimos **30 días**, en los días que usted fumó, ¿cuántos (cigarros/cigarrillos) fumó al día?

**INSTRUCTIONS TO SP:**

Por favor anote la cantidad

**CAPI INSTRUCTION:**

If R says 95 or more cigarettes per day, store 95.

ACCEPTABLE VALUES: 1-95, Refused, Don't Know

HARD EDIT: If SMQ.650 = 0 then ERROR

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

MAS DE 1 PAQUETE DE

(CIGARROS/CIGARRILLOS) ..... 95

REFUSED ..... 777

DON'T KNOW ..... 999

SMQ.077 ¿Qué tan pronto después que despierta fuma usted? ¿Diría...

Dentro de 5 minutos ..... 1

Entre 6 y 30 minutos..... 2

Más de 30 minutos a una hora ..... 3

Más de una hora..... 4

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.660 Durante los **últimos 30 días**, en los días que fumó, ¿qué marca de (cigarros/cigarrillos) fumó **usualmente**?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Marlboro ..... 1
- Camel ..... 2
- Newport ..... 3
- Kool ..... 4
- Winston ..... 5
- Benson and Hedges ..... 6
- Salem ..... 7
- Otra ..... 8
- REFUSED ..... 77 (SMQ.670)
- DON'T KNOW ..... 99 (SMQ.670)

**BOX 1B**

**CHECK ITEM SMQ.662:**

IF NEWPORT, KOOL, OR SALEM BRAND (CODED '3', '4', OR '7') REPORTED IN SMQ.660, GO TO SMQ.666.

OTHERWISE, CONTINUE WITH SMQ.664.

SMQ.664 ¿{Eran/Era} {los BRAND REPORTED IN SMQ.660/la marca de los} (cigarros/cigarrillos) mentolados o sin mentol?  
M/C/W/B/O

INSTRUCTIONS TO SP:

Por favor seleccione. . .

CAPI INSTRUCTION:

If SMQ.660 = 8, DISPLAY {Era/la marca de los} otherwise DISPLAY {Eran los/BRAND REPORTED IN SMQ.660}

Store result in appropriate field based on SMQ.660: 1:SMQ.664M, 2:SMQ.664C, 5:SMQ.664W, 6:SMQ.664B, 8:SMQ.664O.

- Mentolado..... 1
- Sin mentol..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SMQ.666 ¿{Eran/Era} {los BRAND REPORTED IN SMQ.660/la marca de los} (cigarros/cigarrillos) regular, lights, o ultralights?  
M/C/N/K/  
W/B/S/O

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

CAPI INSTRUCTION:

If SMQ.660 = 8, DISPLAY {Era/la marca de los} otherwise DISPLAY {Eran los/BRAND REPORTED IN SMQ.660}

Store result in appropriate field based on SMQ.660: 1:SMQ.666M, 2:SMQ.666C, 3:SMQ.666N, 4:SMQ.666K, 5:SMQ.666W, 6:SMQ.666B, 7:SMQ.666S, 8:SMQ.666O.

- Regular..... 1
- Lights..... 2
- Ultralights..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 1A**

**CHECK ITEM SMQ.645:**

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.640, GO TO SMQ.670.

OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.670 Durante los últimos **12 meses**, ¿ha dejado de fumar un día o más **debido a que usted estaba tratando de dejar de fumar**?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SMQ.680\_ Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

SMQ.680 Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

CAPI INSTRUCTIONS:

If SMQ.620 = 2 or SMQ.640 = 0 then do not display {"(cigarros/cigarrillos)"}

Recording Note: 2 wave files needed one with and one without the word cigarettes.

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

SMQ.690 ¿Cuál de estos productos usó? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Por favor seleccione todo lo que usó.

CAPI INSTRUCTIONS:

If SMQ.620 = 2 or SMQ.640 = 0 then do not display code 1: (Cigarros/Cigarrillos)

(Cigarros/Cigarrillos).....	1	
Pipas .....	2	
(Puros/Cigarros/Tabacos).....	3	
Tabaco de Mascar .....	4	
Rapé.....	5	
Parches, chicles de nicotina, u otro producto de nicotina .....	6	
REFUSED .....	77	(END OF SECTION)
DON'T KNOW .....	99	(END OF SECTION)

**BOX 2**

**CHECK ITEM SMQ.700:**

IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.

IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

SMQ.710 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (cigarros/cigarrillos)?

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

CAPI INSTRUCTIONS:

HARD EDIT: If SMQ.710 < 1 or SMQ.710 > 5 then ERROR

Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_\_|

ANOTE LA CANTIDAD DE DIAS

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

SMQ.720 Durante los últimos **5 días**, en los días que fumó, ¿cuántos (cigarros/cigarrillos) fumó cada día?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAP I INSTRUCTION:**

If R says 95 or more cigarettes per day, store 95.

**HARD EDIT:** If SMQ.720 = 0 then ERROR

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

MÁS DE 1 PAQUETE DE

(CIGARROS/CIGARRILLOS)..... 95

REFUSED ..... 777

DON'T KNOW ..... 999

SMQ.725 ¿Cuándo fumó usted su último (cigarro/cigarrillo)? ¿Fue esto. . .

Hoy ..... 1

Ayer ..... 2

Hace de 3 a 5 días ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 3**

**CHECK ITEM SMQ.730:**

IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

SMQ.740 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted pipa?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAP I INSTRUCTIONS:**

**HARD EDIT:** If SMQ.740 < 1 or SMQ.740 > 5 then ERROR

Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|

ANOTE LA CANTIDAD DE DIAS

REFUSED ..... 7

DON'T KNOW ..... 9

SMQ.750 Durante los últimos **5 días**, en los días que usted fumó pipa, ¿cuántas pipas fumó cada día?

IF R SAYS LESS THAN 1 PIPA PER DAY, ENTER 1.

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAPI INSTRUCTIONS:**

If R says less than 1 pipe per day, store 1.

If R says >59 pipes per day, store 59.

|\_|\_|

ANOTE LA CANTIDAD DE PIPAS

59 O MÁS PIPAS .....	59
REFUSED .....	77
DON'T KNOW .....	99

SMQ.755 ¿Cuándo fumó usted su última pipa? ¿Fue esto. . .

Hoy .....	1
Ayer .....	2
Hace de 3 a 5 días .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

**CHECK ITEM SMQ.760:**

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

SMQ.770 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (puros/cigarros/tabaco)?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAPI INSTRUCTIONS:**

HARD EDIT: If SMQ.770 < 1 or SMQ.770 > 5 then ERROR

Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|

ANOTE LA CANTIDAD DE DIAS

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

SMQ.780 Durante los últimos **5 días**, en los días que fumó (puros/cigarros/tabacos), ¿cuántos (puros/cigarros/tabacos) fumó cada día?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAPI INSTRUCTIONS:**

If R says less than 1 cigar per day, store 1.

If R says >59 cigars per day, store 59.

|\_|\_|

ANOTE LA CANTIDAD DE (PUROS/CIGARROS/TABACOS)

59 O MÁS (PUROS/CIGARROS/TABACOS) 59  
REFUSED ..... 77  
DON'T KNOW ..... 99

SMQ.785 ¿Cuándo fumó usted su último (puro/cigarro/tabaco)? ¿Fue esto . . .

