

ADULT CORE
Section I -- IDENTIFICATION

FR: THE SAMPLE ADULT PERSON IS {sample adult name}. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON--NO PROXIES ARE PERMITTED. PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {sample adult name}.

>SADULT< (1) Available (2) Not Available

Check Item AIDCCI1: If the FAMILY respondent and Sample Adult are the same person, go to ACN.010; Else go to AID.030.

AID.030 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:**

(1) Yes (2) No

>AIDVERF1< Gender = {male/female} Is it correct?
>AIDVERF2< Age = {3 digit format} Is it correct?
>AIDVERF3< Birthday = {spoken word format} Is it correct?

Check Item AIDCCI2: If >AIDVERF_S< = (2) go to AID.040; If >AIDVERF_A< = (2) go to AID.050; If >AIDVERF_D< = (2) go to AID.060; Else go to ACN.010. If no changes or when changes complete, go to next section -- Conditions

AID.040 **FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.**

Is {sample adult name} Male or Female?

>AIDSEX< (1) Male (7) Refused
(2) Female (9) Don't know

(Go to Check Item AIDCCI2)

[Update revised sex AIDSEX in SEX]

AID.050 How old is {sample adult name}?

>AIDAGE< (000-120) 0-120 years old
(997) Refused
(999) Don't know

(Go to Check Item AIDCCI2)

[Update revised age AIDAGE in AGE]

AID.060 What is {sample adult name}'s birthday?

>AIDDOB_M< MONTH:

- | | | | |
|---------------|-------------|----------------|-----------------|
| (01) January | (05) May | (09) September | (97) Refused |
| (02) February | (06) June | (10) October | (99) Don't Know |
| (03) March | (07) July | (11) November | |
| (04) April | (08) August | (12) December | |

>AIDDOB_D< DAY:

- (01-31) 1-31
- (97) Refused
- (99) Don't Know

>AIDDOB_Y< YEAR:

- (0000-1999) 0-1999
- (9997) Refused
- (9999) Don't Know

(Go to Check Item AIDCCI2)

[Update revised birthdate in DOB_M, DOB_BDAY, and DOB_Y_P]

[Note: Variables in the AID section are used to verify information collected from the family respondent. They do not exist as separate variables in the analytic file.]

(Go to next section -- Conditions)

Section II -- CONDITIONS

ACN.010 Now I am going to ask you about certain medical conditions.

Have you EVER been told by a doctor or other health professional that you had...Hypertension, also called high blood pressure?

>HYPEV< (1) Yes (ACN.020) (7) Refused (ACN.031)
(2) No (ACN.031) (9) Don't know (ACN.031)

ACN.020 Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

>HYPDIFV< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.031 Have you EVER been told by a doctor or other health professional that you had ...

(1) Yes (7) Refused
(2) No (9) Don't know

>C1_CHDEV< ... Coronary heart disease?

>C1_ANGEV< ... Angina, also called angina pectoris?

>C1_MIEV< ... A heart attack (also called myocardial infarction)?

>C1_HRTEV< ... Any kind of heart condition or heart disease (other than the ones I just asked about)?

>C1_STREV< ... A stroke?

>C1_EPHEV< ... Emphysema?

ACN.080 **FR: READ LEAD-IN IF NECESSARY:**

Have you EVER been told by a doctor or other health professional that you had Asthma?

>AASMEV< (1) Yes (ACN.090) (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)

ACN.090 During the PAST 12 MONTHS, have you had an episode of asthma or asthma attack?

>AASMYR< (1) Yes (ACN.100) (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)

ACN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

>AASMERYR< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.110 Have you EVER been told by a doctor or other health professional that you hadAn ulcer? This could be a stomach, duodenal or peptic ulcer.

>ULCEV< (1) Yes (ACN.120) (7) Refused (ACN.130)
(2) No (ACN.130) (9) Don't know (ACN.130)

ACN.120 During the PAST 12 MONTHS have you had an ulcer?

- >ULCYR< (1) Yes (7) Refused
- (2) No (9) Don't know

ACN.130 **FR: READ LEAD-IN IF NECESSARY**

Have you EVER been told by a doctor or other health professional that you had... Cancer or a malignancy of any kind?

- >CANEV< (1) Yes (ACN.140) (7) Refused (ACN.160)
- (2) No (ACN.160) (9) Don't know (ACN.160)

ACN.140 What kind of cancer was it?

FR: MARK UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, CODE "96" IN THE FOURTH BOX. ENTER (N) FOR NO MORE

- >CNKIND< (1) Bladder (12) Leukemia (23) Skin (Don't know what kind)
- (2) Blood (13) Liver (24) Soft Tissue (muscle or fat)
- (3) Bone (14) Lung (25) Stomach
- (4) Brain (15) Lymphoma (26) Testis
- (5) Breast (16) Melanoma (27) Throat - pharynx
- (6) Cervix (17) Mouth/tongue/lip (28) Thyroid
- (7) Colon (18) Ovary (29) Uterus
- (8) Esophagus (19) Pancreas (30) Other
- (9) Gallbladder (20) Prostate (96) More than 3 kinds
- (10) Kidney (21) Rectum (97) Refused
- (11)Larynx-windpipe (22) Skin (non-melanoma) (99) Don't know

[] [] [] []

ACN.150 How old were you when {this cancer} was first diagnosed?

- (001-100) 1-100 years
- (997) Refused
- (999) Don't Know

- >CANAGE1< ...CANKIND1 cancer
- >CANAGE2< ...CANKIND2 cancer
- >CANAGE3< ...CANKIND3 cancer

ACN.260 Were these symptoms present on MOST DAYS FOR AT LEAST ONE MONTH?

- >JNTMO< (1) Yes (7) Refused
- (2) No (9) Don't know

ACN.270 Did these symptoms begin only because of an injury?

- >JNTIJ< (1) Yes (ACN.280) (7) Refused (ACN.290)
- (2) No (ACN.290) (9) Don't know (ACN.290)

ACN.280 How many weeks or months, in the past year, did you have joint symptoms due to an injury?

- >JNTIJL_N< [] NUMBER:
- (01-52) 1-52 (97) Refused
- (96) Entire year (99) Don't know

- >JNTIJL_T< [] TIME PERIOD:
- (1) Weeks (7) Refused
- (2) Months (9) Don't know
- (6) Entire year

ACN.290 Which joints are affected?

FR: MARK ALL THAT APPLY. ENTER "N" FOR NO MORE

- >JNTYR< (1) Shoulder-right (6) Hip-left (11) Ankle-right (16) Fingers/thumb-left
 - (2) Shoulder-left (7) Wrist-right (12) Ankle-left (17) Other joint not listed
 - (3) Elbow-right (8) Wrist-left (13) Toes-right (97) Refused
 - (4) Elbow-left (9) Knee-right (14) Toes-left (99) Don't know
 - (5) Hip-right (10) Knee-left (15) Fingers/thumb-right
-

The following questions are about pain you may have experienced in the **PAST THREE MONTHS**. Please refer to pain that **LASTED A WHOLE DAY OR MORE**. Do not report aches and pains that are fleeting or minor.

ACN.300 During the PAST THREE MONTHS, did you have.... Neck pain?

- >PAINECK< (1) Yes (7) Refused
- (2) No (9) Don't know

ACN.310 During the PAST THREE MONTHS, did you have...Low back pain?

- >PAINLB< (1) Yes (ACN.320) (7) Refused (ACN.331)
- (2) No (ACN.331) (9) Don't know (ACN.331)

ACN.320 Did this pain spread down either leg to areas below the knees?

- >PAINLEG< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.331 During the PAST THREE MONTHS, did you have...

- (1) Yes (7) Refused
(2) No (9) Don't know

>PFA_MIG1< ... Facial ache or pain in the jaw muscles or the joint in front of the ear?

>PFA_MIG2< ... Severe headache or migraine?

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

FR: HAND CALENDAR CARD.

ACN.350 Did you have a head cold or chest cold that started during those TWO WEEKS?

- >ACOLD2W< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.360 Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

- >AINTIL2W< (1) Yes (7) Refused
(2) No (9) Don't know

Check item ACNCCII: If male (any age) or a female age GE <50> goto ACN.410; If female age is LT <50> goto ACN.370;

ACN.370 Are you currently pregnant?

- >PREGNOW< (1) Yes (7) Refused
(2) No (9) Don't know

These next questions are about your hearing, vision, and teeth.

ACN.410 Have you ever worn a hearing aid?

- >HEARAIID< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.420 Which statement best describes your hearing (without a hearing aid): good, a little trouble, a lot of trouble, deaf?

- >AHEARST< (1) Good (4) Deaf
(2) Little trouble (7) Refused
(3) Lot of trouble (9) Don't know

ACN.430 Do you have any trouble seeing, even when wearing glasses or contact lenses?

>**AVISION**< (1) Yes (ACN.440) (7) Refused (ACN.451)
(2) No (ACN.451) (9) Don't know (ACN.451)

ACN.440 Are you blind or unable to see at all?

>**ABLIND**< (1) Yes (7) Refused
(2) No (9) Don't know

ACN.451 Have you lost all of your upper and lower natural (permanent) teeth?

>**LUPPRT**< (1) Yes (7) Refused
(2) No (9) Don't know

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

ACN.471 During the PAST 30 DAYS, how often did you feel...

FR: SHOW FLASHCARD A4.

ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	A LITTLE OF THE TIME (4)	NONE OF THE TIME (5)	REFUSED (7)	DON'T KNOW (9)
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>**SAD**< ... So sad that nothing could cheer you up?

>**NERVOUS**< ... Nervous?

>**RESTLESS**< ... Restless or fidgety

>**HOPELESS**< ... Hopeless

>**EFFORT**< ... That everything was an effort?

>**WORTHLS**< ... Worthless?

Check item ACNCCI4: If any of the responses to ACN.471 are 1 - 3, go to ACN.530; else goto next section

ACN.530 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

>**MHAMTMO**< (1) A lot (4) Not at all
(2) Some (7) Refused
(3) A little (9) Don't know

(Goto next section)

Section III -- HEALTH STATUS AND LIMITATION OF ACTIVITIES

Part A -- Health Indicators

**If DOINGLW2 eq <1,2> goto AHS.040; If DOINGLW2 eq <3,4> goto AHS.030;
If DOINGLW2 eq <R,D> goto AHS.050**

AHS.030 Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

>**WRKLYR2**< (1) Yes (AHS.040) (7) Refused (AHS.050)
(2) No (AHS.050) (9) Don't know (AHS.050)

AHS.040 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

>**WKDAYR**< (000) None (997) Refused
(001-366) 1-366 Days (999) Don't know

AHS.050 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did illness or injury keep you in bed more than half of the day? (Include days while an overnight patient in a hospital).

>**BEDDAYR1**< (000) None (397) Refused
(001-366) 1-366 Days (399) Don't know

AHS.060 Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

>**AHSTATYR**< (1) Better (7) Refused
(2) Worse (9) Don't know
(3) About the same

Part B -- Limitation of Activities

AHS.070 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- >SPECEQ< (1) Yes (7) Refused
 (2) No (9) Don't know

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

AHS.091 By yourself, and without using any special equipment, how difficult is it for you to...

FR: SHOW FLASHCARD A3.

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	DO NOT DO
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL	THIS ACTIVITY
(0)	(1)	(2)	(3)	(4)	(6)

(7) Refused (9) Don't Know

- >FLWALK< ... Walk a quarter of a mile - about 3 city blocks?
- >FLCLIMB< ... Walk up 10 steps without resting?
- >FLSTAND< ... Stand or be on your feet for about 2 hours?
- >FLSIT< ... Sit for about 2 hours?
- >FLSTOOP< ... Stoop, bend, or kneel?
- >FLREACH< ... Reach up over your head?

AHS.141 **FR: SHOW FLASHCARD A5.**
FR: READ LEAD-IN IF NECESSARY:

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	DO NOT DO
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL	THIS ACTIVITY
(0)	(1)	(2)	(3)	(4)	(6)

(7) Refused (9) Don't Know

- >FLGRASP< ... Use your fingers to grasp or handle small objects?
- >FLCARRY< ... Lift or carry something as heavy as 10 pounds such as a full bag of groceries?
- >FLPUSH< ... Push or pull large objects like a living room chair?

AHS.171 **FR: SHOW FLASHCARD A5.**
FR: READ LEAD-IN IF NECESSARY:

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	DO NOT DO
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL	THIS ACTIVITY
(0)	(1)	(2)	(3)	(4)	(6)
(7) Refused (9) Don't know					

- >FLSHOP< ... Go out to things like shopping, movies, or sporting events?
- >FLSOCL< ... Participate in social activities such as visiting friends, attending clubs and meetings, going to parties...?
- >FLRELAX< ... Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music...)?

Check item AHSCCI3: If AHS.091, AHS.141, or AHS.171 equals <1-4> go to AHS.200; Else go to the next section-HEALTH BEHAVIORS.

AHS.200 What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}?

FR: SHOW FLASHCARD A6. ENTER ALL THAT APPLY UP TO 5 (but do not probe). IF OLD AGE IS REPORTED, PROBE FOR SPECIFIC CONDITION(S) CAUSED BY OLD AGE. ENTER (N) FOR NO MORE.

- | | | |
|----------|----------------------------------|--|
| >AFLHCA< | (1) Vision/problem seeing | (12) Cancer |
| | (2) Hearing problem | (13) Birth defect |
| | (3) Arthritis/rheumatism | (14) Mental retardation |
| | (4) Back or neck problem | (15) Other developmental problem (as cerebral palsy) |
| | (5) Fractures, bone/joint injury | (16) Senility |
| | (6) Other injury | (17) Depression/anxiety/emotional problem |
| | (7) Heart problem | (18) Weight problem pressure |
| | (8) Stroke problem | (19) Other impairment/problem |
| | (9) Hypertension/high blood | (20) Other impairment/problem |
| | (10) Diabetes | (97) Refused |
| | (11) Lung/breathing problem | (99) Don't know |
-

If answers equal (1) - (12) and (14) - (18) then go to AHS.300; if answer equals (19) and/or (20) goto AHS.201; else go to next section.

AHS.201 **FR: THESE SHOULD BE NAMES OF SPECIFIC CONDITIONS THAT ARE NOT ON THE CONDITION LIST.**

- >AFLSPEC1< First condition: _____
- >AFLSPEC2< Second condition: _____

AHS.300 How long have you had {condition >AFLHCA<}?

>ALHCLN< NUMBER:

- | | |
|------------------|-----------------|
| (01-94) 1-94 | (97) Refused |
| (95) 95+ | (99) Don't know |
| (96) Since birth | |

>ALHCLT< TIME PERIOD:

- | | |
|------------|-----------------|
| (1) Days | (6) Since birth |
| (2) Weeks | (7) Refused |
| (3) Months | (9) Don't know |
| (4) Years | |

(Goto next section)

Section IV - HEALTH BEHAVIORS

Part A - Tobacco

These next questions are about cigarette smoking.

AHB.010 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

- >SMKEV< (1) Yes (AHB.020) (7) Refused (AHB.090)
(2) No (AHB.090) (9) Don't know (AHB.090)

AHB.020 How old were you when you FIRST started to smoke fairly regularly?