Hoy ..... 1  
Ayer ..... 2  
Hace de 3 a 5 días ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM SMQ.790:**

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

SMQ.800 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

**CAPI INSTRUCTIONS:**

HARD EDIT: If SMQ.800 < 1 or SMQ.800 > 5 then ERROR

Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|

ANOTE LA CANTIDAD DE DIAS

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

SMQ.815 ¿Cuándo fue la última vez que usó tabaco de mascar? ¿Fue esto . . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM SMQ.816:**  
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

SMQ.817 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAP I INSTRUCTIONS:  
HARD EDIT: If SMQ.817 < 1 or SMQ.817 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DIAS

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

SMQ.819 ¿Cuándo fue la última vez que usó rapé? ¿Fue esto . . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM SMQ.820:**  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  
OTHERWISE, GO TO END OF SECTION.

SMQ.830 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
If SMQ.830 < 1 or SMQ.830 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

| |

ANOTE LA CANTIDAD DE DIAS

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

SMQ.840 ¿Cuándo fue la última vez que usó un producto que contenía nicotina? ¿Fue esto . . .

Hoy ..... 1  
Ayer ..... 2  
Hace de 3 a 5 días ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**DRUG USE – DUQ**  
**Target Group: SPs 12-69 (Audio-CASI)**

DUQ.200\_ Las siguientes preguntas son acerca del uso de drogas no recetadas por un médico.  
Por favor recuerde que sus respuestas a estas preguntas son estrictamente confidenciales.

Las primeras preguntas son acerca de marihuana y hachís. La marihuana se conoce también como “mota” o “hierba”. La marihuana normalmente se fuma en cigarrillos, llamados “joints” o en una pipa. A veces se cocina con la comida. Hachís es una forma de marihuana que también se llama “hash”. Normalmente se fuma en pipa. Otra forma de hachís es el aceite de hachís.

<b>BOX 1a</b>
<b>CHECK ITEM DUQ.201:</b>
■ IF 60 – 69 YEARS GO TO DUQ.240
■ ELSE CONTINUE

DUQ.200 **Alguna vez**, aunque sea una, ¿ha usado marihuana o hachís?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

- |                 |             |
|-----------------|-------------|
| Sí .....        | 1           |
| No .....        | 2 (DUQ.240) |
| REFUSED .....   | 7 (DUQ.240) |
| DON'T KNOW..... | 9 (DUQ.240) |

DUQ.210 ¿Qué edad tenía usted la **primera vez** que usó marihuana o hachís?

INSTRUCTIONS TO SP:  
Por favor anote la edad.

- |                       |    |
|-----------------------|----|
| _ _ _                 |    |
| ANOTE LA EDAD EN AÑOS |    |
| REFUSED .....         | 77 |
| DON'T KNOW.....       | 99 |

HARD EDIT VALUES: 0-59  
Error message: “Su respuesta no puede exceder 59 años. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”  
HARD EDIT: DUQ.210 must be equal to or less than current age.  
Error message: “Su respuesta es mayor que la edad anotada. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

DUQ.220 ¿Cuánto tiempo hace desde la **última vez** que usted usó marihuana o hachís?  
G/Q/U

**INSTRUCTIONS TO SP:**

Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

**CAPI INSTRUCTIONS:**

If SP Ref/DK then store 7/9 in DUQ.220G and DUQ.220U, 7/9-fill in DUQ.220Q

If a value is entered in Quantity and Unit store Quantity in DUQ.220Q, Unit in DUQ.220U and 1 in DUQ.220G

HARD EDIT: Response must be equal to or less than current age minus DUQ.210.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

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

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

**ENTER UNIT**

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años..... 4  
REFUSED ..... 7  
DON'T KNOW..... 9

**BOX 1**

**CHECK ITEM DUQ.225:**

- IF SP USED MARIJUANA WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.220), CONTINUE WITH DUQ.230.
- OTHERWISE, GO TO DUQ.240.

DUQ.230 Durante los **últimos 30 días**, ¿cuántos días usó usted marihuana o hachís?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.230 = 0, display error message: "Su respuesta debe ser mayor de 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.230 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE UNA CANTIDAD

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

DUQ.240 ¿Ha usado **alguna vez** cocaína, “crack” cocaína, heroína, o metanfetamina?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2 (DUQ.370)  
REFUSED ..... 7 (DUQ.370)  
DON'T KNOW..... 9 (DUQ.370)

DUQ.250\_ Las siguientes preguntas son acerca de cocaína, incluidas todas las formas diferentes de cocaína, tales como en polvo, “crack”, “free base” y pasta de coca.

DUQ.250 **Alguna vez**, aunque sea una, ¿ha usado cocaína, en alguna forma?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2 (DUQ.290)  
REFUSED ..... 7 (DUQ.290)  
DON'T KNOW..... 9 (DUQ.290)

<b>BOX 2a</b>
<b>CHECK ITEM DUQ.255:</b>
■ IF 60 – 69 YEARS GO TO DUQ.290_
■ ELSE CONTINUE

DUQ.260 ¿Qué edad tenía usted la **primera vez** que usó cocaína, en alguna forma?

INSTRUCTIONS TO SP:  
Por favor anote la edad.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

HARD EDIT VALUES: 0-59

Error message: “Su respuesta no puede exceder 59 años. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

HARD EDIT: DUQ.260 must be equal to or less than current age.  
Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.270 ¿Cuánto tiempo hace desde la **última vez** que usted usó cocaína, en alguna forma?  
G/Q/U

INSTRUCTIONS TO SP:

Por favor anote la cantidad de días, semanas, meses o años, y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.270G and DUQ.270U, 7/9-fill in DUQ.270Q

If a value is entered in Quantity and Unit store Quantity in DUQ.270Q, Unit in DUQ.270U and 1 in DUQ.270G

HARD EDIT: Response must be equal to or less than current age minus DUQ.260.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

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

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

REFUSED ..... 777

DON'T KNOW..... 999

ENTER UNIT

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años..... 4

REFUSED ..... 7

DON'T KNOW..... 9

DUQ.272 Durante toda su **vida**, ¿en total cuántas veces ha usado usted cocaína, en alguna forma?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Una vez ..... 1

2-5 veces ..... 2

6-19 veces ..... 3

20-49 veces ..... 4

50-99 veces ..... 5

100 veces o más ..... 6

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 2**

**CHECK ITEM DUQ.275:**

- IF SP USED COCAINE WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.270), CONTINUE WITH DUQ.280.
- OTHERWISE, GO TO DUQ.290.

DUQ.280 Durante los **últimos 30 días**, ¿cuántos días usó usted cocaína en alguna forma?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.280 = 0, display error message: "Su respuesta debe ser mayor de 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.280 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE UNA CANTIDAD

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

DUQ.290\_ Las siguientes preguntas son acerca de heroína.

DUQ.290 **Alguna vez**, aunque sea una, ¿ha usado heroína?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2 (DUQ.330)  
REFUSED ..... 7 (DUQ.330)  
DON'T KNOW..... 9 (DUQ.330)

**BOX 3a**

**CHECK ITEM DUQ.295:**

- IF SP 60-69 YEARS GO TO DUQ.330\_
- OTHERWISE, CONTINUE.

DUQ.300 ¿Qué edad tenía usted la **primera vez** que usó heroína?

INSTRUCTIONS TO SP:  
Por favor anote la edad.

\_\_\_\_\_  
ANOTE LA EDAD EN AÑOS

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

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.300 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.310 ¿Cuánto tiempo hace desde la **última vez** que usted usó heroína?  
G/Q/U

INSTRUCTIONS TO SP:  
Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.310G and DUQ.310U, 7/9-fill in DUQ.310Q

If a value is entered in Quantity and Unit store Quantity in DUQ.310Q, Unit in DUQ.310U and 1 in DUQ.310G

HARD EDIT: Response must be equal to or less than current age minus DUQ.300.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

\_\_\_\_\_  
ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años..... 4  
REFUSED ..... 7  
DON'T KNOW..... 9

**BOX 3**

**CHECK ITEM DUQ.315:**

- IF SP USED HEROIN WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.310), CONTINUE WITH DUQ.320.
- OTHERWISE, GO TO DUQ.330.

DUQ.320 Durante los **últimos 30 días**, ¿cuántos días usó heroína?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.320 = 0, display error message: "Su respuesta debe ser mayor de 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.320 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE UNA CANTIDAD

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

DUQ.330\_ Las siguientes preguntas son acerca de metanfetamina, conocida también como "crack", "cristal", "ice" o "speed".

DUQ.330 **Alguna vez**, aunque sea una, ¿ha usado metanfetamina?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí .....	1
No .....	2 (DUQ.370)
REFUSED .....	7 (DUQ.370)
DON'T KNOW.....	9 (DUQ.370)

**BOX 4a**

**CHECK ITEM DUQ.335:**

- IF SP 60-69 YEARS GO TO DUQ.370\_
- OTHERWISE, CONTINUE.

DUQ.340 ¿Qué edad tenía usted la **primera vez** que usó metanfetamina?

INSTRUCTIONS TO SP:  
Por favor anote la edad.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.340 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.350 ¿Cuánto tiempo hace desde la **última vez** que usted usó metanfetamina?  
G/Q/U

INSTRUCTIONS TO SP:  
Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.350G and DUQ.350U, 7/9-fill in DUQ.350Q

If a value is entered in Quantity and Unit store Quantity in DUQ.350Q, Unit in DUQ.350U and 1 in DUQ.350G

HARD EDIT: Response must be equal to or less than current age minus DUQ.340.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años..... 4

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

DUQ.352 Durante toda su **vida**, en total, ¿cuántas veces ha usado usted metanfetamina?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Una vez ..... 1  
2-5 veces ..... 2  
6-19 veces ..... 3  
20-49 veces ..... 4  
50-99 veces ..... 5  
100 veces o más ..... 6  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 4**

**CHECK ITEM DUQ.355:**

- IF SP USED METHAMPHETAMINE WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.350), CONTINUE WITH DUQ.360.
- OTHERWISE, GO TO DUQ.370.

DUQ.360 Durante los **últimos 30 días**, ¿cuántos días usó usted metanfetamina?

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.360 = 0, display error message: "Su respuesta debe ser mayor de 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.360 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE UNA CANTIDAD

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

DUQ.370\_ Las siguientes preguntas son acerca de las diferentes formas en que se pueden usar ciertas drogas.

DUQ.370 **Alguna vez**, aunque sea una, ¿ha usado una aguja para inyectarse una droga **no recetada** por un médico?

(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí .....	1
No .....	2 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW.....	9 (BOX 5)

DUQ.380 ¿Cuál de las siguientes drogas se ha inyectado usted usando una aguja?

(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione todas las drogas que se ha inyectado.

CAPI INSTRUCTION:  
SHOW ALL FIVE ITEMS ON SINGLE ACASI SCREEN

Cocaína .....	1
Heroína .....	2
Metanfetamina.....	3
Esteroides.....	4
Alguna otra droga .....	5
REFUSED .....	7
DON'T KNOW.....	9

DUQ.390 ¿Qué edad tenía usted la **primera vez** que usó una aguja para inyectarse cualquier droga no recetada por un médico?

(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor anote la edad.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.390 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.400 ¿Cuánto tiempo hace desde la **última vez** que usted usó una aguja para inyectarse una droga G/Q/U no recetada por un médico?  
(Target 12-69)

INSTRUCTIONS TO SP:

Por favor anote la cantidad de días, semanas, meses, o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.400G and DUQ.400U, 7/9-fill in DUQ.400Q

If a value is entered in Quantity and Unit store Quantity in DUQ.400Q, Unit in DUQ.400U and 1 in DUQ.400G

HARD EDIT: Response must be equal to or less than current age minus DUQ.390.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

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

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años..... 4  
REFUSED ..... 7  
DON'T KNOW..... 9

DUQ.410 Durante toda su **vida**, en total, ¿cuántas veces ha usado una aguja para inyectarse drogas no recetadas por un médico?  
(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Una vez ..... 1 (DUQ.430)  
2-5 veces ..... 2  
6-19 veces ..... 3  
20-49 veces ..... 4  
50-99 veces ..... 5  
100 veces o más ..... 6  
REFUSED ..... 77  
DON'T KNOW ..... 99

DUQ.420 Piense en el momento durante su vida en el cual se inyectó drogas **más frecuentemente**. ¿Con qué frecuencia se inyectaba en ese entonces?  
(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Más de una vez al día ..... 1
- Más o menos una vez al día ..... 2
- Al menos una vez a la semana, pero no todos los días ..... 3
- Al menos una vez al mes, pero no todas las semanas..... 4
- Menos de una vez al mes ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM DUQ.426:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SP HAS USED MARIJUANA (CODED '1') IN DUQ.200 OR SP HAS USED COCAINE, HEROIN, OR METHAMPHETAMINE (CODED '1') IN DUQ.240, OR SP HAS INJECTED ANY DRUG NOT PRESCRIBED BY A DOCTOR (CODED '1') IN DUQ.370, GO TO DUQ.430.
- OTHERWISE, GO TO END OF SECTION.

DUQ.430 ¿Ha estado usted **alguna vez** en un tratamiento para adicción a drogas o programa de rehabilitación de adicción a drogas?

INSTRUCTIONS TO SP:

Por favor seleccione. . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**SEXUAL BEHAVIOR – SXQ**  
**Target Group: SPs 14-69 (Audio CASI)**

SXQ.021\_ El siguiente conjunto de preguntas es acerca de su comportamiento sexual. Por relaciones sexuales, queremos decir sexo vaginal, oral o anal. Por favor recuerde que sus respuestas son estrictamente confidenciales.

SXQ.021 ¿Ha tenido usted sexo vaginal, anal u oral alguna vez?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No ..... 2 (BOX 11)
- REFUSED ..... 7 (BOX 11)
- DON'T KNOW ..... 9 (BOX 11)

SXQ.031 ¿Qué edad tenía usted la primera vez que tuvo sexo vaginal, anal u oral?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede ser más de 59 años. Por favor trate de nuevo."

HARD EDIT: SXQ.031 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 3**

**CHECK ITEM SXQ.090:**

- IF SP MALE, GO TO SXQ.171.
- OTHERWISE, CONTINUE WITH SXQ.101.