FR: IF LESS THAN 6 YEARS OLD, ENTER "6"

- >SMKREG< (06-94) 6-94 years of age (97) Refused
(95) 95 years or older (99) Don't know
(96) Never smoked regularly

AHB.030 Do you NOW smoke cigarettes every day, some days or not at all?

- >SMKNOW< (1) Every day (AHB.050) (7) Refused (AHB.060)
(2) Some days (AHB.060) (9) Don't know (AHB.060)
(3) Not at all (AHB.040)

AHB.040 How long has it been since you quit smoking cigarettes?

- >SMKQTNO< [] NUMBER:
(01-94) 1-94 (AHB.040B) (97) Refused (AHB.090)
(95) 95+ (AHB.040B) (99) Don't know (AHB.045)

AHB.040B

- >SMKQTTP< [] TIME PERIOD:
(1) Days (4) Years
(2) Weeks (7) Refused
(3) Months (9) Don't know

(Go to AHB.090)

AHB.045 Have you quit smoking since {current month in word format}?

- >SMKQTD< (1) Yes (7) Refused
(2) No (9) Don't know

(Go to AHB.090)

AHB.050 On the average, how many cigarettes do you now smoke a day?

FR: IF LESS THAN "1", ENTER "1"

- >CIGSDA1< (1-94) 1-94 cigarettes (97) Refused
(95) 95+ cigarettes (99) Don't know

(Go to AHB.080)

AHB.060 On how many of the PAST 30 DAYS did you smoke a cigarette?

>CIGDAMO< (00) None (AHB.080) (99) Don't know (AHB.070)
(01-30) 1-30 Days (AHB.070) (97) Refused (AHB.070)

AHB.070 On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

FR: IF LESS THAN "1", ENTER "1"

>CIGSDA2< (01-94) 1-94 cigarettes (97) Refused
(95) 95+ cigarettes (99) Don't know

AHB.080 During the PAST 12 MONTHS, have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CIGQTYR< (1) Yes (7) Refused
(7) No (9) Don't know

Part B - Physical Activity

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

AHB.090 How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

>VIGNO< NUMBER:

- | | |
|---|----------------------------|
| (000) Never (AHB.110) | (997) Refused (AHB.110) |
| (001-995) 1-995 times (AHB.090B) | (999) Don't know (AHB.110) |
| (996) Unable to do this type activity (AHB.110) | |

AHB.090B

>VIGTP< TIME PERIOD:

- | | |
|-----------|-------------------------------------|
| (1) Day | (6) Unable to do this type activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

AHB.100 About how long do you do these vigorous activities each time?

>VIGLNGNO< NUMBER:

- (001-995) 1-995 (AHB.100B)
(997) Refused (AHB.110)
(999) Don't know (AHB.108)

AHB.100B

>VIGLNGTP< TIME PERIOD:

- | | |
|-----------------------|--------------------------|
| (1) Minutes (AHB.110) | (7) Refused (AHB.110) |
| (2) Hours (AHB.110) | (9) Don't know (AHB.108) |

AHB.108 Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

>VIGLONGD< (1) Less than 20 minutes (7) Refused
(2) 20 minutes or more (9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

>MODNO< [] NUMBER:

- | | |
|---|----------------------------|
| (000) Never (AHB.130) | (997) Refused (AHB.130) |
| (001-995) 1-995 times (AHB.110B) | (999) Don't know (AHB.130) |
| (996) Unable to do this type activity (AHB.130) | |

AHB.110B

>MODTP< [] TIME PERIOD:

- | | |
|-----------|-------------------------------------|
| (1) Day | (6) Unable to do this type activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

AHB.120 About how long do you do these light or moderate activities each time?

>MODLNGNO< [] NUMBER:

- (001-995) 1-995 (AHB.120B)
- (997) Refused (AHB.130)
- (999) Don't know (AHB.128)

AHB.120B

>MODLNGTP< [] TIME PERIOD:

- | | |
|-----------------------|----------------|
| (1) Minutes (AHB.130) | (7) Refused |
| (2) Hours (AHB.130) | (9) Don't know |

AHB.128 Each time you do these light or moderate activities, do yo do them 20 minutes or more, or less than 20 minutes?

>MODLONGD< (1) Less than 20 minutes (7) Refused
(2) 20 Minutes or more (9) Don't know

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

>STRNGNO< NUMBER:

- | | |
|---|----------------------------|
| (000) Never (AHB.140) | (997) Refused (AHB.140) |
| (001-995) 1-995 times per (AHB.130B) | (999) Don't know (AHB.140) |
| (996) Unable to do this type activity (AHB.140) | |

AHB.130B

>STRNGTP< TIME PERIOD:

- | | |
|-----------|--------------------------------|
| (1) Day | (6) Unable to do this activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

PART C - Alcohol

These 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.

AHB.140 In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

>ALC1YR< (1) Yes (AHB.160) (7) Refused (AHB.150)
(2) No (AHB.150) (9) Don't know (AHB.150)

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

>ALCLIFE< (1) Yes (AHB.160) (7) Refused (AHB.190)
(2) No (AHB.190) (9) Don't know (AHB.190)

AHB.160 In the PAST YEAR, how often did you drink any type of alcoholic beverage?

FR: IF NECESSARY, PROMPT WITH: "HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU DRINK?"

>ALC12MNO< [] NUMBER:

(000) Never (AHB.190) (997) Refused (AHB.190)
(001-365) 1-365 days per (AHB.160B) (999) Don't know (AHB.170)

AHB.160B

>ALC12MTP< [] TIME PERIOD:

(0) Never/None (AHB.190) (3) Year (AHB.170)
(1) Week (AHB.170) (7) Refused (AHB.190)
(2) Month (AHB.170) (9) Don't know (AHB.170)

AHB.170 In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

FR: IF LESS THAN 1 DRINK, ENTER "1"

>ALCAMT< (01-94) 1-94 drinks (97) Refused
(95) 95+ drinks (99) Don't know

AHB.180 In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

FR: IF NECESSARY, PROMPT WITH: HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU HAVE 5 OR MORE DRINKS IN A SINGLE DAY?

>ALC5UPNO< [] NUMBER:

(000) Never/None (AHB.190) (997) Refused (AHB.190)
(001-365) 1-365 days (AHB.180B) (999) Don't know (AHB.190)

AHB.180B

>ALC5UPTP< [] TIME PERIOD:

(0) Never/None (3) Year
(1) Week (7) Refused
(2) Month (9) Don't know

AHB.190 How tall are you without shoes?

>AHEIGHTF< FEET:

(02-07) 2-7 Feet (AHB.190B) (M) Reported in Metric (AHB.190C)
(97) Refused (AHB.190B)
(99) Don't know (AHB.190B)

AHB.190B

>AHEIGHTI< INCHES:

(00-11) 0-11 Inches
(97) Refused
(99) Don't know

(Go to AHB.200)

FR: ENTER 'M' TO RECORD METRIC MEASUREMENTS

AHB.190C

>AHEIGHTM< METERS:.

(0-2) 0-2 meters
(7) Refused
(9) Don't Know

AHB.190D

>AHEIGHTC< CENTIMETERS:

(000-241) 0-241 centimeters
(997) Refused
(999) Don't Know

AHB.200 How much do you weigh without shoes?

>WT_LB< POUNDS:

(050-500) 50-500 pounds (Go to next section) (M) Reported in Metric (AHB.200B)
(997) Refused (Go to next section)
(999) Don't know (Go to next section)

FR: ENTER "M" TO RECORD METRIC MEASUREMENTS

AHB.200B

.>WT_KG< KILOGRAMS:

(0227-2268) 22.7-226.8 kilograms
(9997) Refused
(9999) Don't Know

(Goto next section--Health Care Access and Utilization)

Section V - HEALTH CARE ACCESS AND UTILIZATION

Part A - Access to Care

The next questions are about health care.

AAU.020 Is there a place that you USUALLY go to when you are sick or need advice about your health?

- >AUSUALPL< (1) Yes (AAU.030) (7) Refused (AAU.037)
(2) There is NO place (AAU.037) (9) Don't know (AAU.037)
(3) There is MORE THAN ONE place (AAU.030)

AAU.030 **[If AAU.020 equals <1> read:]**

>APLKIND< What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[If AAU.020 equals <3> read:]

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center (AAU.035) (5) Some other place (AAU.035)
(2) Doctor's office or HMO (AAU.035) (6) Doesn't go to one place most often (AAU.037)
(3) Hospital emergency room (AAU.035) (7) Refused (AAU.037)
(4) Hospital outpatient department (AAU.035) (9) Don't know (AAU.037)

AAU.035 Is that {full name from AAU.030 >APLKIND<} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- >AHCPLROU< (1) Yes (AAU.040) (7) Refused (AAU.037)
(2) No (AAU.037) (9) Don't know (AAU.037)

AAU.037 What kind of place do you USUALLY go to when you need routine preventive care, such as a physical examination or check-up?

- >AHCPLKND< (0) Doesn't get preventive care anywhere (5) Some other place
(1) Clinic or health center (6) Doesn't go to one place most often
(2) Doctor's office or HMO (7) Refused
(3) Hospital emergency room (9) Don't know
(4) Hospital outpatient department

Check item AAUCCI1: If AAU.020 equals 2, 7, or 9, then go to AAU.061; Else go to AAU.040.

AAU.040 At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

- >AHCCHGYR< (1) Yes (AAU.050) (7) Refused (AAU.061)
(2) No (AAU.061) (9) Don't know (AAU.061)

AAU.050 Was this change for a reason related to health insurance?

- >AHCCHGHI< (1) Yes (7) Refused
(2) No (9) Don't know

AAU.061 There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >AHCDLYR1< ...You couldn't get through on the telephone.
- >AHCDLYR2< ...You couldn't get an appointment soon enough.
- >AHCDLYR3< ...Once you get there, you have to wait too long to see the doctor.
- >AHCDLYR4< ...The clinic/doctor's office wasn't open when you could get there.
- >AHCDLYR5< ...You didn't have transportation.

AAU.111 During the PAST 12 MONTHS, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >AHCAFYR1< ...Prescription medicines
- >AHCAFYR2< ...Mental health care or counseling
- >AHCAFYR3< ...Dental care (including check-ups)
- >AHCAFYR4< ...Eyeglasses

Part B - Dental Care

AAU.135 About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

FR: SHOW FLASHCARD A7.

- >ADNLONGR< (0) Never
- (1) 6 months or less
- (2) More than 6 months, but not more than 1 year ago
- (3) More than 1 year, but not more than 2 years ago
- (4) More than 2 years, but not more than 5 years ago
- (5) More than 5 years
- (7) Refused
- (9) Don't know

Part C - Health Care Provider Contacts

AAU.141 During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

>AHCSYR1< ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AHCSYR2< ...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

>AHCSYR3< ...A foot doctor?

>AHCSYR4< ...A chiropractor?

>AHCSYR5< ...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>AHCSYR6< ...A nurse practitioner, physician assistant, or midwife?

Check item AAUCCI2: If male goto AAU.211; If female goto AAU.200.

AAU.200 **FR: READ LEAD-IN IF NECESSARY:**

During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist)?

- | | |
|-------------------|----------------|
| >AHCSYR7< (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

AAU.211 **FR: READ LEAD-IN IF NECESSARY:**

During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

>AHCSYR8< ...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

>AHCSYR9< ...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

- | | |
|-------------------|--------------------------|
| (1) Yes (AAU.230) | (7) Refused (AAU.240) |
| (2) No (AAU.240) | (9) Don't know (AAU.240) |

AAU.230 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- | | |
|--------------------|----------------|
| >AHCSYR10< (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

AAU.240 **FR: SHOW FLASHCARD A8.**

During the PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

- >AHERNOY2< (00) None (06) 10-12
(01) 1 (07) 13-15
(02) 2-3 (08) 16 or more
(03) 4-5 (97) Refused
(04) 6-7 (99) Don't know
(05) 8-9

AAU.250 During the PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

- >AHCHYR< (1) Yes (AAU.260) (7) Refused (AAU.280)
(2) No (AAU.280) (9) Don't know (AAU.280)

AAU.260 During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- >AHCHMOYR< (01-12) months
(97) Refused
(99) Don't know

AAU.270 What was the total number of home visits received during {that month/those months}?

FR: SHOW FLASHCARD A9

- >AHCHNOY2< (01) 1 (06) 10-12
(02) 2-3 (07) 13-15
(03) 4-5 (08) 16 or more
(04) 6-7 (97) Refused
(05) 8-9 (99) Don't know

AAU.280 **FR: SHOW FLASHCARD A8**

During the PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR DENTAL VISITS, TELEPHONE CALLS.

FR: SHOW FLASHCARD A7

- >AHCNOYR2< (00) None (06) 10-12
(01) 1 (07) 13-15
(02) 2-3 (08) 16 or more
(03) 4-5 (97) Refused
(04) 6-7 (99) Don't know
(05) 8-9

AAU.290 DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.

>ASRGYR< (1) Yes (AAU.300) (7) Refused (Check item AAUCCI3)
(2) No (Check item AAUCCI3) (9) Don't know (Check item AAUCCI3)

AAU.300 Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

FR: ENTER 95 FOR 95 OR MORE TIMES.

>ASRGNOYR< (01-94) 1-94 times (97) Refused
(95) 95+ times (99) Don't know

Check item AAUCCI3: If the sample adult has had a doctor visit in the last two weeks as indicated in the family core FAU.180 = 1 and FAU.190 = the adult sample person, then AAU.305 = 1 and go to AAU.310; Else goto AAU.305.

AAU.305

FR: SHOW FLASHCARD A7.

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

- >AMDLONGR<
- (0) Never
 - (1) 6 months or less
 - (2) More than 6 months but not more than 1 year ago
 - (3) More than 1 year, but not more than 2 years ago
 - (4) More than 2 years, but not more than 5 years ago
 - (5) More than 5 years ago
 - (7) Refused
 - (9) Don't know

Part D - IMMUNIZATIONS

AAU.310 During the PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

- >SHTFLUYR< (1) Yes (7) Refused
(2) No (9) Don't know

AAU.320 Have you ever had a pneumonia vaccination, sometimes called a pneumonia shot? This shot is usually given only once in a person's lifetime and is different from the flu shot.

- >SHTPNUYR< (1) Yes (7) Refused
(2) No (9) Don't know

AAU.330 Have you EVER had chickenpox?

- >APOX< (1) Yes (AAU.340) (7) Refused (AAU.350)
(2) No (AAU.350) (9) Don't know (AAU.350)

AAU.340 Have you had chickenpox in the past 12 months?

- >APOX12MO< (1) Yes (7) Refused
(2) No (9) Don't know

AAU.350 Have you EVER had hepatitis?

- >AHEP< (1) Yes (AAU.370) (7) Refused (AAU.360)
(2) No (AAU.360) (9) Don't know (AAU.360)

AAU.360 Have you ever lived with someone who had hepatitis?

- >AHEPLIV< (1) Yes (7) Refused
(2) No (9) Don't know

AAU.370 Have you EVER received the hepatitis B vaccine?

FR: READ IF NECESSARY: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- >SHTHEPB< (1) Yes (AAU.380) (7) Refused (end section)
(2) No (end section) (9) Don't know (end section)

AAU.380 Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- >SHEPDOS< (1) Received at least 3 doses (7) Refused
(2) Received less than 3 doses (9) Don't know

(Goto next section)

Section VI - DEMOGRAPHICS

Note: In order to obtain more citizenship information, BORNVER and BORCOR have been deleted; while USYR and USLONG have been moved to the family core section.

Check item ASDCCI2: If FSD.050 in family core equals <1-4> then go to ASD.050; If HH respondent is not the sample adult and FSD.050 eq Refuse or Don't know <7, 9> goto ASD.060.

ASD.050 Earlier I recorded that in the last week you were {Fill answer code description from FSD.050}. Is that correct?

>WRKVER< (1) Yes (Check item DOINGLW2) (7) Refused (DOINGLW2)
(2) No (ASD.060) (9) Don't know (DOINGLW2)

ASD.060 **FR: VERIFY OR ASK**

What is your correct working status?

>WRKCOR< (1) Working at a job or business (4) Not working at a job or business
(2) With a job or business but not at work (7) Refused
(3) Looking for work (9) Don't know

**Check item DOINGLW2: Refer to FSD.050, ASD.050, and ASD.060
DOINGLW2 represents "Corrected Employment Status Last Week", with the following values:**

- (1) Working at a job or business
- (2) With a job or business but not at work
- (3) Looking for work
- (4) Not working at a job or business
- (7) Refused
- (9) Don't Know

If DOINGLW2 eq <1,2> goto ASD.070

If DOINGLW2 eq <3,4,R,D> goto end of section.

ASD.070 For whom did you work at your MAIN job or business? (Name of company, business, organization or employer)

>WHOWRK< Job or Business: _____ (7) Refused (9) Don't know

ASD.080 What kind of business or industry is this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

>KINDIND< Kind of Business: _____ (7) Refused (9) Don't know

ASD.090 What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

>KINDWRK< Kind of Work: _____ (7) Refused (9) Don't know

ASD.100 What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

>IMPACT< Activities: _____ (7) Refused (9) Don't know

ASD.110 **FR: SHOW FLASHCARD A1**

Looking at the card, which of these best describes your current job or work situation?

FR: READ IF NECESSARY

- >**WRKCAT**< (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commission?
 (2) A FEDERAL government employee?
 (3) A STATE government employee?
 (4) A LOCAL government employee?
 (5) Self-employed in OWN business, professional practice or farm?
 (6) Working WITHOUT PAY in family business or farm?
 (7) Refused
 (9) Don't know

ASD.120 Thinking about this MAIN job or business, how many people are employed there full and part time, including employees at all locations?

FR: SHOW FLASHCARD A2

- | | | |
|---------------------|-------------------------------|-----------------------------|
| > LOCALLNO < | (01) 1- 9 employees (ASD.140) | (06) 250-499 employees |
| | (02) 10-24 employees | (07) 500-999 employees |
| | (03) 25-49 employees | (08) 1000 employees or more |
| | (04) 50-99 employees | (97) Refused |
| | (05) 100-249 employees | (99) Don't know |

ASD.130 **FR: SHOW FLASHCARD A2**

Thinking about the particular location or facility where you worked last week, how many people are employed there full and part time?

- | | | |
|---------------------|------------------------|-----------------------------|
| > LOCPRTNO < | (01) 1- 9 employees | (06) 250-499 employees |
| | (02) 10-24 employees | (07) 500-999 employees |
| | (03) 25-49 employees | (08) 1000 employees or more |
| | (04) 50-99 employees | (97) Refused |
| | (05) 100-249 employees | (99) Don't know |

ASD.140 About how long have you worked at this MAIN job or business?

>**WRKLONG1**< NUMBER:

- (001-365) 1-365
(997) Refused (ASD.150)
(999) Don't know (ASD.145)

>**WRKLONG2**< TIME PERIOD:

- | | |
|------------------------|--------------------------|
| (1) Day(s) (ASD.150) | (4) Year(s) (ASD.150) |
| (2) Week(s) (ASD.150) | (7) Refused (ASD.150) |
| (3) Month(s) (ASD.150) | (9) Don't Know (ASD.150) |

Check Item: If WRKLONG1 ge AGE, goto WRKLOGN_.

ASD.141 Number of years exceeds current age. Please verify entry.

- >**WRKLOGN**< (1) Make correction (ASD.140)
(2) Proceed (ASD.150)

ASD.145 Have you worked at this MAIN job or business for one year or less, or more than one year?

- >**WRKLONG3**< (1) One year or less (7) Refused
(2) More than one year (9) Don't know

ASD.150 Are you paid by the hour on this MAIN job or business?

- >**HOURPD**< (1) Yes (7) Refused
(2) No (9) Don't know

ASD.160 Do you have paid sick leave on this MAIN job or business?

- >**PDSICK**< (1) Yes (7) Refused
(2) No (9) Don't know

ASD.170 Do you have more than one job or business?

- >**ONEJOB**< (1) Yes (ASD.180) (7) Refused (ACN.010)
(2) No (ACN.010) (9) Don't know (ACN.010)

ASD.180 In your other jobs/businesses, do you work for an employer, are you self-employed, or both?

**FR: READ IF NECESSARY: EXAMPLES OF SELF-EMPLOYMENT INCLUDE BUSINESS,
PROFESSIONAL PRACTICE, OR FARM.**

- >**WRKCATOT**< (1) Employee only (ACN.010) (7) Refused (ACN.010)
(2) Self-employed only (ASD.190) (9) Don't know (ACN.010)
(3) Both (ACN.010)

ASD.190 Is this business incorporated?

- >**BUSINC**< (1) Yes (7) Refused
(2) No (9) Don't know

(Goto next section)

Section VII - AIDS

Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

ADS.010 Have you donated blood since March 1985?

- >BLDGV< (1) Yes (ADS.020) (7) Refused (ADS.040)
(2) No (ADS.040) (9) Don't know (ADS.040)

ADS.020 During the past 12 months, that is, since { 12-month ref. date }, have you donated blood?

- >BLDG12M< (1) Yes (7) Refused
(2) No (9) Don't know

ADS.040 The next questions are about the test for HIV, (the virus that causes AIDS).

[If ADS.010 equals <1> read:]

Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

[Else read:]

Have you ever been tested for HIV?

- >HIVTST< (1) Yes (ADS.060) (7) Refused (ADS.110)
(2) No (ADS.050) (9) Don't know (ADS.110)

ADS.050 I am going to show you a list of reasons why some people have not been tested for HIV, (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

FR: SHOW FLASHCARD A10.

- >WHYTST< (01) It's unlikely you've been exposed to HIV (ASD.110)
(02) You were afraid to find out if you were HIV positive (that you had HIV) (ASD.110)
(03) You didn't want to think about HIV or about being HIV positive; (ASD.110)
(04) You were worried your name would be reported to the government if you tested positive (ASD.110)
(05) You didn't know where to get tested (ASD.110)
(06) Some other reason (ASD.055)
(07) No particular reason (ASD.110)
(97) Refused (ASD.110)
(99) Don't Know (ASD.110)

ADS.055 What was the main reason why you have not been tested?.

>WHYSPEC< _____

ADS.060 **[If ADS.020 equals <1> read:]**

Not including blood donations, in what month and year was your last test for HIV, (the virus that causes AIDS)?

[Else read:]

In what month and year was your last test for HIV, (the virus that causes AIDS)?

FR: Enter "T" for Time Period (ADS.061)

>TST12M_M< [] MONTH:

- | | | | |
|---------------|-------------|----------------|----------------------------|
| (01) January | (05) May | (09) September | (97) Refused (ADS.060B) |
| (02) February | (06) June | (10) October | (99) Don't know (ADS.060B) |
| (03) March | (07) July | (11) November | |
| (04) April | (08) August | (12) December | |

ADS.060B

>TST12M_Y< [] YEAR:

- (1880-2030) 1880-2030 (ADS.065)
- (97) Refused (ADS.061)
- (99) Don't know (ADS.061)

ADS.061 Was it:

- >TIME1ST<
- (1) 6 months or less
 - (2) More than 6 months but not more than 1 year ago
 - (3) More than 1 year, but not more than 2 years
 - (4) More than 2 years, but not more than 5 years ago
 - (5) More than 5 years ago
 - (7) Refused
 - (9) Don't know

ADS.065 **FR: SHOW FLASHCARD A11.**

I am going to show you a list of reasons why some people have been tested for HIV, (the virus that causes AIDS).

[If ADS.020 equals <1> read:]

Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?

[Else read:]

Which of these would you say was the MAIN reason for your last HIV test?

- >REATST<**
- (01)Someone suggested you should be tested; (ADS.066)
 - (02) You might have been exposed through sex or drug use; (ADS.070)
 - (03) You just wanted to find out if you were infected or not; (ADS.070)
 - (04) You were concerned you could give HIV to someone; (ADS.070)
 - (05) You wanted medical care or new treatments if you tested positive; (ADS.070)
 - (06) You were pregnant; (ADS.070)
 - (07) It was part of a routine medical check-up; (ADS.070)
 - (08) It was required; or (ADS.068)
 - (09) Some other reason. (ADS.069)
 - (10) No particular reason (ADS.070)
 - (97) Refused (ADS.070)
 - (99) Don't know (ADS.070)

ADS.066 Who suggested you should be tested—a doctor, a sex partner, someone at the health department, or someone else?

- >REASWHO<**
- (1) Doctor (ADS.070)
 - (2) Sex partner (ADS.070)
 - (3) Someone at health department (ADS.070)
 - (4) Someone else (ADS.067)
 - (7) Refused (ADS.070)
 - (9) Don't know (ADS.070)

ADS.067 Who suggested you should be tested?

>WHOSPEC< _____ (ADS.070)

ADS.068 Why were you required to get your last HIV test?

- >WHYREQ<**
- (01) Insurance
 - (02) Military
 - (03) Jail
 - (04) Hospitalization
 - (05) Employment
 - (06) Immigration
 - (07) Other
 - (97) Refused
 - (99) Don't know

(Go to ADS.070)

ADS.069 What was the main reason for your last HIV test?

>REASPEC< _____

ADS.070 **FR: SHOW FLASHCARD A12.**

[If ADS.010 equals <1> read:]

Not including your blood donations, where did you have your last HIV test?

[Else read:]

Where did you have your last HIV test?

- >LASTST_C< (01) Private doctor/HMO (ADS.080)
- (02) AIDS clinic/counseling/testing site (ADS.080)
- (03) Hospital, emergency room, outpatient clinic (ADS.080)
- (04) Other type of clinic (ADS.072)
- (05) Public health department (ADS.080)
- (06) At home (ADS.074)
- (07) Drug treatment facility (ADS.080)
- (08) Military induction or military service site (ADS.080)
- (09) Immigration site (ADS.080)
- (10) In a correctional facility (jail or prison) (ADS.080)
- (11) Other location (ADS.076)
- (97) Refused (ADS.080)
- (99) Don't know/not sure (ADS.080)

ADS.072 What type of clinic did you go to for your last HIV test?

- >CLINTYP< (01) Family planning clinic (ADS.080) (06) Clinic run by employer or insurance company (ADS.080)
- (02) Prenatal clinic (ADS.080) (07) Other (ADS.080)
- (03) Tuberculosis clinic (ADS.080) (97) Refused (ADS.080)
- (04) STD clinic (ADS.080) (99) Don't know (ADS.080)
- (05) Community health clinic (ADS.080)

(Go to ADS.080)

ADS.074 Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

- >WHOADM< (1) Nurse or health worker (ADS.080) (7) Refused (ADS.080)
- (2) Self-sampling kit (ADS.080) (9) Don't know (ADS.080)

(Go to ADS.080)

ADS.076 Where did you have your last HIV test?

FR: THIS SHOULD BE A SPECIFIC LOCATION THAT IS NOT ON THE LIST.

>LASTSPEC< _____

ADS.080 The last time you were tested, did you have to give your first and last names?

- >GIVNAM< (1) Yes (7) Refused
- (2) No (9) Don't know

ADS.110 [If ADS.040 equals <1> read:]

Do you expect to have another test for HIV in the next 12 months, not including blood donations?

[Else, read:]

Do you expect to have a test for HIV in the next 12 months, not including blood donations?

>EXTST12M< (1) Yes (7) Refused
(2) No (9) Don't know

ADS.140 What are your chances of GETTING HIV, (the virus that causes AIDS)? Would you say high, medium, low, or none?

>CHNSADS< (1) High (5) Already have HIV or AIDS
(2) Medium (7) Refused
(3) Low (9) Don't know
(4) None

ADS.150 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.

FR: SHOW FLASHCARD A13.

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with other men, even just one time.
- (c) You have taken street drugs by needle, even just one time.
- (d) You have traded sex for money or drugs, even just one time.
- (e) You have tested positive for HIV, the virus that causes AIDS.
- (f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements

>STMTRU< (1) Yes, at least one statement is true (7) Refused
(2) No, none of these statements are true (9) Don't know

Check item: [If AGE gt or eq <50> goto ADS.200] [else goto ADS.160]

The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

ADS.160 In the past five years, have you had an STD other than HIV or AIDS?

FR: IF ASKED, TELL RESPONDENT TO INCLUDE NEWLY CONTRACTED STDs AND RECURRING FLARE-UPS OF PREVIOUSLY CONTRACTED STDs.

>STD< (1) Yes (ADS.170) (7) Refused (ADS.200)
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.170 The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

>STDDOC< (1) Yes (ADS.180) (7) Refused (ADS.200)
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.180 Where did you go to be checked?

FR: READ ANSWER CHOICES ONLY IF NECESSARY.

>STDWHER< (1) Private doctor (ADS.200) (5) Health department (ADS.200)
(2) Family planning clinic (ADS.200) (6) Some other place (ADS.190)
(3) STD clinic (ADS.200) (7) Refused (ADS.200)
(4) Emergency room (ADS.200) (9) Don't Know (ADS.200)

ADS.190 Where did you go to be checked?

>STDWOTH< _____

The next questions are about tuberculosis, or TB.

ADS.200 Have you ever heard of tuberculosis?

>TBHRD< (1) Yes (ADS.210) (7) Refused (end of section)
(2) No (end of section) (9) Don't Know (end of section)

ADS.210 Have you ever personally known anyone who had TB?

>TBKNOW< (1) Yes (7) Refused
(2) No (9) Don't Know

ADS.220 How much do you know about TB - a lot, some, a little, or nothing?

>TB< (1) A lot (ADS.230) (4) Nothing (ADS.250)
(2) Some (ADS.230) (7) Refused (end of section)
(3) A little (ADS.230) (9) Don't know (end of section)

ADS.230 How is TB spread? (PROBE: Can TB be spread in any other way?)

FR: SHOW FLASHCARD A14. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

- >**TBSPRD**<
- (1) Breathing the air around a person who is sick with TB
 - (2) Sharing eating / drinking utensils
 - (3) Through semen or vaginal secretions shared during sexual intercourse
 - (4) From smoking
 - (5) From mosquito or other insect bites
 - (6) Other
 - (7) Refused
 - (9) Don't know

ADS.240 As far as you know, can TB be cured?

- >**TBCURED**<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't Know

ADS.250 What are your chances of getting TB? Would you say high, medium, low, or none?