SXQ.101 En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo vaginal, anal u oral?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguno.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

- REFUSED ..... 77777
- DON'T KNOW ..... 99999

**BOX 4**

**CHECK ITEM SXQ.110:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN SXQ.101, GO TO SXQ.130.
- OTHERWISE, CONTINUE WITH SXQ.350.

SXQ.350. ¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

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

ANOTE LA CANTIDAD

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT: SXQ.350 must be equal to or less than SXQ.101.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.130 En **toda su vida**, ¿con cuántas **mujeres** ha tenido relaciones sexuales?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

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

ANOTE LA CANTIDAD

REFUSED ..... 77777

DON'T KNOW ..... 99999

**BOX 5**

**CHECK ITEM SXQ.370:**

- IF SP FEMALE, GO TO BOX 9.
- OTHERWISE, CONTINUE WITH SXQ.171.

SXQ.171 En **toda su vida**, ¿con cuántas **mujeres** ha tenido usted sexo vaginal, anal u oral?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

**BOX 7**

**CHECK ITEM SXQ.390:**

- IF SP 60-69 YEARS, GO TO SXQ.410.
- IF SP NEVER HAD FEMALE PARTNER (CODED '0000') IN SXQ.171, GO TO SXQ.410.
- OTHERWISE, CONTINUE WITH SXQ.400.

05SXQ.400 ¿Con cuántas de estas **mujeres** ha tenido sexo **oral solamente**?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.400 must be equal to or less than SXQ.171.

Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.410 En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?  
(Target 14-69)

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguno.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

**BOX 8**

**CHECK ITEM SXQ.210:**

- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN SXQ.410 AND SP IS 60-69 YEARS, GO TO END OF SECTION.
- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN SXQ.410, GO TO BOX 9.
- OTHERWISE, CONTINUE WITH SXQ.430.

SXQ.430      ¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.430 must be equal to or less than SXQ.410.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 9**

**CHECK ITEM SXQ.230:**

- IF SP IS 60-69 YEARS, GO TO END OF SECTION.
- IF SP IS MALE, GO TO BOX 16.
- IF SP IS FEMALE AND HAD NO MALE PARTNER (CODED '0000') IN SXQ.101, GO TO BOX 14.
- OTHERWISE, CONTINUE WITH SXQ.450.

SXQ.450      En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido usted sexo vaginal, anal u oral?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.450 must be equal to or less than SXQ.101.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 14**

**CHECK ITEM SXQ.460:**

- IF SP DID NOT HAVE ANY MALE PARTNER (CODED '0000') IN SXQ.450, GO TO BOX 15.
- OTHERWISE, CONTINUE WITH SXQ.470.

SXQ.470. ¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.470 must be equal to or less than SXQ.450.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 15**

**CHECK ITEM SXQ.480:**

- IF SP DID NOT HAVE ANY FEMALE PARTNER (CODED '0000') IN SXQ.130, GO TO BOX 16.
- OTHERWISE, CONTINUE WITH SXQ.490.

SXQ.490 En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido usted relaciones sexuales?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.490 must be equal to or less than SXQ.130.

Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 16</b>
<b>CHECK ITEM SXQ.500:</b>
■ IF SP IS FEMALE, GO TO BOX 20.
■ IF SP IS MALE, AND NEVER HAD FEMALE PARTNER (CODED '0000') IN SXQ.171, GO TO BOX 18.
■ OTHERWISE CONTINUE WITH SXQ.510.

SXQ.510 En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido usted sexo vaginal, anal u oral?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.510 must be equal to or less than SXQ.171.

Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 17</b>
<b>CHECK ITEM SXQ.520:</b>
■ IF SP HAD NO FEMALE PARTNER (CODED '0000') IN SXQ.510, GO TO BOX 18.
■ OTHERWISE, CONTINUE WITH SXQ.530.

SXQ.530 ¿Con cuántas de estas **mujeres** ha tenido usted sexo **oral solamente**?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT: SXQ.530 must be equal to or less than SXQ.510.

Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 18**

**CHECK ITEM SXQ.540:**

- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN SXQ.410, GO TO 05BOX 20.
- OTHERWISE, GO TO SXQ.550.

SXQ.550 En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

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

ANOTE LA CANTIDAD

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT: SXQ.550 must be equal to or less than SXQ.410.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 19**

**CHECK ITEM SXQ.560:**

- IF SP HAD NO MALE PARTNER (CODED '0000') IN SXQ.550, GO TO BOX 20.

SXQ.570 ¿Con cuántos de estos **hombres** ha tenido usted sexo **oral solamente**?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguno.

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

ANOTE LA CANTIDAD

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT: SXQ.570 must be equal to or less than SXQ.550.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 20**

**CHECK ITEM SXQ.580:**

- IF SP HAD NO PARTNER IN PAST 12 MONTHS (CODED '0000' IN SXQ.450 AND SXQ.490 FOR FEMALES, OR CODED '0000' IN SXQ.510 AND SXQ.550 FOR MALES), GO TO SXQ.260.
- OTHERWISE, CONTINUE WITH SXQ.590.

SXQ.590 De las personas con las cuales usted tuvo relaciones sexuales en los últimos 12 meses, ¿cuántas eran cinco o más años **mayores** que usted?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT FOR FEMALES: SXQ.590 must be equal to or less than (sum of SXQ.450 and SXQ.490)  
HARD EDIT FOR MALES: SXQ.590 must be equal to or less than (sum of SXQ.510 and SXQ.550)  
Error message: "Su respuesta es mayor que la cantidad total de compañeros sexuales en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.600 De las personas con las cuales usted tuvo relaciones sexuales en los últimos 12 meses, ¿cuántas eran cinco o más años **menores** que usted?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

REFUSED ..... 77777  
DON'T KNOW ..... 99999

HARD EDIT FOR FEMALES: SXQ.600 must be equal to or less than (sum of SXQ.450 and SXQ.490)  
HARD EDIT FOR MALES: SXQ.600 must be equal to or less than (sum of SXQ.510 and SXQ.550)  
Error message: "Su respuesta es mayor que la cantidad total de compañeros sexuales en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."  
HARD EDIT (combined) for SXQ.590 and SXQ.600  
HARD EDIT FOR FEMALES: (sum of SXQ.590 and SXQ.600) must be equal to or less than (sum of SXQ.450 and SXQ.490)  
HARD EDIT FOR MALES: (sum of SXQ.590 and SXQ.600) must be equal to or less than (sum of SXQ.510 and SXQ.550)  
Error message: "Su respuesta a las últimas dos preguntas es diferente de la cantidad total de {compañeros(M)/compañeras(F)} que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.610 En los **últimos 12 meses**, ¿más o menos cuántas **veces** ha tenido usted sexo vaginal o anal?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Nunca .....	0
Una vez .....	1
2-11 veces .....	2
12-51 veces .....	3
52-103 veces .....	4
104-364 veces .....	5
365 veces o más .....	6
REFUSED .....	77
DON'T KNOW .....	99

**BOX 10**

**CHECK ITEM SXQ.245:**

- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN SXQ.610, GO TO SXQ.260.
- OTHERWISE, CONTINUE WITH SXQ.250.

SXQ.250 En los **últimos 12 meses**, ¿más o menos con qué frecuencia ha tenido sexo vaginal o anal sin usar condón?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Nunca .....	1
Menos de la mitad del tiempo.....	2
Más o menos la mitad del tiempo .....	3
No siempre, pero más de la mitad del tiempo	4
Siempre .....	5
REFUSED .....	77
DON'T KNOW .....	99

SXQ.260 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía herpes genital?

INSTRUCTIONS TO SP:

Por favor seleccione. . .

Sí .....	1
No.....	2
REFUSED .....	7
DON'T KNOW .....	9

SXQ.265 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía verrugas genitales?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

SXQ.270 En los **últimos 12 meses**, ¿le ha dicho un médico u otro profesional de servicios de salud que usted tenía gonorrea, llamada a veces blenorragia?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

SXQ.272 En los **últimos 12 meses**, ¿le ha dicho alguna vez un médico u otro profesional de servicios de salud que usted tenía clamidia?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

<b>BOX 11</b>
<b>CHECK ITEM SXQ.275:</b>
■ IF SP 60-69 YEARS, GO TO END OF SECTION.
■ IF SP MALE, CONTINUE WITH SXQ.280.
■ IF SP FEMALE 18-59 YEARS, GO TO SXQ.294.
■ IF SP FEMALE 14-17 YEARS, GO TO END OF SECTION.

SXQ.280 ¿Está usted circuncidado o no circuncidado?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

CAPI INSTRUCTIONS:  
Display the sketches below each selection. Sketch should display by default.  
ACASI FIGURE SXQ1 - CLINICAL SKETCH OF CIRCUMCISED PENIS  
ACASI FIGURE SXQ2 - CLINICAL SKETCH OF UNCIRCUMCISED PENIS

Circuncidado..... 1  
No circuncidado.....

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

**BOX 12**

**CHECK ITEM SXQ.285:**  
■ IF SP AGE 18-59 YEARS, CONTINUE WITH SXQ.292.  
■ OTHERWISE, GO TO END OF SECTION.

SXQ.292 ¿Se considera usted a sí mismo...

Heterosexual (le atraen las mujeres) ..... 1  
Homosexual (le atraen los hombres) ..... 2  
Bisexual (le atraen los hombres y las  
mujeres)..... 3  
Alguna otra cosa..... 4  
No está seguro ..... 5  
REFUSED ..... 7  
DON'T KNOW..... 9

**BOX 17**

**CHECK ITEM SXQ.293:**  
GO TO END OF SECTION.

SXQ.294 ¿Se considera usted a sí misma...

Heterosexual  
(le atraen los hombres) ..... 1  
Homosexual o lesbiana  
(le atraen las mujeres) ..... 2  
Bisexual  
(le atraen los hombres y las mujeres) ..... 3  
Alguna otra cosa..... 4  
No está segura ..... 5  
REFUSED ..... 7  
DON'T KNOW..... 9

## **VOICE SCRIPT**

### **TUTORIAL (ACASI)**

#### **INTRO1.WAV**

Estas preguntas son de práctica. Por favor toque el botón "Siguiente" para ver la pregunta.

#### **INTRO2.WAV**

Aquí hay un ejemplo de un tipo de pregunta: "¿Está usted cansado(a)? Por favor seleccione ..."

#### **INTRO3.WAV**

Otro tipo de pregunta requiere que se responda con un número. Conteste tocando los botones con números. "¿Cuántas horas durmió usted anoche? Por favor anote una cantidad."

#### **INTRO4.WAV**

Para volver a una pregunta anterior para cambiar su respuesta, toque el botón "Atrás".

#### **INTRO5.WAV**

Tal como las otras preguntas que usted ha contestado hoy, sus respuestas serán mantenidas en confidencia. Si no está seguro(a) de una respuesta, dénos su mejor estimación. Si desea hacer alguna pregunta acerca de cómo usar la computadora, por favor pregúntele a su entrevistador ahora.

## **ERROR MESSAGES, GENERIC RESPONSES, AND INSTRUCTIONS (Audio-CASI)**

### **AGE\_INST.WAV**

Por favor anote una edad.

### **AGE59.WAV**

Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **CHOICES.WAV**

Por favor seleccione una de las siguientes opciones.

### **DÍAS.WAV**

Días.

### **DONTKNOW.WAV**

No sé la respuesta.

### **DWMY\_I.WAV**

Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

### **ENTR\_NUM.WAV**

Por favor anote una cantidad.

### **Err1to5.WAV**

Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **ERRAGE1.WAV**

Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "borrar" y hágalo de nuevo.

### **ERRAGE2.WAV**

Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **FINAL.WAV**

Gracias por participar en esta encuesta. Por favor dígame al entrevistador(a) que usted terminó.

### **HI30.WAV**

Su respuesta no puede exceder de 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **INJCTERR.WAV**

Anteriormente usted informó que había usado una aguja para inyectarse drogas **no** recetadas por un médico. ¿Cuál de estas drogas se inyectó?

### **LASTUSE.WAV**

Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **LIFEUSE.WAV**

Su respuesta no es consistente con su consumo en toda la vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **MONTHS.WAV**

Meses

### **MONTHUSE.WAV**

Su respuesta no es consistente con su consumo en los últimos 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **NEXT.WAV**

Toque el botón "Siguiente" cuando esté listo(a) para continuar.

### **NO.WAV**

No.

### **NUM\_ZERO.WAV**

Por favor anote una cantidad o anote cero por ninguna.

### **PLS\_SLCT.WAV**

Por favor seleccione . . .

## **REFUSAL.WAV**

Preferiría no contestar.

## **RETRY.WAV**

Realmente tenía la intención de contestar.

## **Sx5err.WAV**

Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

## **Sx6err.WAV**

Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

## **Sx7err.WAV**

Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

## **Sx8err.WAV**

Su respuesta es mayor que la cantidad de compañeras sexuales (mujeres) que ha tenido en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo .

## **Sx9err.WAV**

Su respuesta es mayor que la cantidad de compañeros que ha tenido en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

## **Sx10err.WAV**

Su respuesta a las últimas dos preguntas es diferente de la cantidad total de compañeros o compañeras que ha tenido en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

## **TRYAGAIN.WAV**

Por favor hágalo de nuevo.

**WEEKS.WAV**

Semanas

**WHYNOT.WAV**

Usted no contestó la pregunta anterior. ¿Tenía la intención de contestar, preferiría no contestar la pregunta, o no sabe la respuesta? Por favor seleccione...

**YEARS.WAV**

Años

**YES.WAV**

Sí

**ZEROERR.WAV**

Su respuesta debe ser mayor de cero. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**FOOD SECURITY - FSQ**  
**Target Group: SPs 12-15 (Audio-CASI)**

**FSQ700\_.WAV**

Las siguientes preguntas son acerca de la situación de comida en su hogar en los últimos 30 días.

**FSQ700.WAV**

En los últimos 30 días, ¿redujo usted **el tamaño de sus comidas** porque su familia no tenía suficiente dinero para alimentos?

<b>ALOT.WAV</b>	Mucho
<b>SOMETIME.WAV</b>	Algunas veces
<b>NEVER.WAV</b>	Nunca

**FSQ710.WAV**

En los últimos 30 días, ¿**comió menos** de lo que pensó que debía porque su familia no tenía suficiente dinero para comprar alimentos?

**FSQ720.WAV**

En los últimos 30 días, ¿**tuvo hambre** pero no comió porque su familia no tenía suficientes alimentos?