- >**TBCHANC**<
- (1) High
 - (2) Medium
 - (3) Low
 - (4) None
 - (5) Already have TB
 - (7) Refused
 - (9) Don't Know

ADS.260 Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

- >**HOMELESS**<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

ADS.270 **[If ADS.250 equals <5> read:]**

If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

[Else, read:]

If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

- >**TBSHAME**<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't Know

Adult_End
(goto next section)

CANCER 2000 MODULE

SECTION B - HISPANIC ACCULTURATION

Check item NABCCI01: Refer to Household Composition, Basic Module.
ORIGIN/HHC.170 "Does {person} consider {self}
Hispanic/Latino?"

[If ORIGIN/HHC.170 is not = 1, then go to END_NAB.]

NAB.010 I am going to ask you about health concerns, such as smoking,
diet, and disease. First, I would like to ask a few questions
about which language you use most often.

FR: SHOW CARD CAN1.

In general, which language do you SPEAK?

>SPSPEAK< (1) Only Spanish
(2) Mostly Spanish
(3) Spanish and English about the same
(4) Mostly English
(5) Only English
(6) Other Language
(7) Refused
(9) Don't know

NAB.020 **FR: SHOW CARD CAN1.**

Which language did you use as a child?

>SPCHILD< (1) Only Spanish
(2) Mostly Spanish
(3) Spanish and English about the same
(4) Mostly English
(5) Only English
(6) Other Language
(7) Refused
(9) Don't know

[If SPSPEAK and SPCHILD = 6, then go to END_NAB]

NAB.030 **FR: SHOW CARD CAN2.**

In general, which language do you READ better?

- >SPREAD<
- (1) Only Spanish
 - (2) Spanish better than English
 - (3) Spanish and English about the same
 - (4) English better than Spanish
 - (5) Only English
 - (6) Don't read
 - (7) Refused
 - (9) Don't know

NAB.040 **FR: SHOW CARD CAN3.**

Which language do you usually speak at home?

Would you say (READ CATEGORIES)?

- >SP1_HOME<
- (1) Only Spanish
 - (2) More Spanish than English
 - (3) Spanish and English about the same
 - (4) More English than Spanish
 - (5) Only English
 - (7) Refused
 - (9) Don't Know

NAB.050 **FR: SHOW CARD CAN3.**

Which language do you usually speak with your friends? Would you say (READ CATEGORIES)?

- >SP1_FRND<
- (1) Only Spanish
 - (2) More Spanish than English
 - (3) Spanish and English about the same
 - (4) More English than Spanish
 - (5) Only English
 - (7) Refused
 - (9) Don't Know

NAB.060 **FR: SHOW CARD CAN3.**

In which language do you usually think? Would you say (READ CATEGORIES)?

- >SP2_THNK<
- (1) Only Spanish
 - (2) More Spanish than English
 - (3) Spanish and English about the same
 - (4) More English than Spanish
 - (5) Only English
 - (7) Refused
 - (9) Don't know

NAB.070 **FR: SHOW CARD CAN3.**

In which language are the T.V. programs you usually watch? Would you say (READ CATEGORIES)?

- >SP2_TV<
- (1) Only Spanish
 - (2) More Spanish than English
 - (3) Spanish and English about the same
 - (4) More English than Spanish
 - (5) Only English
 - (7) Refused
 - (9) Don't know

NAB.080 **FR: SHOW CARD CAN3.**

In which language are the radio programs you usually listen to? Would you say (READ CATEGORIES)?

- >SP2_RDIO<
- (1) Only Spanish
 - (2) More Spanish than English
 - (3) Spanish and English about the same
 - (4) More English than Spanish
 - (5) Only English
 - (7) Refused
 - (9) Don't know

NAB.090 In what state or country was your father born?

>BIRFATH<

- | | | |
|-----------------------|---------------------|---------------------------------------|
| (1) Alabama | (21) Maryland | (41) South Carolina |
| (2) Alaska | (22) Massachusetts | (42) South Dakota |
| (3) Arizona | (23) Michigan | (43) Tennessee |
| (4) Arkansas | (24) Minnesota | (44) Texas |
| (5) California | (25) Mississippi | (45) Utah |
| (6) Colorado | (26) Missouri | (46) Vermont |
| (7) Connecticut | (27) Montana | (47) Virginia |
| (8) Delaware | (28) Nebraska | (48) Washington |
| (9) Dist. Of Columbia | (29) Nevada | (49) West Virginia |
| (10) Florida | (30) New Hampshire | (50) Wisconsin |
| (11) Georgia | (31) New Jersey | (51) Wyoming |
| (12) Hawaii | (32) New Mexico | (57) U.S.(state unknown) |
| (13) Idaho | (33) New York | (60-696) Other listed location |
| (14) Illinois | (34) North Carolina | (995) Not in U.S., country unknown |
| (15) Indiana | (35) North Dakota | (996) Not in U.S., country not listed |
| (16) Iowa | (36) Ohio | (997) Refused |
| (17) Kansas | (37) Oklahoma | (999) Don't Know |
| (18) Kentucky | (38) Oregon | |
| (19) Louisiana | (39) Pennsylvania | |
| (20) Maine | (40) Rhode Island | |

NAB.100 In what state or country was your mother born?

>BIRMOTH<

- | | | |
|-----------------------|---------------------|--------------------------|
| (1) Alabama | (21) Maryland | (41) South Carolina |
| (2) Alaska | (22) Massachusetts | (42) South Dakota |
| (3) Arizona | (23) Michigan | (43) Tennessee |
| (4) Arkansas | (24) Minnesota | (44) Texas |
| (5) California | (25) Mississippi | (45) Utah |
| (6) Colorado | (26) Missouri | (46) Vermont |
| (7) Connecticut | (27) Montana | (47) Virginia |
| (8) Delaware | (28) Nebraska | (48) Washington |
| (9) Dist. Of Columbia | (29) Nevada | (49) West Virginia |
| (10) Florida | (30) New Hampshire | (50) Wisconsin |
| (11) Georgia | (31) New Jersey | (51) Wyoming |
| (12) Hawaii | (32) New Mexico | (57) U.S.(state unknown) |
| (13) Idaho | (33) New York | (60-696) Other listed |
| (14) Illinois | (34) North Carolina | location |
| (15) Indiana | (35) North Dakota | (995) Not in U.S., |
| (16) Iowa | (36) Ohio | country unknown |
| (17) Kansas | (37) Oklahoma | (996) Not in U.S., |
| (18) Kentucky | (38) Oregon | country not listed |
| (19) Louisiana | (39) Pennsylvania | (997) Refused |
| (20) Maine | (40) Rhode Island | (999) Don't Know |

Check item END NAB: Go to next section - Diet and Nutrition

CANCER 2000 MODULE

SECTION C - DIET AND NUTRITION

NAC.010 These questions are about the different kinds of foods you USUALLY ate or drank during the PAST MONTH, that is, the past 30 days.

How many times per day, week, or month did you USUALLY eat cold cereals?

FR: IF RESPONDENT ANSWERS "EVERY DAY", PROBE FOR HOW MANY TIMES PER DAY.

>COLDCNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>COLDCTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.020 How many times per day, week, or month did you use milk, either to drink or on cold cereal?

FR: READ IF NECESSARY:

Do NOT include small amounts of milk in coffee or tea. DO include chocolate or other flavored milks.

>MILKNO< [] NUMBER times per

- (0) Never (MILKTP = 1; go to NAC.030)
- (01-94) 1-94
- (95) 95+
- (97) Refused (MILKTP = 7; go to NAC.021)
- (99) Don't know (MILKTP = 9; go to NAC.021)

>MILKTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.021 **FR: SHOW CARD CAN4**

What kind of milk did you usually use?

FR: READ IF NECESSARY:

Pick the one you use most often.

>MILKKND< (1) Whole milk
 (2) 2% milk
 (3) 1% milk
 (4) 1/2 % milk
 (5) Non-fat or skim milk
 (6) Other
 (7) Refused
 (9) Don't know

NAC.030 How many times per day, week, or month did you USUALLY eat bacon or sausage, not including low-fat, light, or turkey varieties?

HELP: Bacon and sausage are meat products. Do NOT include vegetarian substitutes here.

>BACONNO< [] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don't know

>BACONTP< [] TIME PERIOD

(1) Day
(2) Week
(3) Month
(4) Year
(7) Refused
(9) Don't know

NAC.040 How many times per day, week, or month did you USUALLY eat hotdogs made of beef or pork?

>HTDOGNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>HTDOGTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.050 How many time per day, week, or month did you USUALLY eat whole grain bread including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel.

FR: READ IF NECESSARY:

Include cracked wheat, multi-grain, and bran breads.

>BREADNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>BREADTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.060 How often did you DRINK 100% fruit juice, such as orange,
 grapefruit, apple, and grape juices?
 Do NOT count fruit drinks such as Kool-Aid, lemonade, cranberry
 juice cocktail, Hi-C, and Tang.

>JUICENO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>JUICETP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.070 How often did you eat FRUIT? COUNT fresh, frozen, or canned
 fruit. Do NOT count juices.

>FRUITNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>FRUITTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.080 How often did you use regular fat salad dressing or mayonnaise, including on salad and sandwiches?

FR: READ IF NECESSARY:

Do NOT include low-fat, light, or diet dressings. Include salad dressing used as dip.

>DRESSNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>DRESSTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.090 How often did you eat lettuce or green leafy SALAD, with or without other vegetables?

>SALADNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>SALADTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.100 How often did you EAT french fries, home fries, or hash brown potatoes?

>FRIESNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>FRIESTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.110 How often did you EAT other WHITE potatoes? COUNT baked potatoes, boiled potatoes, mashed potatoes and potato salad.

FR: READ IF NECESSARY:

Do NOT include yams or sweet potatoes. Include red-skinned and Yukon Gold potatoes.

>POTATNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>POTATTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.120 How often did you EAT cooked dried beans, such as refried beans, baked beans, bean soup, and pork and beans?

>BEANSNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>BEANSTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.130 Not counting what you just told me about (lettuce salads, white potatoes, cooked dried beans), and not counting rice, how often did you usually eat OTHER vegetables?

FR: READ IF NECESSARY:

Examples of other vegetables include tomatoes, string beans, carrots, corn, sweet potatoes, cabbage, bean sprouts, collard greens, and broccoli.

HELP: COUNT any form of the vegetables (raw, cooked, canned, or frozen).

>OVEGNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>OVEGTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.140 How many times per day, week, or month did you USUALLY eat any kind of pasta? COUNT spaghetti, noodles, macaroni and cheese, pasta salad, and any other kind of pasta.

HELP: Include tortellini, manicotti, lasagna, rice noodles, soba, etc.

>PASTANO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>PASTATP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.150 How many times per day, week, or month did you USUALLY eat peanuts, walnuts, seeds, or other nuts, not including nut butters?

HELP: DO NOT include peanut butter, other nut butters, soy nuts, or nuts in cakes, cookies, and pastries.

>PNUTNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>PNUTTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.160 How many times per day, week, or month did you USUALLY eat regular fat potato chips, tortilla chips, or corn chips? Do NOT include low-fat chips.

HELP: Do NOT include non-fat baked chips. Salt content does not matter.

>CHIPSNO< [] NUMBER times per

- (0) Never
- (01-94) 1-94
- (95) 95+
- (97) Refused
- (99) Don't know

>CHIPSTP< [] TIME PERIOD

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (7) Refused
- (9) Don't know

NAC.170 These next questions are about dietary supplements.

During the PAST 12 MONTHS, did you take any vitamin or mineral supplements of ANY kind?

FR: READ IF NECESSARY:

Include vitamin or mineral pills, liquids, or tinctures. Do NOT include vitamin-fortified foods.

>VITANY< (1) Yes (NAC.180)
(2) No (NAC.330)
(7) Refused (NAC.330)
(9) Don't know (NAC.330)

NAC.180 During the PAST 12 MONTHS, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum, etc.?

FR: IF MULTI-VITAMINS WERE ALREADY MENTIONED, ENTER "1" FOR YES WITHOUT ASKING.

FR: READ IF NECESSARY:

There are a number of vitamin and mineral combinations now available. The ways in which nutrients can be combined into pill form is almost infinite. Any combination of 3 or more vitamins and minerals should be included in the MULTI-vitamin category. Combinations labeled as "stress" or "antioxidant" supplements are common and should be included as MULTI-vitamins. Do NOT include combinations of herbal or botanical substances, or combinations of just 2 nutrients (e.g., calcium with vitamin D, etc.) in this question.

>VITMUL< (1) Yes (NAC.190)
(2) No (NAC.210)
(7) Refused (NAC.210)
(9) Don't know (NAC.210)

NAC.190 How many months of the PAST 12 did you take MULTI-vitamins?

>VITMULM< (12) All of them (NAC.200)
(01-12) Number of months (NAC.200)
(97) Refused (NAC.210)
(99) Don't know (NAC.210)

NAC.200 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take MULTI-vitamins?

>VITMULD1< [] NUMBER

(01-30) 1-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don't Know

>VITMULD2< [] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don't know

NAC.210 The next questions are about any INDIVIDUAL vitamin or mineral supplements you may take.

During the PAST 12 MONTHS, did you take any vitamin A?

FR: READ IF NECESSARY:

Do NOT include any Vitamin A in the MULTI-vitamins you told me about.

- >VITA< (1) Yes (NAC.220)
(2) No (NAC.240)
(7) Refused (NAC.240)
(9) Don't know (NAC.240)

NAC.220 How many months of the PAST 12 MONTHS did you take vitamin A?

- >VITAM< (12) All of them (NAC.230)
(01-12) Number of months (NAC.230)
(97) Refused (NAC.240)
(99) Don't know (NAC.240)

NAC.230 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take vitamin A?

- >VITADNO< [] NUMBER

(01-30) 01-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don't know

- >VITADTP< [] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don't know

NAC.240 During the PAST 12 MONTHS, did you take any vitamin C?

FR: READ IF NECESSARY:

Do NOT include any vitamin C in the MULTI-vitamins you told me about.

Do NOT include vitamin C fortified drinks.

- >VITC< (1) Yes (NAC.250)
(2) No (NAC.270)
(7) Refused (NAC.270)
(9) Don't know (NAC.270)

NAC.250 How many months of the PAST 12 did you take vitamin C?

>VITCM< (12) All of them (NAC.260)
 (01-12) Number of months (NAC.260)
 (97) Refused (NAC.270)
 (99) Don't know (NAC.270)

NAC.260 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH}
 did you take vitamin C?

>VITCDNO< [] NUMBER

 (01-30) 01-30 days
 (30) All of them
 (96) Other
 (97) Refused
 (99) Don't know

>VITCDTP< [] TIME PERIOD

 (1) Days per week
 (2) Days per month
 (6) Other
 (7) Refused
 (9) Don't know

NAC.270 During the PAST 12 MONTHS, did you take any vitamin E?

FR: READ IF NECESSARY:

 Do NOT include any vitamin E in the MULT-vitamins you told me
 about.

>VITE< (1) Yes (NAC.280)
 (2) No (NAC.300)
 (7) Refused (NAC.300)
 (9) Don't know (NAC.300)

NAC.280 How many months of the PAST 12 did you take vitamin E?

>VITEM< (12) All of them (NAC.290)
 (01-12) Number of months (NAC.290)
 (97) Refused (NAC.300)
 (99) Don't know (NAC.300)

NAC.290 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take vitamin E?