**FSQ730.WAV**

En los últimos 30 días, ¿**dejó de comer una comida** porque su familia no tenía suficiente dinero para alimentos?

**FSQ740.WAV**

En los últimos 30 días, ¿**no comió usted en todo el día** porque su familia no tenía suficiente dinero para alimentos?

**ONCETWIC.WAV** Una o dos veces

**TOBACCO – SMQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

**SMQ620\_.WAV**

Las siguientes preguntas son acerca de fumar (cigarros/cigarrillos) y otros tipos de tabaco.

**SMQ620.WAV**

¿Ha probado (cigarros/cigarrillos) alguna vez, aunque sea 1 ó 2 aspiradas?

**SMQ630.WAV**

¿Qué edad tenía usted cuando fumó un (cigarro/cigarrillo) entero por **primera vez**?

**SMQ630\_I.WAV**

Por favor anote una edad o seleccione cero si nunca fumó un (cigarro/cigarrillo) entero.

**SMQ640.WAV**

Durante los últimos **30 días**, ¿cuántos días fumó (cigarros/cigarrillos)?

**SMQ650.WAV**

Durante los últimos **30 días**, en los días que usted fumó, ¿cuántos (cigarros/cigarrillos) fumó al día?

**SMQ077.WAV**

¿Qué tan pronto después que despierta fuma usted? ¿Diría...

- |                     |                              |
|---------------------|------------------------------|
| <b>SMQ077-1.WAV</b> | Dentro de 5 minutos          |
| <b>SMQ077-2.WAV</b> | Entre 6 y 30 minutos         |
| <b>SMQ077-3.WAV</b> | Más de 30 minutos a una hora |
| <b>SMQ077-4.WAV</b> | Más de una hora              |

**SMQ660.WAV**

Durante los **últimos 30 días**, en los días que fumó, ¿qué marca de (cigarros/cigarrillos) fumó **usualmente**?

<b>SMQ660-1.WAV</b>	Marlboro
<b>SMQ660-2.WAV</b>	Camel
<b>SMQ660-3.WAV</b>	Newport
<b>SMQ660-4.WAV</b>	Kool
<b>SMQ660-5.WAV</b>	Winston
<b>SMQ660-6.WAV</b>	Benson and Hedges
<b>SMQ660-7.WAV</b>	Salem
<b>SMQ660-8.WAV</b>	Otra

**SMQ664M.WAV**

¿Eran los Marlboro mentolados o sin mentol?

**SMQ664C.WAV**

¿Eran los Camel mentolados o sin mentol?

**SMQ664W.WAV**

¿Eran los Winston mentolados o sin mentol?

**SMQ664B.WAV**

¿Eran los Benson and Hedges mentolados o sin mentol?

**SMQ664O.WAV**

¿Era la marca de los (cigarros/cigarrillos) mentolados o sin mentol?

<b>MENTHOL.WAV</b>	Menthol
<b>NMENTHOL.WAV</b>	Sin mentol

**SMQ666M.WAV**

¿Eran los Marlboro regular, lights, o ultralights?

**SMQ666C.WAV**

¿Eran los Camel regular, lights, o ultralights?

**SMQ666N.WAV**

¿Eran los Newport regular, lights, o ultralights?

**SMQ666K.WAV**

¿Eran los Kool regular, lights, o ultralights?

**SMQ666W.WAV**

¿Eran los Winston regular, lights, o ultralights?

**SMQ666B.WAV**

¿Eran los Benson and Hedges regular, lights, o ultralights?

**SMQ666S.WAV**

¿Eran los Salem regular, lights, o ultralights?

**SMQ666O.WAV**

¿Era la marca de los (cigarros/cigarrillos) regular, lights, o ultralights?

<b>REGULAR.WAV</b>	Regular
<b>LIGHT.WAV</b>	Lights
<b>ULIGHTS.WAV</b>	Ultralights

**SMQ670.WAV**

Durante los últimos **12 meses**, ¿ha dejado de fumar un día o más **debido a que usted estaba tratando de dejar de fumar?**

**SMQ680\_.WAV**

Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

**SMQ680C.WAV**

Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

**SMQ680NC.WAV**

Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

**SMQ690.WAV**

¿Cuál de estos productos usó?

**SMQ690\_I.WAV**

Por favor seleccione todo lo que usó.

<b>SMQ690-1.WAV</b>	(Cigarros/Cigarrillos)
<b>SMQ690-2.WAV</b>	Pipas
<b>SMQ690-3.WAV</b>	(Puros/Cigarros/Tabacos)
<b>SMQ690-4.WAV</b>	Tabaco de Mascar
<b>SMQ690-5.WAV</b>	Rapé
<b>SMQ690-6.WAV</b>	Parches, chicles de nicotina, u otro producto de nicotina

**SMQ710.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (cigarros/cigarrillos)?

**SMQ720.WAV**

Durante los últimos **5 días**, en los días que fumó, ¿cuántos (cigarros/cigarrillos) fumó cada día?

**SMQ725.WAV**

¿Cuándo fumó usted su último (cigarro/cigarrillo)? ¿Fue esto. . .

<b>TODAY.WAV</b>	Hoy
<b>YESTER.WAV</b>	Ayer
<b>THREE.WAV</b>	Hace de 3 a 5 días

**SMQ740.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted pipa?

**SMQ750.WAV**

Durante los últimos **5 días**, en los días que usted fumó pipa, ¿cuántas pipas fumó cada día?

**SMQ755.WAV**

¿Cuándo fumó usted su última pipa? ¿Fue esto. . .

**SMQ770.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (puros/cigarros/tabaco)?

**SMQ780.WAV**

Durante los últimos **5 días**, en los días que fumó (puros/cigarros/tabacos), ¿cuántos (puros/cigarros/tabacos) fumó cada día?

**SMQ785.WAV**

¿Cuándo fumó usted su último (puro/cigarro/tabaco)? ¿Fue esto . . .

**SMQ800.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

**SMQ815.WAV**

¿Cuándo fue la última vez que usó tabaco de mascar? ¿Fue esto . . .

**SMQ817.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

**SMQ819.WAV**

¿Cuándo fue la última vez que usó rapé? ¿Fue esto . . .

**SMQ830.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina.

**SMQ840.WAV**

¿Cuándo fue la última vez que usó un producto que contenía nicotina? ¿Fue esto . . .

**ALCOHOL USE – ALQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

**ALQ010\_\_WAV**

Las siguientes preguntas son acerca del uso de alcohol. Esto incluye cerveza, vino, sangrías licores tales como ron, ginebra, vodka o whiskey. Esto no incluye tomar unos pocos sorbos de vino con propósitos religiosos.

**ALQ010.WAV**

¿Qué edad tenía usted cuando tomó su **primer** trago de alcohol, que no sean unos pocos sorbos?

<b>ALQ010-1.WAV</b>	Nunca he tomado un trago de alcohol que no sean unos pocos sorbos.
<b>ALQ010-2.WAV</b>	8 años de edad o mas joven
<b>ALQ010-3.WAV</b>	9 o 10 años de edad
<b>ALQ010-4.WAV</b>	11 o 12 años de edad
<b>ALQ010-5.WAV</b>	13 o 14 años de edad
<b>ALQ010-6.WAV</b>	15 o 16 años de edad
<b>ALQ010-7.WAV</b>	17 años de edad o mayor

**ALQ022.WAV**

Durante su vida, ¿cuántos días ha tomado al menos un trago de alcohol?