>VITEDNO< [] NUMBER

- (01-30) 1-30 days
- (30) All of them
- (96) Other
- (97) Refused
- (99) Don't know

>VITEDTP< [] TIME PERIOD

- (1) Days per week
- (2) Days per month
- (6) Other
- (7) Refused
- (9) Don't know

NAC.300 During the PAST 12 MONTHS, did you take calcium?

FR: READ IF NECESSARY:

Do NOT include any calcium in the MULTI-vitamins you told me about.

Include Tums. Do NOT include milk or calcium-fortified orange juice.

>CALC< (1) Yes (NAC.310)
(2) No (NAC.330)
(7) Refused (NAC.330)
(9) Don't know (NAC.330)

NAC.310 How many months of the PAST 12 did you take calcium?

>CALCM< (12) All of them (NAC.320)
(01-12) Number of months (NAC.320)
(97) Refused (NAC.330)
(99) Don't know (NAC.330)

NAC.320 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take calcium?

>CALCDNO< [] NUMBER

- (01-30) 1-30 days
- (30) All of them
- (96) Other
- (97) Refused
- (99) Don't know

CALCDTP< [] TIME PERIOD

- (1) Days per week
- (2) Days per month
- (6) Other
- (7) Refused
- (9) Don't know

NAC.330 These next questions are about herbal supplements.

During the PAST 12 MONTHS, did you take any MIXED or single herbal or botanical supplements.

FR: READ IF NECESSARY:

Include pills, capsules, liquid tinctures and extracts. Do NOT include teas or food. Do NOT include garlic or ginger used in cooking.

>HERBSUPP< (1) Yes (NAC.340)
(2) No (NAC.370)
(7) Refused (NAC.370)
(9) Don't know (NAC.370)

NAC.340 FR: SHOW CARD CAN5.

Which ones?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER OF EACH ITEM MENTIONED.
ENTER (N) FOR NO MORE.

>HERB_ALO<	(1) Aloe	>HERB_GIA<	(15) Ginseng(Amer, Asian)
>HERB_AST<	(2) Astragalus	>HERB_GIS<	(16) Ginseng (Siberian)
>HERB_BIL<	(3) Bilberry	>HERB_GOL<	(17) Goldenseal
>HERB_CAS<	(4) Cascara Sagrada	>HERB_GRA<	(18) Grapeseed extract
>HERB_CAT<	(5) Cat's Claw	>HERB_KAV<	(19) Kava Kava
>HERB_CAY<	(6) Cayenne	>HERB_LEC<	(20) Lecithin
>HERB_CRA<	(7) Cranberry	>HERB_MEL<	(21) Melatonin
>HERB_DON<	(8) Dong Quai	>HERB_MIL<	(22) Milk Thistle
>HERB_ECH<	(9) Echinacea	>HERB_SAW<	(23) Saw Palmetto
>HERB_EVE<	(10) Evening primrose oil	>HERB_JOH<	(24) St. John's Wort
>HERB_FEV<	(11) Feverfew	>HERB_VAL<	(25) Valerian
>HERB_GAR<	(12) Garlic pills	>HERB_OTH<	(26) Another herbal supplement
>HERB_GIG<	(13) Ginger pills		(97) Refused
>HERB_GIK<	(14) Ginkgo (biloba)		(99) Don't know

NAC.350 How many months of the PAST 12 did you take herbal supplements?

>HERBM< (12) All of them (NAC.360)
(01-12) Number of months (NAC.360)
(97) Refused (NAC.370)
(99) Don't know (NAC.370)

NAC.360 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take herbal supplements?

>HERBDNO< [] NUMBER

(01-30) 1-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don't know

>HERBDTP< [] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don't know

NAC.370 During the PAST 12 MONTHS, has a doctor or other health professional talked with you about your diet and eating habits?

- >MDTALK< (1) Yes
 (2) No
 (3) Did not see a doctor in the PAST 12 MONTHS
 (7) Refused
 (9) Don't know

Check item END NAC: Go to the next section -- Section D: Physical Activity.

CANCER 2000 MODULE

SECTION D - PHYSICAL ACTIVITY

Refer to Adult Core, Basic Module.

FLWALK/AHS.091, "By yourself, and without using any special equipment, how difficult is it for you to...Walk a quarter of a mile - about 3 city blocks?"

- (0) Not at all difficult (NAD.010)
- (1) Only a little difficult (NAD.010)
- (2) Somewhat difficult (NAD.010)
- (3) Very difficult (NAD.010)
- (4) Can't do at all (NAD.020)
- (6) Do not do this activity (NAD.020)
- (7) Refused (NAD.010)
- (9) Don't know (NAD.010)

NAD.010 These next questions are about physical activity.

Do you usually walk or bike to work, school, or to do errands?

>WALK<

- (1) Yes
- (2) No
- (3) Unable to walk or bike
- (7) Refused
- (9) Don't know

NAD.020 **FR: SHOW CARD CAN6.**

Which one of the following BEST describes your usual daily activities related to moving around? Do NOT include exercises, sports, or physically active hobbies done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed.

LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

FR: IF RESPONDENT IS BEDRIDDEN, ENTER '1'.

FR: READ IF NECESSARY:

Pick the one you do MOST often.

Do you (READ CATEGORIES BELOW)...

>MOVE1<

- (1) ... SIT during MOST of the day?
- (2) ... STAND during MOST of the day?
- (3) ... WALK AROUND MOST of the day?
- (7) Refused
- (9) Don't know

NAD.030 **FR: SHOW CARD CAN7.**

Which one of the following BEST describes your usual daily activities related to lifting or carrying things? Do NOT include activities done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed. LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

FR: READ IF NECESSARY:

Pick the one you do MOST often.

Do you (READ CATEGORIES 1-4 BELOW).

- >LIFT<**
- (1) ... NOT lift or carry things very often?
 - (2) ... LIFT or carry LIGHT loads?
 - (3) ... LIFT or carry MODERATE loads?
 - (4) ... LIFT or carry HEAVY loads?
 - (5) ... Unable to lift or carry loads?
 - (6) Other
 - (7) Refused
 - (9) Don't know

Refer to Family Core, Basic Module.

DOINGLW/FSD.050 "Which of the following were you doing LAST WEEK:"

- (1) Working at a job or business
- (2) With a job or business but not at work.
- (3) Looking for work
- (4) Not working at a job or business
- (7) Refused
- (9) Don't know

[For the next two questions, if DOINGLW = 1 or 2 fill {Outside of work, how}; Else fill {How}.]

NAD.040 {Outside of work, how/How} many hours do you spend per day during the WEEKDAYS sitting?

- >SITWDAY<**
- (00-24) 0-24 hours per day
 - (97) Refused
 - (99) Don't know

NAD.050 {Outside of work, how/How} many hours do you spend per day during the WEEKEND sitting?

FR: READ IF NECESSARY:

Include watching television or videos, working on the computer, playing video games, using the Internet, knitting, sewing, reading, fishing, taking long drives, watching ball games or doing other sitting activities. Weekend means any days off, not necessarily Saturday and Sunday.

FR: IF PERSON IS BEDRIDDEN, INCLUDE ONLY WAKING HOURS LYING DOWN.

>SITWEND< (00-24) 0-24 hours per day
(97) Refused
(99) Don't know

Refer to Adult Core, Basic Module.

AMDLONGR/AAU.305 "About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?"

- (0) Never
- (1) 6 months or less
- (2) More than 6 months but not more than 1 year ago
- (3,4,5) More than 1 year
- (7) Refused
- (9) Don't know

[If AMDLONGR is not = 1 or 2, then store '3' in MDEXER and go to END_NAD.]

NAD.060 During the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you BEGIN or CONTINUE to do any type of exercise or physical activity?

>MDEXER< (1) Yes
(2) No
(3) Did not see a doctor in the PAST 12 MONTHS
(7) Refused
(9) Don't know

Check item END NAD: Go to the next section - Section E: Tobacco

CANCER 2000 MODULE

SECTION E - TOBACCO

Check item NAECCI01: Refer to Adult Core, Basic Module.
SMKEV/AHB.010, "Have you smoked at least 100
cigarettes in your ENTIRE LIFE?"

[If SMKEV is not = 1, then go to Check Item NAECCI11]

Check item NAECCI03: Refer to Adult Core, Basic Module.
SMKNOW/AHB.030, "Do you now smoke cigarettes every
day, some days, or not at all?"

[If SMKNOW is not = 3, then go to NAE.050]

NAE.010 Earlier you said that you used to smoke cigarettes.

Did you ever USE or SWITCH to a lower tar and nicotine cigarette
to reduce your health risk?

>FSSWITC< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.020 **FR: SHOW CARD CAN8.**

When you stopped smoking completely, which of these methods did
you use?

**FR: MARK ALL THAT APPLY. ENTER THE NUMBER '1' FOR EACH ITEM
MENTIONED. ENTER (N) FOR NO MORE.
PROBE: "Anything else?"**

NAE.020 >FSQSTOP< Stopped all at once ("cold turkey")
NAE.021 >FSQDECR< Gradually decreased the number of cigarettes
smoked in a day
NAE.022 >FSQBOOK< Instructions in a pamphlet or book
NAE.023 >FSQCOUN< One-on-one counseling
NAE.024 >FSQCLIN< Stop-smoking clinic or program
NAE.025 >FSQPATC< Nicotine patch
NAE.026 >FSQGUM< Nicotine containing gum (such as "Nicorette")
NAE.027 >FSQSPRY< Nicotine nasal spray
NAE.028 >FSQINHA< Nicotine inhaler
NAE.029 >FSQZYB< Zyban/Bupropion/Wellbutrin medication
NAE.030 >FSQSWIT< Switched to chewing tobacco or snuff
NAE.031 >FSQOTH< Any other method

NAE.040 In your WHOLE LIFE, including the last time, how many times did you stop smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>FSQUITN< (001-994) 1-994 times
(995) 995+ times
(997) Refused
(999) Don't know

[Go to Check Item NAECCI11]

NAE.050 Did you EVER USE or SWITCH to a lower tar and nicotine cigarette to reduce your health risk?

>CSSWITC< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.060 Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CSQEV< (1) Yes (NAE.070)
(2) No (NAE.100)
(7) Refused (NAE.070)
(9) Don't know (NAE.070)

NAE.070 In your WHOLE LIFE, how many times have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CSQ12< (001-994) 1-994 times
(995) 995+ times
(997) Refused
(999) Don't know

NAE.130 The following questions are about cigarette smoking.

In the PAST 12 MONTHS has a medical doctor or other health professional ASKED you about whether you smoke cigarettes or use other kinds of tobacco?

- >MDTOB1<
- (1) Yes (Check item NAECCI12)
 - (2) No (Check item NAECCI12)
 - (3) My doctor doesn't ask as {he/she} knows I DO smoke or use tobacco (Check item NAECCI12)
 - (4) My doctor doesn't ask as {he/she} knows I DON'T use tobacco (NAE.140)
 - (5) Did not see a doctor in the past 12 months (NAE.140)
 - (7) Refused (Check item NAECCI12)
 - (9) Don't know (Check item NAECCI12)

Check item NAECCI12: If never smoked or if quit more than a year ago, then go to NAE.140.

NAE.135 In the PAST 12 MONTHS has a medical doctor or other health professional ADVISED you to quit smoking or quit using other kinds of tobacco?

- >MDTOB2<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

NAE.140-142 Have you EVER smoked . . .

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

NAE.140 >EVPIPE< ... A pipe?

NAE.141 >EVCIGAR< ... A cigar?

HELP: Include small, thin, cigars called 'cigarillos', 'puritos' or 'chicos', that are wrapped in tobacco leaf rather than paper, and are made by machine or handrolled.

NAE.142 >EVBIDI< ... A bidi?

HELP: A bidi is a flavored cigarette from India.

NAE.143-144 Have you EVER used . . .

- (1)Yes
- (2)No
- (7) Refused
- (9)Don't know

NAE.143 >EVSNUFF< ... Snuff?

NAE.144 >EVCHEW< ... Chewing tobacco?

[If EVEPIPE is not = 1, then go to Check item NAECCI13]

NAE.150 Have you smoked a pipe at least 50 times in your ENTIRE LIFE?

- >PIPE50< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.151 Do you NOW smoke a pipe every day, some days, or not at all?

- >PIPEED< (1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don't know

Check item NAECCI13: If EVCIGAR is not = 1, then go to Check item NAECCI14.

NAE.160 Have you smoked at least 50 cigars in your ENTIRE LIFE?

- >CIGAR50< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.161 Do you NOW smoke cigars every day, some days, or not at all?

- >CIGARED< (1) Every day (Check item NAECCI14)
(2) Some days (NAE.162)
(3) Not at all (Check item NAECCI14)
(7) Refused (NAE.162)
(9) Don't know (NAE.162)

NAE.162 On how many of the PAST 30 DAYS have you smoked a cigar?

- >CIG30D< (0) None
(01-30) 1-30 days
(97) Refused
(99) Don't know

Check item NAECCI14: If EVBIDI is not = 1, then go to Check item NAECCI15.

NAE.170 Have you smoked bidis least 20 times in your ENTIRE LIFE?

- >BIDI20< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.171 Do you NOW smoke bidis every day, some days, or not at all?

- >BIDIED< (1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don't know

Check item NAECCI15: If EVSNUFF is not = 1, then go to Check item NAECCI16.

NAE.180 Have you used snuff, (such as Skoal, Skoal Bandits, or Copenhagen) at least 20 times in your ENTIRE LIFE?

- >SNUFF20< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.181 Do you now use snuff every day, some days, or not at all?

- >SNUFFED< (1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don't know

Check item NAECCI16: If EVCHEW is not = 1, then go to NAE.200

NAE.190 Have you used chewing tobacco, (such as Redman, Levi Garrett, or Beechnut) at least 20 times in your ENTIRE LIFE?

- >CHEW20< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.191 Do you NOW use chewing tobacco every day, some days, or not at all?

- >CHEWED< (1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don't know

NAE.200 During the PAST WEEK, how many days did ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE your home?

- >SMHOME< (00) Less than 1 day per week/Rarely/None
(01-07) 1-7 days per week
(97) Refused
(99) Don't know

Check item NAECCI17: Refer to Adult Core, Basic Module.
DOINGLW/FSD.050 "Which of the following were you doing last week?"
(1) Working at a job or business (Check item NAECCI18)
(2) With a job or business but not at work (Check item NAECCI18)
(3) Looking for work (NAE.260)
(4) Not working at a job or business (NAE.260)
(7) Refused (NAE.260)
(9) Don't Know (NAE.260)

Check item NAECCI18: Refer to Adult Core, Basic Module.
WRKCAT/ASD.110 "Looking at the card, which of these best describes your current job or work situation?"
(1) Private business (NAE.210)
(2) Federal employee (NAE.210)
(3) State government employee (NAE.210)
(4) Local government employee (NAE.210)
(5) Self employed in own business, professional practice, or farm (NAE.260)
(6) Working without pay in family business or farm (NAE.260)
(7) Refused (NAE.260)
(9) Don't Know (NAE.260)

NAE.210 **FR: SHOW CARD CAN9.**

The next questions are about smoking where you work.

Which of these BEST describes the area in which you work most of the time?