<b>ALQ022-2.WAV</b>	1 o 2 días
<b>ALQ022-3.WAV</b>	3 a 9 días
<b>ALQ022-4.WAV</b>	10 a 19 días
<b>ALQ022-5.WAV</b>	20 a 39 días
<b>ALQ022-6.WAV</b>	40 a 99 días
<b>ALQ022-7.WAV</b>	100 o más días

**ALQ031.WAV**

Durante los últimos 30 días, ¿cuántos días ha tomado al menos un trago de alcohol?

<b>ALQ031-1.WAV</b>	0 días
<b>ALQ031-2.WAV</b>	1 o 2 días
<b>ALQ031-3.WAV</b>	3 a 5 días
<b>ALQ031-4.WAV</b>	6 a 9 días
<b>ALQ031-5.WAV</b>	10 a 19 días
<b>ALQ031-6.WAV</b>	20 a 29 días
<b>ALQ031-7.WAV</b>	Los 30 días

### **ALQ041.WAV**

Durante los últimos 30 días, ¿cuántos días ha tomado 5 tragos o más de alcohol de corrido, es decir, dentro de un par de horas?

<b>ALQ041-1.WAV</b>	0 días
<b>ALQ041-2.WAV</b>	1 día
<b>ALQ041-3.WAV</b>	2 días
<b>ALQ041-4.WAV</b>	3 a 5 días
<b>ALQ041-5.WAV</b>	6 a 9 días
<b>ALQ041-6.WAV</b>	10 a 19 días
<b>ALQ041-7.WAV</b>	20 o más días

**DRUG USE – DUQ**  
**Target Group: SPs 12-59 (Audio-CASI)**

**DUQ200\_.WAV**

Las siguientes preguntas son acerca del uso de drogas no recetadas por un médico. Por favor recuerde que sus respuestas a estas preguntas son estrictamente confidenciales.

Las primeras preguntas son acerca de marihuana y hachís. La marihuana se conoce también como mota o hierba. La marihuana normalmente se fuma en cigarrillos, llamados “joints” o en una pipa. A veces se cocina con la comida. Hachís es una forma de marihuana que también se llama “hash”. Normalmente se fuma en pipa. Otra forma de hachís es el aceite de hachís.

**DUQ200.WAV**

**Alguna vez**, aunque sea una, ¿ha usado marihuana o hachís?

**DUQ210.WAV**

¿Qué edad tenía usted la **primera vez** que usó marihuana o hachís?

**DUQ220.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó marihuana o hachís?

**DUQ230.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted marihuana o hachís?

**DUQ240.WAV**

¿Ha usado **alguna vez** cocaína, “crack” cocaína, heroína, o metanfetamina?

**DUQ250\_.WAV**

Las siguientes preguntas son acerca de cocaína, incluidas todas las formas diferentes de cocaína, tales como en polvo, “crack”, “free base” y pasta de coca.

**DUQ250.WAV**

**Alguna vez**, aunque sea una, ¿ha usado cocaína, en alguna forma?

**DUQ260.WAV**

¿Qué edad tenía usted la **primera vez** que usó cocaína, en alguna forma?

**DUQ270.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó cocaína, en alguna forma?

**DUQ272.WAV**

Durante toda su **vida**, ¿en total cuántas veces ha usado usted cocaína, en alguna forma?

<b>DUQ272-1.WAV</b>	Una vez
<b>DUQ272-2.WAV</b>	2-5 veces
<b>DUQ272-3.WAV</b>	6-19 veces
<b>DUQ272-4.WAV</b>	20-49 veces
<b>DUQ272-5.WAV</b>	50-99 veces
<b>DUQ272-6.WAV</b>	100 veces o más

**DUQ280.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted cocaína en alguna forma?

**DUQ290\_.WAV**

Las siguientes preguntas son acerca de heroína.

**DUQ290.WAV**

**Alguna vez**, aunque sea una, ¿ha usado heroína?

**DUQ300.WAV**

¿Qué edad tenía usted la **primera vez** que usó heroína?

**DUQ310.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó heroína?

**DUQ320.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó heroína?

**DUQ330\_.WAV**

Las siguientes preguntas son acerca de metanfetamina, conocida también como crack, cristal, ice o speed. .

**DUQ330.WAV**

**Alguna vez**, aunque sea una, ¿ha usado metanfetamina?

**DUQ340.WAV**

¿Qué edad tenía usted la **primera vez** que usó metanfetamina?

**DUQ350.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó metanfetamina?

**DUQ352.WAV**

Durante toda su **vida**, en total, ¿cuántas veces ha usado usted metanfetamina?

- |                     |                 |
|---------------------|-----------------|
| <b>DUQ352-1.WAV</b> | Una vez         |
| <b>DUQ352-2.WAV</b> | 2-5 veces       |
| <b>DUQ352-3.WAV</b> | 6-19 veces      |
| <b>DUQ352-4.WAV</b> | 20-49 veces     |
| <b>DUQ352-5.WAV</b> | 50-99 veces     |
| <b>DUQ352-6.WAV</b> | 100 veces o más |

**DUQ360.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted metanfetamina?

### **DUQ370\_.WAV**

Las siguientes preguntas son acerca de las diferentes formas en que se pueden usar ciertas drogas.

### **DUQ370.WAV**

**Alguna vez**, aunque sea una, ¿ha usado una aguja para inyectarse una droga no recetada por un médico?

### **DUQ380.WAV**

¿Cuál de las siguientes drogas se ha inyectado usted usando una aguja?

### **DUQ380\_I.WAV**

Por favor seleccione todas las drogas que se ha inyectado.

- |                     |                   |
|---------------------|-------------------|
| <b>DUQ380-1.WAV</b> | Cocaína           |
| <b>DUQ380-2.WAV</b> | Heroína           |
| <b>DUQ380-3.WAV</b> | Metanfetamina     |
| <b>DUQ380-4.WAV</b> | Esteroides        |
| <b>DUQ380-5.WAV</b> | Alguna otra droga |

### **DUQ390.WAV**

¿Qué edad tenía usted la **primera vez** que usó una aguja para inyectarse cualquier droga no recetada por un médico?

### **DUQ400.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó una aguja para inyectarse una droga no recetada por un médico?

### **DUQ410.WAV**

Durante toda su **vida**, en total, ¿cuántas veces ha usado una aguja para inyectarse drogas no recetadas por un médico?

<b>DUQ410-1.WAV</b>	Una vez
<b>DUQ410-2.WAV</b>	2-5 veces
<b>DUQ410-3.WAV</b>	6-19 veces
<b>DUQ410-4.WAV</b>	20-49 veces
<b>DUQ410-5.WAV</b>	50-99 veces
<b>DUQ410-.WAV</b>	100 veces o más

### **DUQ420.WAV**

Piense en el momento durante su vida en el cual se inyectó drogas **más frecuentemente**. ¿Con qué frecuencia se inyectaba en ese entonces?

<b>DUQ420-1.WAV</b>	Más de una vez al día
<b>DUQ420-2.WAV</b>	Más o menos una vez al día
<b>DUQ420-3.WAV</b>	Al menos una vez a la semana, pero no todos los días
<b>DUQ420-4.WAV</b>	Al menos una vez al mes, pero no todas las semanas
<b>DUQ420-5.WAV</b>	Menos de una vez al mes

### **DUQ430.WAV**

¿Ha estado usted **alguna vez** en un tratamiento para adicción a drogas o programa de rehabilitación de adicción a drogas?

**SEXUAL BEHAVIOR – SXQ**  
**Target Group: SPs 14-59 (Audio-CASI)**

**SXQ021\_.WAV**

El siguiente conjunto de preguntas es acerca de su comportamiento sexual. Por relaciones sexuales, queremos decir sexo vaginal, oral o anal. Por favor recuerde que sus respuestas son estrictamente confidenciales.

**SXQ021.WAV**

¿Ha tenido usted sexo vaginal, anal u oral alguna vez?

**SXQ031.WAV**

¿Qué edad tenía usted la primera vez que tuvo sexo vaginal, anal u oral?

**SXQ101.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo vaginal, anal u oral?

**SXQ350.WAV**

¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**SXQ130.WAV**

En **toda su vida**, ¿con cuántas **mujeres** ha tenido usted relaciones sexuales?

**SXQ171.WAV**

En **toda su vida**, ¿con cuántas **mujeres** ha tenido usted sexo vaginal, anal u oral?

**SXQ400.WAV**

¿Con cuántas de estas **mujeres** ha tenido sexo **oral solamente**?

**SXQ410.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

**SXQ430.WAV**

¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**SXQ450.WAV**

En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido usted sexo vaginal, anal u oral?

**SXQ470.WAV**

¿Con cuántos de estos **hombres** ha tenido sexo **oral solamente**?

**SXQ490.WAV**

En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido usted relaciones sexuales?

**SXQ510.WAV**

En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido usted sexo vaginal, anal u oral?

**SXQ530.WAV**

¿Con cuántas de estas **mujeres** ha tenido usted sexo **oral solamente**?

**SXQ550.WAV**

En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

**SXQ570.WAV**

¿Con cuántos de estos **hombres** ha tenido usted sexo **oral solamente**?

### **SXQ590.WAV**

De las personas con las cuales usted tuvo relaciones sexuales en los últimos 12 meses, ¿cuántas eran cinco o más años **mayores** que usted?

### **SXQ600.WAV**

De las personas con las cuales usted tuvo relaciones sexuales en los últimos 12 meses, ¿cuántas eran cinco o más años **menores** que usted?

### **SXQ610.WAV**

En los **últimos 12 meses**, ¿más o menos cuántas **veces** ha tenido usted sexo vaginal o anal?

<b>SXQ610-0.WAV</b>	Nunca
<b>SXQ610-1.WAV</b>	Una vez
<b>SXQ610-2.WAV</b>	2-11 veces
<b>SXQ610-3.WAV</b>	12-51 veces
<b>SXQ610-4.WAV</b>	52-103 veces
<b>SXQ610-5.WAV</b>	104-364 veces
<b>SXQ610-6.WAV</b>	365 veces o más

### **SXQ250.WAV**

En los **últimos 12 meses**, ¿más o menos con qué frecuencia ha tenido sexo vaginal o anal sin usar condón?

<b>SXQ250-1.WAV</b>	Nunca
<b>SXQ250-2.WAV</b>	Menos de la mitad del tiempo
<b>SXQ250-3.WAV</b>	Más o menos la mitad del tiempo
<b>SXQ250-4.WAV</b>	No siempre, pero más de la mitad del tiempo
<b>SXQ250-5.WAV</b>	Siempre

### **SXQ260.WAV**

¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía herpes genital?

**SXQ265.WAV**

¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía verrugas genitales?

**SXQ270.WAV**

En los **últimos 12 meses**, ¿le ha dicho un médico u otro profesional de servicios de salud que usted tenía gonorrea, llamada a veces blenorragia?

**SXQ272.WAV**

En los **últimos 12 meses**, ¿le ha dicho alguna vez un médico u otro profesional de servicios de salud que usted tenía clamidia?

**SXQ280.WAV**

¿Está usted circuncidado o no circuncidado?

<b>SXQ280-1.WAV</b>	Circuncidado
<b>SXQ280-2.WAV</b>	No circuncidado

**SXQ292.WAV**

¿Se considera usted a sí mismo...

<b>SXQ292-1.WAV</b>	Heterosexual (le atraen las mujeres)
<b>SXQ292-2.WAV</b>	Homosexual (le atraen los hombres)
<b>SXQ292-3.WAV</b>	Bisexual (le atraen los hombres y las mujeres)
<b>SXQ292-4.WAV</b>	Alguna otra cosa
<b>SXQ292-5.WAV</b>	No está seguro

**SXQ294.WAV**

¿Se considera usted a sí misma...

<b>SXQ294-1.WAV</b>	Heterosexual (le atraen los hombres)
<b>SXQ294-2.WAV</b>	Homosexual o lesbiana (le atraen las mujeres)
<b>SXQ294-3.WAV</b>	Bisexual (le atraen los hombres y las mujeres)
<b>SXQ294-4.WAV</b>	Alguna otra cosa
<b>SXQ294-5.WAV</b>	No está segura

## **Section A.5**

### **The Spanish Critical Data Items**

### MEC Interview Critical Data Items

#### Verify Street Address

- SCQ.070 Quisiera verificar {su dirección/la dirección de SP}. Por favor déme {su dirección/la dirección de SP} completa.
- SCQ.420 ¿Es la dirección postal de {usted/SP} igual que la dirección de {su/la} casa {de él/de ella}?
- Validation Form Q7 ¿Vivía {usted/él/ella} en esta dirección en {SCREENER DISPOSITION DATE}?

#### Verify Mailing Address

En caso que tengamos que comunicarnos con {usted/SP} nuevamente, por favor déme {su/la} dirección postal completa {de SP}.

#### Verify Phone Numbers

Por favor déme {su/el} número de teléfono {en el hogar/de SP}.

¿Hay algún otro número de teléfono en el que sea posible comunicarse con {usted/SP}?

¿Dónde está localizado ese teléfono?

#### Verify SSN

- DMQ.280a También necesitamos {su/él} Número de Seguro Social {de SP}. El Departamento de Salud y Servicios Humanos usará {su/el} Número de Seguro Social {de él/de ella} para hacer investigación relacionada con salud conectando la información de {su/la} encuesta {de él/de ella} con estadísticas vitales y otros registros, tales como registros de salud. También lo podemos usar si necesitamos comunicarnos nuevamente con {usted/él/ella} o {su/la} familia {de él/de ella}. Excepto para estos propósitos, el Departamento no le dará {su/él} Número de Seguro Social {de él/de ella} a nadie, incluyendo cualquier agencia de gobierno. Proporcionar esta información es voluntario y se recolecta bajo la autoridad de la Ley del Servicio de Salud Pública. Esto no afectará {sus/los} beneficios {de él/de ella} si usted no la provee. [La Ley del Servicio de Salud Pública es título 42, Código de Estados Unidos, Sección 242k.]
- DMQ.280b ¿Cuál es el Número de Seguro Social de {usted/SP}?