>AREAWRK< (1) Work mainly indoors (NAE.220)
(2) Work mainly outdoors (NAE.260)
(3) Travel to different buildings or sites (NAE.260)
(4) In a motor vehicle (NAE.260)
(5) Some other area (NAE.260)
(7) Refused (NAE.260)
(9) Don't know (NAE.260)

NAE.220 As far as you know, has anyone smoked in your work area in the LAST WEEK?

>SMAREA< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAE.230 Does your employer have an official policy that restricts smoking in any way?

- >SMPOL<
- (1) Yes (NAE.240)
 - (2) No (NAE.260)
 - (7) Refused (NAE.260)
 - (9) Don't know (NAE.260)

NAE.240 **FR: SHOW CARD CAN10.**

Which of these BEST describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

- >SMPOLP<
- (1) Not allowed in ANY indoor public or common areas
 - (2) Allowed in SOME indoor public or common areas
 - (3) Allowed in ALL indoor public or common areas
 - (7) Refused
 - (9) Don't Know

NAE.250 **FR: SHOW CARD CAN11.**

Which of these BEST describes your employer's smoking policy for work areas?

- >SMPOLW<
- (1) Not allowed in ANY work areas
 - (2) Allowed in SOME work areas
 - (3) Allowed in ALL work areas
 - (7) Refused
 - (9) Don't Know

NAE.260 **FR: SHOW CARD CAN12**

Which BEST describes your opinion about smoking in indoor public places? Smoking should be...

- >NOSMOK<
- (1) NOT allowed in ANY indoor public places
 - (2) Allowed ONLY in smoking areas
 - (3) Allowed in ALL indoor public places
 - (7) Refused
 - (9) Don't Know

NAE.270 **FR: SHOW CARD CAN13**

Now, I am going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you agree, disagree or have no opinion.

The smoke from other people's cigarettes is harmful to you.

- >SMHARM<
- (1) Agree
 - (2) Disagree
 - (3) Have no opinion
 - (7) Refused
 - (9) Don't Know

NAE.280 **FR: SHOW CARD CAN13**

To help prevent smoking in young people, the price of cigarettes should be increased by at least \$1.50 per pack.

- >INCR150<
- (1) Agree
 - (2) Disagree
 - (3) Have no opinion
 - (7) Refused
 - (9) Don't Know

Check item END NAE: Go to the next section, Section F -- Cancer Screening

CANCER 2000 MODULE

SECTION F - CANCER SCREENING

Check item NAFCCI01: Refer to Household Composition, Basic Module.
SEX/HHC.110 "{Are/Is} {you/name} male or female?"
(1) Male
(2) Female

Check item NAFCCI02: Refer to Household Composition, Basic Module.
AGE/HHC.120 "What is {name/your} age...?"

NAF.010 Now, we are going to ask you about cancer prevention. The next few questions are about the time you spend in the sun.

FR: SHOW CARD CAN14

After several months of not being in the sun, if you went out in the sun without sunscreen, a hat, or protective clothing, for an hour, which one of these would happen to your skin? (**READ CATEGORIES 1-5**)

FR: READ IF NECESSARY:

Even if you do not go out in the sun, what would happen if you did?

FR: READ IF NECESSARY:

By "sunburn" we mean your skin turns pink or red or hurts for 12 hours or more.

HELP: If asked how much skin needs to be burned, include: "a burn on even a small part of your body".

>SUN1HR< (01) Get a severe sunburn with blisters
(02) Have a severe sunburn for a few days with peeling
(03) Burn mildly with some or no tanning
(04) Turn darker without sunburn
(05) Say that nothing would happen
(06) Do not go out in the sun
(07) Other
(97) Refused
(99) Don't know

NAF.015 **FR: SHOW CARD CAN15**

If you were out in the sun for a long time repeatedly (such as every day for two weeks), which one of these things would happen to your skin? Get...

Further clarification of question on long-term sun exposure:

- **Even if you do not go out in the sun, what would happen if you did?**
- **By "sunburn", we mean your skin turns pink or red or hurts for 12 hours or more.**
- **If asked how much skin needs to be burned, include: "a burn on even a small part of your body".**

- >SUNTAN<
- (01) Get very dark and deeply tanned
 - (02) Moderately tanned
 - (03) Mildly tanned
 - (04) Only freckled or no suntan at all
 - (05) Repeated sunburns
 - (06) Don't go out in the sun
 - (07) Other
 - (97) Refused
 - (99) Don't know

NAF.021-024 **FR: SHOW CARD CAN16.**

When you go outside on a very sunny day, for more than one hour, how often do you . . .

NAF.021 ...Stay in the shade? Would you say (**READ CATEGORIES 1-5**)?

- >SUN1_SHA<
- (1) ALWAYS
 - (2) MOST OF THE TIME
 - (3) SOMETIMES
 - (4) RARELY
 - (5) NEVER
 - (6) DON'T GO OUT IN SUN
 - (7) Refused
 - (9) Don't Know

NAF.022 ...Wear a hat that shades your face, ears AND neck?
Would you say (**READ CATEGORIES 1-5**)?

HELP: Include any wide-brimmed hat that shades your face, ears and neck
from the sun.

FR: READ IF NECESSARY

Do NOT include visors, baseball caps, or hats that do not shade
the ears and neck.

>SUN1_HAT< (1) ALWAYS
(2) MOST OF THE TIME
(3) SOMETIMES
(4) RARELY
(5) NEVER
(6) DON'T GO OUT IN SUN
(7) Refused
(9) Don't Know

NAF.023 ...Wear a long sleeved shirt? Would you say (**READ CATEGORIES 1-5**)?

>SUN2_LGS< (1) ALWAYS
(2) MOST OF THE TIME
(3) SOMETIMES
(4) RARELY
(5) NEVER
(6) DON'T GO OUT IN SUN
(7) Refused
(9) Don't Know

NAF.024 ...Use sunscreen? Would you say (**READ CATEGORIES 1-5**)?

>SUN2_SCR< (1) ALWAYS
(2) MOST OF THE TIME
(3) SOMETIMES
(4) RARELY
(5) NEVER
(6) DON'T GO OUT IN SUN
(7) Refused
(9) Don't Know

[If SUN2_SCR is = 5-9, then go to NAF.030]

NAF.025 What is the SPF number do you use most often?

>SPF< (1-50) SPF 1-50
(96) More than one, different ones, other
(97) Refused
(99) Don't know

[If SUN1_SHA/NAF.021 and SUN1_HAT/NAF.022 and SUN2_LGS/NAF.023 and
SUN2_SCR/NAF.024 are all = 6, then go to NAF.040]

NAF.030 How many times in the PAST YEAR have you had a sunburn?

>NBURN< (000) None
(001-365) 1-365 times
(997) Refused
(999) Don't know

NAF.040 Have you EVER had all of your skin from head to toe checked for cancer either by a dermatologist or some other kind of doctor?

>SKNX< (1) Yes (NAF.050)
(2) No (Check item NAFCCI03)
(7) Refused (Check item NAFCCI03)
(9) Don't know (Check item NAFCCI03)

NAF.050-055 When did you have your MOST RECENT skin exam?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

NAF.050 Month:

>RSKX1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (NAF.055)

Year:

>RSKX1_YR< (1950-2000) 1950-2000 (NAF.070)
(9997) Don't know (NAF.060)
(9999) Refused (NAF.060)

NAF.055 [] NUMBER

>RSKX1_NO< (01-94) 1-94 (RSKX1_TP/NAF.055)
(95) 95+ (RSKX1_TP/NAF.055)
(97) Refused (NAF.060)
(99) Don't know (NAF.060)

[] TIME PERIOD

>RSKX1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.070]

NAF.100 Altogether, about how long did you take birth control pills?

>BC_NO< [] Number
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don't know

>BC_TP< [] Time Period
(1) Days
(2) Weeks
(3) Months
(4) Years
(7) Refused
(9) Don't know

NAF.110 **FR: IF THE RESPONDENT MENTIONED HAVING A BIOLOGICAL CHILD IN THE CORE, ENTER (1) FOR YES.**

Have you EVER given birth to a live born infant?

FR: READ IF NECESSARY:

A live born infant is an infant born alive.

>BIRTHEV< (1) Yes (NAF.111)
(2) No (NAF.130)
(7) Refused (NAF.130)
(9) Don't know (NAF.130)

NAF.111 What is the total number of live births (live born children) you have had?

>BIRTHNUM< (01-25) 1-25 Live births
(97) Refused
(99) Don't know

NAF.120 How old were you when your {child/first child} was born?

>BIRTHAGE< (08-60) 8-60 years (NAF.130)
(97) Refused (NAF.130)
(99) Don't know (NAF.121)

NAF.121 What year was your first child born?

>BIRTHAG2< (1890-2000) 1890-2000
(9997) Refused
(9999) Don't know

NAF.130 Have you EVER HAD a Pap smear test?

A Pap smear is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

>PAPHAD< (1)Yes (NAF.140)
(2)No (NAF.220)
(7)Refused (NAF.220)
(9)Don't know (NAF.220)

NAF.140 How many Pap smears have you had in the LAST 6 YEARS?

>PAP6YR< (0) None
(01-94) 1-94 times
(95) 95+ times
(97) Refused
(99) Don't know

NAF.150 When did you have your MOST RECENT Pap smear test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RPAP1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RPAP1_NO)

Year:

>RPAP1_YR< (1950-2000) 1950-2000 (NAF.170)
(9997) Don't know (NAF.160)
(9999) Refused (NAF.160)

When did you have your MOST RECENT Pap smear test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RPAP1_NO< (01-94) 1-94 (RPAP1_TP/NAF.150)
(95) 95+ (RPAP1_TP/NAF.150)
(97) Don't know (NAF.160)
(99) Refused (NAF.160)

[] Time Period

>RPAP1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Don't know
(9) Refused

[Go to NAF.170]

NAF.160 **FR: SHOW CARD CAN19**

Was it: (**READ CATEGORIES BELOW**)

- >RPAPCA<**
- (1) ... a year ago or less?
 - (2) ... more than 1 year but not more than 2 years?
 - (3) ... more than 2 years but not more than 3 years?
 - (4) ... more than 3 years but not more than 5 years?
 - (5) ... over 5 years ago?
 - (7) Refused
 - (9) Don't know

NAF.170 **FR: SHOW CARD CAN20.**

What was the MAIN reason you had this Pap smear?

- >PAPREAS<**
- (1) Part of a routine physical or pregnancy exam
 - (2) Because of a specific gynecological problem
 - (3) Followup to a previous gynecological exam
 - (4) Other
 - (7) Refused
 - (9) Don't know

NAF.180 Have you EVER had a Pap smear where the results were NOT normal?

- >PAPABN<**
- (1) Yes (NAF.190)
 - (2) No (Check item NAFCCI04)
 - (7) Refused (Check item NAFCCI04)
 - (9) Don't know (Check item NAFCCI04)

NAF.190 Because of these results, did you have any additional exams or tests?

- >PAPADDE<**
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

NAF.200 Because of these results, did you have surgery or other treatment?

- >PAPTRT<**
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

[If pap smear in last three years or Don't know or Refused then go to NAF.220]

NAF.210 **FR: SHOW CARD CAN21.**

What is the most important reason you have {NEVER had a
Pap smear /NOT had a Pap smear in the LAST 3 YEARS}?

- >PAPNOT<**
- (01) No reason/never thought about it. (NAF.215)
 - (02) Didn't need/ didn't know I needed this type of test
(NAF.215)
 - (03) Doctor didn't order it/ didn't say I needed it (NAF.220)
 - (04) Haven't had any problems (NAF.215)
 - (05) Put it off/ didn't get around to it (NAF.215)
 - (06) Too expensive/no insurance/cost (NAF.215)
 - (07) Too painful, unpleasant, or embarrassing (NAF.215)
 - (08) Had hysterectomy (NAF.221)
 - (09) Don't have doctor (NAF.220)
 - (10) Other (NAF.215)
 - (97) Refused (NAF.215)
 - (99) Don't know (NAF.215)

NAF.215 In the PAST YEAR, has a doctor or other health professional
RECOMMENDED that you have a Pap smear?

- >MDRECPAP<**
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

NAF.220 Have you had a hysterectomy?

- >HYST<**
- (1) Yes (NAF.221)
 - (2) No (Check item NAFCCI05)
 - (7) Refused (Check item NAFCCI05)
 - (9) Don't know (Check item NAFCCI05)

NAF.221 When was your hysterectomy?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RHYST1_M< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RHYST1_N)

Year:

>RHYSTI_Y< (1950-2000) 1950-2000 (Check item NAFCCI05)
(9997) Don't know (NAF.223)
(9999) Refused (NAF.223)

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RHYST1_N< (01-94) 1-94 (RHYST1_T/NAF.221)
(95) 95+ (RHYST1_T/NAF.221)
(97) Refused (NAF.223)
(99) Don't know (NAF.223)

[] Time Period

>RHYST1_T< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to Check item NAFCCI05]

NAF.223 **FR: SHOW CARD CAN22**

Was it: (READ CATEGORIES BELOW)

>RHYST2< (1) ... a year ago or less?
(2) ... more than 1 year but not more than 2 years?
(3) ... more than 2 years but not more than 3 years?
(4) ... more than 3 years but not more than 5 years?
(5) ... over 5 years ago?
(7) Refused
(9) Don't know

Check item NAFCCI05: Refer to Household Composition, Basic Module.
AGE/HHC.120 "What is {name/your} age...?"
(1)Female 18-29 (under 30) (Check item NAFCCI07)
(2)Female 30+ (NAF.230)

NAF.230 Have you EVER HAD a mammogram?

FR: READ IF NECESSARY:

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

- >MAMHAD<**
- (1) Yes (NAF.240)
 - (2) No (Check item NAFCCI06)
 - (7) Refused (Check item NAFCCI06)
 - (9) Don't know (Check item NAFCCI06)

NAF.240 **FR: SHOW CARD CAN23**

About how old were you when you had your first mammogram?
Were you: **(READ CATEGORIES BELOW)**

- >MAMAGE<**
- (1) Under 30 years
 - (2) 30 to 39
 - (3) 40 to 49
 - (4) 50 to 59
 - (5) 60 years or older
 - (7) Refused
 - (9) Don't know

NAF.250 How many mammograms have you had in the LAST 6 YEARS?

- >MAM6YR<**
- (00) None
 - (01-94) 1-94 times
 - (95) 95+
 - (97) Refused
 - (99) Don't know

NAF.260 When did you have your MOST RECENT mammogram?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RMAM1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RMAM1_NO)

Year:

>RMAM1_YR< (1950-2000) 1950-2000 (NAF.280)
(9997) Don't know (NAF.270)
(9999) Refused (NAF.270)

When did you have your MOST RECENT mammogram?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RMAM1_NO< (01-94) 1-94 (RMAM1_TP/NAF.260)
(95) 95+ (RMAM1_TP/NAF.260)
(97) Refused (NAF.270)
(99) Don't know (NAF.270)

[] Time Period

>RMAM1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.280]

NAF.270 **FR: SHOW CARD CAN24**

Was it: (READ CATEGORIES BELOW)

>RMAMCA< (1) A year ago or less?
(2) More than 1 year but not more than 2 years?
(3) More than 2 years but not more than 3 years?
(4) More than 3 years but not more than 5 years?
(5) Over 5 years ago?
(7) Refused
(9) Don't know

NAF.280 Where was this mammogram done? Was it a **(READ CATEGORIES 1-5 BELOW)** :

- >MAMWHER<**
- (1) Mammogram van?
 - (2) Independent X-ray or radiology center?
 - (3) Clinic/health center, not in a hospital?
 - (4) Private doctor's office?
 - (5) Hospital?
 - (6) Other place?
 - (7) Refused
 - (9) Don't know

NAF.290 How much did you pay for this mammogram. Was it NONE, PART, or ALL of the cost?

- >MAMPAY<**
- (1) I paid NONE of the cost (NAF.300)
 - (2) I paid PART of the cost (NAF.300)
 - (3) I paid ALL of the cost (NAF.305)
 - (7) Refused (NAF.300)
 - (9) Don't know (NAF.300)

NAF.300-304 Which of the following sources paid for {some/all} of the cost of this mammogram?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER OF EACH ITEM MENTIONED; ENTER (N) FOR NO MORE.

- NAF.300 **>MAMP_PRI<** (1) Private health insurance
NAF.301 **>MAMP_CAR<** (2) Medicare
NAF.302 **>MAMP_AID<** (3) Medicaid
NAF.303 **>MAMP_FRE<** (4) Free Clinic
NAF.304 **>MAMP_OTH<** (5) Other source

NAF.305 Was this mammogram provided through a special low-cost program?

- >MAMLOCST<**
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

NAF.310 **FR: SHOW CARD CAN25.**

What was the MAIN reason you had this mammogram?

- >MAMREAS<**
- (1) Part of a routine physical exam/screening test
 - (2) Because of a specific breast problem
 - (3) Followup to a previously identified breast problem
 - (4) Baseline or initial mammogram
 - (5) Family history
 - (6) Other
 - (7) Refused
 - (9) Don't know

NAF.320 Have you EVER had a mammogram where the results were not normal?

- >MAMABN< (1) Yes (NAF.330)
(2) No (NAF.350)
(7) Refused (NAF.350)
(9) Don't know (NAF.350)

NAF.331-337 Because of these results, what additional tests or surgery did you have?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER FOR EACH ITEM MENTIONED. TYPE N FOR "NO MORE".

PROBE: "Anything else?"

- NAF.331 >MAMT_NON< (0) None
NAF.332 >MAMT_OTH< (1) Another mammogram
NAF.333 >MAMT_ULT< (2) Ultrasound
NAF.334 >MAMT_CBE< (3) Clinical breast exam
NAF.335 >MAMT_BIO< (4) Needle biopsy
NAF.336 >MAMT_TUM< (5) Tumor/ lump removed/ lumpectomy
NAF.337 >MAMT_BRE< (6) Breast removed/ mastectomy

[If no additional tests or surgery, then go to NAF.350]

NAF.340 Did the surgery or additional tests indicate that you had cancer?

- >MAMCAN< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAF.350 Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?

- >LUMPEV< (1) Yes (NAF.351)
(2) No (Check item NAFCCI06)
(3) Lump removed was cancerous (Check item NAFCCI06)
(7) Refused (Check item NAFCCI06)
(9) Don't know (Check item NAFCCCI06)

NAF.351 How many of these operations have you had?

- >LUMPNUM< (01-20) 1-20 Operations
(97) Refused
(99) Don't know

Check item NAFCCI06: Refer to:

- MAMHAD/NAF.230, Have had a mammogram.
RMAM1/NAF.260, Date of last mammogram in month, year
or time ago
RMAM2/NAF.270, Date of last mammogram in time
categories.
(1) Have NEVER had a mammogram (NAF.360)
(2) Have NOT had a mammogram in the last 2 years
(NAF.360)
(3) HAVE HAD a mammogram in the last 2 years
(Check item NAFCCI07)
(7) Refused (NAF.370)
(9) Don't Know (NAF.370)

NAF.360 **FR: SHOW CARD CAN26**

What is the most important reason why you have {NEVER had/ NOT
had} a mammogram in the PAST 2 YEARS)?

- >MAMNOT< (01) No reason/never thought of it. (NAF.370)
(02) Didn't need it/ didn't know I needed this type of test
(NAF.370)
(03) Doctor didn't order it/ didn't say I needed it (Check item
NAFCCI07)
(04) Haven't had any problems (NAF.370)
(05) Put it off/ Didn't get around to it (NAF.370)
(06) Too expensive/no insurance/cost (NAF.370)
(07) Too painful, unpleasant or embarrassing (NAF.370)
(08) I'm too young (NAF.370)
(09) Don't have doctor (Check item NAFCCI07)
(10) Other reason (NAF.370)
(97) Refused (NAF.370)
(99) Don't know (NAF.370)

NAF.370 In the PAST YEAR, has a doctor or other health professional
RECOMMENDED that you have a mammogram?

- >MDRECMAM< (1) Yes
(2) No
(7) Refused
(9) Don't

Check item NAFCCI07: Refer to Household Composition, Basic Module.

- AGE/HHC.120 "What is {name/your} age...?"
(1) Female 18-39 (under 40) (Check item NAFCCI08)
(2) Female 40+ (NAF.380)

NAF.380-383 Are you currently taking any of the following medications?

- (1) Yes (2) No (7) Refused (9) Don't know

- NAF.380 >MED_HRT< (1) Hormone replacement therapy
NAF.381 >MED_TAMX< (2) Tamoxifen
NAF.382 >MED_RALX< (3) Raloxifen
NAF.383 >MED_BC< (4) Birth control implants, pills, or shots

Check item NAFCCI08: Refer to Household Composition, Basic Module.
AGE, HHC.120 "What is {name/your} age...?"
(1)Female 18-29 (under 30) (END_NAF)
(2)Female 30+ (NAF.390)

NAF.390 Have you EVER HAD a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer?

FR: READ IF NECESSARY:

A clinical breast exam is when the breasts are felt by a doctor or other health professional to check for lumps or other signs of breast cancer.

>CBEHAD< (1) Yes (NAF.400)
(2) No (Check item NAFCCI09)
(7) Refused (Check item NAFCCI09)
(9) Don't know (Check item NAFCCI09)

NAF.400 When did you have your MOST RECENT breast exam?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RCBE1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RCBE1_NO)

Year:

>RCBE1_YR< (1950-2000) 1950-2000 (Check item NAFCCI09)
(9997) Don't know (NAF.410)
(9999) Refused (NAF.410)

When did you have your MOST RECENT breast exam?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RCBE1_NO< (01-94) 1-94 (RCBE1_TP/NAF.400)
(95) 95+ (RCBE1_TP/NAF.400)
(97) Refused (NAF.410)
(99) Don't know (NAF.410)

[] Time Period

>RCBE1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to Check item NAFCCI09]

NAF.410 **FR: SHOW CARD CAN27**

Was it: **(READ CATEGORIES BELOW)**

- >RCBE2<**
- (1) A year ago or less?
 - (2) More than 1 year but not more than 2 years?
 - (3) More than 2 years but not more than 3 years?
 - (4) More than 3 years but not more than 5 years?
 - (5) Over 5 years ago?
 - (7) Refused
 - (9) Don't know

Check item NAFCCI09: Refer to Household Composition, Basic Module.

- SEX/HHC.110 "{Are/Is} {you/name} male or female?"
and AGE/HHC.120 "What is {name/your} age...?"
- (1) Male, 18-39 (under 40) (END_NAF)
 - (2) Male, 40+ (NAF.420)
 - (3) Female (Check item NAFCCI10)

NAF.420 The following questions are about men's health.

Have you EVER HEARD OF a PSA or prostate-specific antigen test?

FR: READ IF NECESSARY:

A PSA test is a blood test to detect prostate cancer.

- >PSAHRD<**
- (1) Yes (NAF.430)
 - (2) No (Check item NAFCCI10)
 - (7) Refused (NAF.430)
 - (9) Don't know (Check item NAFCCI10)

NAF.430 Have you EVER HAD a PSA test?

- >PSAHAD<**
- (1) Yes (NAF.440)
 - (2) No (Check item NAFCCI10)
 - (7) Refused (Check item NAFCCI10)
 - (9) Don't know (Check item NAFCCI10)

NAF.440 **FR: SHOW CARD CAN28.**

How old were you when you had your first PSA test? Were you...

Were you **(READ CATEGORIES BELOW):**

- >PSAAGE1<**
- (01) Under 40 years?
 - (02) 40 - 44?
 - (03) 45 - 49?
 - (04) 50 - 54?
 - (05) 55 - 59?
 - (06) 60 - 64?
 - (07) 65 - 69?
 - (08) 70 years or older?
 - (97) Refused
 - (99) Don't know

NAF.450 How many PSA tests have you had in the LAST 5 YEARS?

>PSA5YR< (00) None
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don't know

NAF.460 When did you have your MOST RECENT PSA test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RPSA1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RPSA1_NO)

Year:

>RPSA1_YR< (1950-2000) 1950-2000 (NAF.480)
(9997) Don't know (NAF.470)
(9999) Refused (NAF.470)

When did you have your MOST RECENT PSA test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RPSA1_NO< (01-94) 1-94 (RPSA1_TP/NAF.460)
(95) 95+ (RPSA1_TP/NAF.460)
(97) Refused (NAF.470)
(99) Don't know (NAF.470)

[] Time Period

>RPSA1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.480]

NAF.470 **FR: SHOW CARD CAN29.**

Was it: (READ CATEGORIES BELOW)

- >RPSA2<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

NAF.480 What was the MAIN reason you had this PSA test?

FR: SHOW CARD CAN30.

- >PSAREAS<
- (1) Part of a routine physical exam/screening test
 - (2) Because of a specific problem
 - (3) Followup test for an earlier exam
 - (4) Family history
 - (5) Other
 - (7) Refused
 - (9) Don't know

NAF.490 Who first suggested the PSA test: you, your doctor, or someone else?

- >PSASUGG<
- (1) I did
 - (2) My doctor
 - (3) Someone else
 - (7) Refused
 - (9) Don't know

NAF.500 Did the doctor discuss the advantages and disadvantages of this test with you before doing it?

- >PSADISC<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

NAF.510 Have you EVER had a PSA test where the results were NOT normal?

- >PSAABN<
- (1) Yes (NAF.520)
 - (2) No (Check item NAFCCI10)
 - (7) Refused (Check item NAFCCI10)
 - (9) Don't know (Check item NAFCCI10)

NAF.520-524 Because of these results, what additional tests or surgery did you have?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER AT EACH ITEM MENTIONED. ENTER (N) FOR NO MORE.

PROBE: "Anything else?"

NAF.520 >PSAT_NON< (0) None
NAF.521 >PSAT_OTH< (1) Another PSA
NAF.522 >PSAT_BIO< (2) Biopsy
NAF.523 >PSAT_ULT< (3) Ultrasound
NAF.524 >PSAT_MRI< (4) MRI

[If no additional tests or surgery, then go to Check item NAFCCI10]

NAF.530 Did the PSA test, surgery, or other test indicate that you had cancer?

>PSACAN< (1) Yes
(2) No
(7) Refused
(9) Don't know

Check item NAFCCI10: Refer to Household Composition, Basic Module.
AGE/HHC.120 "What is {name/your} age...?"
(1) Age 18-39 (under 40) (END_NAF)
(2) Age 40+ (NAF.540)

NAF.540 Have you EVER HAD a sigmoidoscopy, colonoscopy, or proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

PRONUNCIATION GUIDE:

sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

FR: READ IF NECESSARY:

A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and lower part of the colon to look for signs of cancer or other problems. A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an older exam that used a rigid tube.

>CREHAD< (1) Yes (NAF.550)
(2) No (Check item NAFCCI11)
(7) Refused (Check item NAFCCI11)
(9) Don't know (Check item NAFCCI11)

NAF.550 How many sigmoidoscopy, colonoscopy, or proctoscopy exams have you had in the LAST 10 YEARS?

>CRE10YR< (0) None
(1-94) 1-94
(95) 95+ times
(97) Refused
(99) Don't know

NAF.560 When did you have your MOST RECENT exam?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RCRE1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RCRE1_NO)

Year:

>RCRE1_YR< (1950-2000) 1950-2000 (NAF.580)
(9997) Don't know (NAF.570)
(9999) Refused (NAF.570)

When did you have your MOST RECENT exam?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RCRE1_NO< (01-94) 1-94 (RCRE1_TP/NAF.560)
(95) 95+ (RCRE1_TP/NAF.560)
(97) Refused (NAF.570)
(99) Don't know (NAF.570)

[] Time Period

>RCRE1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.580]

NAF.570 **FR: SHOW CARD CAN31.**

Was it: (**READ CATEGORIES BELOW**)

- >RCRE2<**
- (1) A year ago or less?
 - (2) More than 1 year but not more than 2 years?
 - (3) More than 2 years but not more than 3 years?
 - (4) More than 3 years but not more than 5 years?
 - (5) More than 5 years but not more than 10 years?
 - (6) Over 10 years ago?
 - (7) Refused
 - (9) Don't know

NAF.580 What was this MOST RECENT exam called: a sigmoidoscopy, colonoscopy, proctoscopy or something else?

PRONUNCIATION GUIDE:

sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

FR: READ IF NECESSARY

A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and lower part of the colon to look for signs of cancer or other problems. A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an older exam that used a rigid tube.

- >CRENAM<**
- (1) Sigmoidoscopy
 - (2) Colonoscopy
 - (3) Proctoscopy
 - (4) Something else
 - (7) Refused
 - (9) Don't know

NAF.590 **FR: SHOW CARD CAN32.**

What was the MAIN reason you had this exam?

- >CREREAS<**
- (1) Part of a routine physical exam/screening test
 - (2) Because of a specific problem
 - (3) Followup test of an earlier test or screening exam (Fecal Occult Blood Test or sigmoidoscopy)
 - (4) Family history
 - (5) Other
 - (7) Refused
 - (9) Don't know

Check item NAFCCI11: Refer to CREHAD, RCRE1, RCRE2.
 CREHAD/NAF.540, Have had a colorectal exam,
 RCRE1/NAF.560, Date of last colorectal exam in month,
 year or time ago
 RCRE2/NAF.570, Date of last colorectal exam in time
 categories.
 (1) Have NEVER had a sigmoidoscopy/colonoscopy
 (NAF.600)
 (2) Have NOT had a sigmoidoscopy/colonoscopy in the
 last 10 years (NAF.600)
 (3) HAVE HAD a sigmoidoscopy/colonoscopy 3 in the last
 10 years (NAF.620)
 (7) Refused (NAF.620)
 (9) Don't Know (NAF.620)

NAF.600 **FR: SHOW CARD CAN33**

What is the most important reason you have [NEVER had/NOT had]
 one of these exams in the LAST 10 YEARS]?

>CRENOT<
 (01) No reason/never thought about it (Check item NAFCCI12)
 (02) Didn't need it/didn't know I needed this type of test (Check
 item NAFCCI12)
 (03) Doctor didn't order it/ didn't say I needed it (NAF.620)
 (04) Haven't had any problems (Check item NAFCCI12)
 (05) Put it off/ didn't get around to it (Check item NAFCCI12)
 (06) Too expensive/no insurance/cost (Check item NAFCCI12)
 (07) Too painful, unpleasant, or embarrassing (Check item
 NAFCCI12)
 (08) Had another type of colorectal exam (Check item NAFCCI12)
 (09) Don't have doctor (NAF.620)
 (10) Other (Check item NAFCCI12)
 (97) Refused (Check item NAFCCI12)
 (99) Don't know (Check item NAFCCI12)

Check item NAFCCI12: If AMDLONGR/AAU.305 is not = 1 or 2, then store '3' in
 CREREC and go to NAF.620

NAF.610 In the PAST YEAR has a doctor or other health professional
 RECOMMENDED that you have a sigmoidoscopy or colonoscopy?

>CREREC<
 (1) Yes
 (2) No
 (3) No doctor visit in past twelve months
 (7) Refused
 (9) Don't know

NAF.620 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement.

The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Have you EVER HAD a blood stool test, using a HOME test kit?

>HFOBHAD< (1) Yes (NAF.630)
(2) No (Check item NAFCCI13)
(7) Refused (Check item NAFCCI13)
(9) Don't know (Check item NAFCCI13)

NAF.630 How many HOME blood stool tests have you had in the LAST 3 YEARS?

FR: IF GREATER THEN 95, ENTER `95'

>HFOB3YR< (00) None
(01-94) 1-94
(95) 95+ times
(97) Refused
(99) Don't know

NAF.640 When did you have your MOST RECENT HOME blood stool test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RHFOB1_M < (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RHFOB1_N)

Year:

>RHFOB1_Y < (1950-2000) 1950-2000 (NAF.660)
(9997) Don't know (NAF.650)
(9999) Refused (NAF.650)

When did you have your MOST RECENT HOME blood stool test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RHFOB1_N < (01-94) 1-94 (RHFOB1_T/NAF.640)
(95) 95+ (RHFOB1_T/NAF.640)
(97) Refused (NAF.650)
(99) Don't know (NAF.650)

[] Time Period

>RHFOB1_T < (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.660]

NAF.650 **FR: SHOW CARD CAN34**

Was it: (**READ CATEGORIES BELOW**)

- >**RHFOB2**< (1) A year ago or less?
 (2) More than 1 year but not more than 2 years?
 (3) More than 2 years but not more than 3 years?
 (4) More than 3 years but not more than 5 years?
 (5) More than 5 years but not more than 10 years?
 (6) Over 10 years ago?
 (7) Refused
 (9) Don't know

NAF.660 **FR: SHOW CARD CAN35.**

What was the MAIN reason you had this exam?

- >**HFOBREAS**< (1) Part of a routine physical exam/screening test
 (2) Because of a specific problem
 (3) Followup test of an earlier test or screening exam
 (4) Family history
 (5) Other
 (7) Refused
 (9) Don't know

NAF.670 Have you EVER had a HOME blood stool test where the results were NOT normal?

- >**HFOBABN**< (1) Yes (NAF.680)
 (2) No (Check item NAFCCI13)
 (7) Refused (Check item NAFCCI13)
 (9) Don't know (Check item NAFCCI13)

NAF.680 Because of these results, what additional tests or surgery did you have?

**FR: MARK ALL THAT APPLY. ENTER THE NUMBER AT EACH ITEM MENTIONED.
ENTER (N) FOR NO MORE.**

PROBE: "Anything else?"

- NAF.680 >**HFOB_NON**< (0) None
NAF.681 >**HFOB_OTH**< (1) Another Fecal Occult Blood Test
NAF.682 >**HFOB_SIG**< (2) Sigmoidoscopy
NAF.683 >**HFOB_COL**< (3) Colonoscopy
NAF.684 >**HFOB_BAR**< (4) Barium enema
NAF.685 >**HFOB_SUR**< (5) Surgery

Check item NAFCCI13: Refer to HFOBHAD, RHFOB1, RHFOB2.

Refer to HFOBHAD/NAF.620, Have had a home blood stool test.

RHFOB1/NAF.640, Date of last home blood stool test in month, year or time ago

RHFOB2/NAF.650, Date of last home blood stool test in time categories.

- (1) Have NEVER had a home blood stool test (NAF.690)
- (2) Have NOT had a home blood stool test in the last year (NAF.690)
- (3) HAVE HAD a home blood stool test in the last year (NAF.710)
- (7) Refused (NAF.710)
- (9) Don't Know (NAF.710)

NAF.690 **FR: SHOW CARD CAN36.**

What is the most important reason you have {NEVER had /NOT had a HOME blood stool test in the PAST YEAR}?

- >HFOBNOT<
- (01) No reason/never thought about it. (Check item NAFCCI14)
 - (02) Didn't need/ didn't know I needed this type of test. (Check item NAFCCI14)
 - (03) Doctor didn't order it/didn't say I needed it. (NAF.710)
 - (04) Haven't had any problems (Check item NAFCCI14)
 - (05) Put it off/ didn't get around to it (Check item NAFCCI14)
 - (06) Too expensive/no insurance/cost (Check item NAFCCI14)
 - (07) Too painful, unpleasant, or embarrassing (Check item NAFCCI14)
 - (08) Had another type of colorectal exam (Check item NAFCCI14)
 - (09) Don't have doctor (NAF.710)
 - (10) Other (Check item NAFCCI14)
 - (97) Refused (Check item NAFCCI14)
 - (99) Don't know (Check item NAFCCI14)

Check item NAFCCI14: Refer to Adult Core, Basic Module.

AMDLONGR/AAU.305 "About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?"

If AMDLONGR/AAU.305 is not = 1 or 2 then, store '3' in NAF.700 and go to NAF.710.

NAF.700 In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a HOME blood stool test?

- MDHFOB<
- (1) Yes
 - (2) No
 - (3) Did not go to doctor in past 12 months
 - (7) Refused
 - (9) Don't know

NAF.710 Have you EVER HAD a blood stool test in which your doctor or other health care professional collected a stool sample during an office visit?

>FOBHAD< (1) Yes (NAF.720)
(2) No (END_NAF)
(7) Refused (END_NAF)
(9) Don't know (END_NAF)

NAF.720 When did you have your MOST recent OFFICE blood stool test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RFOB1_MT< (01) January (05) May (09) September (97) Don't know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RFOB1_NO)

Year:

>RFOB1_YR< (1950-2000) 1950-2000 (END_NAF)
(9997) Don't know (NAF.730)
(9999) Refused (NAF.730)

When did you have your MOST recent OFFICE blood stool test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RFOB1_NO< (01-94) 1-94 (RFOB1_TP/NAF.720)
(95) 95+ (RFOB1_TP/NAF.720)
(97) Refused (NAF.730)
(99) Don't know (NAF.730)

[] Time Period

>RFOB1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't Know

[Go to END_NAF]

NAF.730 **FR: SHOW CARD CAN37**

Was it: (**READ CATEGORIES BELOW**)

- >RFOB2<**
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) More than 5 years but not more than 10 years
 - (6) Over 10 years ago
 - (7) Refused
 - (9) Don't know

Check item END NAF: Go to the next section - Section G: Genetic Testing

CANCER 2000 MODULE

SECTION G - GENETIC TESTING

The following questions refer to "genetic testing for cancer risk." That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now.

NAG.010 Have you EVER HEARD of genetic testing to determine if a person is at greater risk of developing cancer?

- >GTHEARD< (1) Yes (NAG.020)
(2) No (NAG.160)
(7) Refused (NAG.160)
(9) Don't know (NAG.160)

NAG.020 Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health professional?

- >GTPOSS< (1) Yes (NAG.025)
(2) No (NAG.030)
(7) Refused (NAG.030)
(9) Don't know (NAG.030)

NAG.025 Did the doctor or other health professional ADVISE you to have such a test?

- >GTADVISE< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.030 Have you ever HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

FR: READ IF NECESSARY:

This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

- >GTGRISK< (1) Yes (Check item NAGCCI01)
(2) No (NAG.160)
(7) Refused (NAG.160)
(9) Don't know (NAG.160)

Check item NAGCCI01: Refer to Household Composition, Basic Module.
SEX/HHC.110 "{Are/Is} {you/name} male or female?"
(1) Male
(2) Female

NAG.040 Please think about your MOST RECENT genetic test for cancer risk. Which kinds of cancer was it for: (READ EACH CANCER TYPE LISTED BELOW)

NAG.040 Breast?

- >GT_BRE< (1) Yes
(2) No
(3) Male, not applicable
(7) Refused
(9) Don't know

NAG.041 Ovarian?

- >GT_OVA< (1) Yes
(2) No
(3) Male, not applicable
(7) Refused
(9) Don't know

NAG.042 Colon or rectal?

- >GT_COL< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.043 Another cancer?

- >GT_OTH< (1) Yes (NAG.044)
(2) No (NAG.050)
(7) Refused (NAG.050)
(9) Don't know (NAG.050)

NAG.044 **FR: SPECIFY OTHER TEST FOR GENETIC RISK OF CANCER:**

>GTRSKOTH< Other Specify: _____

NAG.050 When did you have this genetic test done?

FR: ENTER "96" TO USE TIME PERIOD FORMAT.

>GTRSK_MT< MONTH: _____

- | | | |
|---------------|----------------|-------------------------|
| (01) January | (07) July | |
| (02) February | (08) August | (97) Refused |
| (03) March | (09) September | (96) Time period format |
| (04) April | (10) October | (NAG.055) |
| (05) May | (11) November | (99) Don't Know |
| (06) June | (12) December | |

>GTRSK_YR< YEAR: _____

- (1950-2001) 1950-2001 (NAG.060)
(9996) Time period format (NAG.055)
(9997) Refused (NAG.060)
(9999) Don't Know (NAG.060)

NAG.055 When did you have this genetic test done?

FR: IF GREATER THAN "96", ENTER "96".

>GTRSKBNO< [] Number

- (01-95) 1-95
- (96) 96+
- (97) Refused
- (99) Don't know

>GTRSKBTP< [] Time Period

- (1) Days ago
- (2) Weeks ago
- (3) Months ago
- (4) Years ago
- (7) Refused
- (9) Don't know

NAG.060 Before the test was given, did you sign a consent form in which you agreed to take the test?

>GTCONSNT< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.070 Was this genetic test done as part of a research study?

>GTRSRCH< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.080 **FR: SHOW CARD CAN38**

Who ordered the genetic test for cancer?

>GTDOCT< (01) Surgeon
(02) Gastroenterologist
(03) Gynecologist
(04) Dermatologist
(05) Medical Geneticist
(06) Internal medicine or family practice physician
(07) Genetic counselor
(08) Oncologist
(09) Pediatrician
(10) Some other doctor
(97) Refused
(99) Don't Know kind of doctor

NAG.090 This question refers to the confidentiality of genetic tests results in your medical records.

Do you believe that your test results will remain confidential?

- >GTCONF< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.100 Did you receive the results of the genetic test?

- >GTRESULT< (1) Yes (NAG.110)
(2) No (NAG.130)
(7) Refused (NAG.130)
(9) Don't know (NAG.130)

NAG.110 How did you receive the results? Was it by telephone, in person, or by mail?

- >GTRESHOW< (1) By telephone
(2) In person
(3) By mail
(7) Refused
(9) Don't know

NAG.120 How confident are you that your test results are accurate? Would you say very confident, somewhat confident, not very confident, or not confident at all?

- >GTACCURA< (1) Very confident
(2) Somewhat confident
(3) Not very confident
(4) Not confident at all
(7) Refused
(9) Don't know

NAG.130 Did you receive any genetic counseling about your test for cancer risk?

FR: READ IF NECESSARY:

By genetic counseling, I mean a thorough discussion of the advantages and disadvantages of testing that includes an explanation of what the test can and cannot tell you.

- >GTCOUNC< (1) Yes (NAG.140)
(2) No (NAG.150)
(7) Refused (NAG.150)
(9) Don't know (NAG.150)

NAG.140 When did you receive this genetic counseling? Was it: (READ CATEGORIES BELOW)

- >GTCWHEN< (1)Before or on the day you took the test
(2)After the day you took the test
(3)Both before and after you took the test
(7)Refused
(9)Don't know

NAG.150 Do you believe that getting a genetic test for cancer risk has or will affect your health insurance coverage?

FR: READ IF NECESSARY:

Effects include losing your health insurance coverage or not being eligible for health insurance if you change jobs or move.

- >GTINSURE< (1) Yes
(2) No
(7) Refused
(9) Don't know

NAG.160 Would you say your risk of getting cancer in the future is low, medium, or high?

For a cancer survivor, this means getting another cancer in the future defined as a new cancer in a different organ. It can also mean a new cancer in another part of the same organ, such as another primary breast cancer in the opposite breast.

- >GTCRISK< (1) Low
(2) Medium
(3) High
(7) Refused
(9) Don't know

NAG.170 Thinking only of your blood relatives, do you feel that the amount of cancer in your family is low, medium, or high?

DO NOT include family members related only through marriage such as stepfather, stepsister etc... or family members who were adopted.

- >GTFRISK< (1)Low
(2)Medium
(3)High
(7)Refused
(9)Don't know

Check item END NAG: Go to next section, Section H -- Family History.

CANCER 2000 MODULE

Section H - Family History

NAH.010 We would like to ask you a few questions about your family history of cancer. Did your BIOLOGICAL FATHER EVER have cancer of any kind?

- >FHFCAN<
- (1) Yes (NAH.020)
 - (2) No (NAH.040)
 - (3) Adopted or don't know biological father (NAH.040)
 - (7) Refused (NAH.040)
 - (9) Don't know (NAH.040)

NAH.020 What kind of cancer did your father have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

- >FHFTYP<
- | | | |
|----------------------|----------------------------------|------------------------|
| (1) Bladder | (13) Liver | (25) Stomach |
| (2) Blood | (14) Lung | (26) Testis |
| (3) Bone | (15) Lymphoma | (27) Throat -pharynx |
| (4) Brain | (16) Melanoma | (28) Thyroid |
| (5) Breast | (17) Mouth/tongue/lip | (30) Other |
| (7) Colon | (19) Pancreas | (96) More than 3 kinds |
| (8) Esophagus | (20) Prostate | (97) Refused |
| (9) Gallbladder | (21) Rectum | (99) Don't know |
| (10) Kidney | (22) Skin (non-melanoma) | |
| (11) Larynx-windpipe | (23) Skin (Don't Know what kind) | |
| (12) Leukemia | (24) Soft Tissue (muscle/fat) | |

_____ (Father Cancer Type 1) _____ (Father Cancer Type 2)
_____ (Father Cancer Type 3) _____ (N or 96)

NAH.030 Was your biological father under 50 years of age when ...

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>FHFAGE<

...<Father Cancer Type 1> was first diagnosed?
...<Father Cancer Type 2> was first diagnosed?
...<Father Cancer Type 3> was first diagnosed?

NAH.040 Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

- >FHMCAN<
- (1) Yes (NAH.050)
 - (2) No (NAH.070)
 - (3) Adopted or don't know biological mother (NAH.070)
 - (7) Refused (NAH.070)
 - (9) Don't know (NAH.070)

NAH.050 What kind of cancer did your mother have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHMTYP< (1) Bladder (12) Leukemia (24) Soft Tissue
(2) Blood (13) Liver (muscle/fat)
(3) Bone (14) Lung (25) Stomach
(4) Brain (15) Lymphoma (27) Throat -pharynx
(5) Breast (16) Melanoma (28) Thyroid
(6) Cervix (17) Mouth/tongue/lip (29) Uterus
(7) Colon (18) Ovary (30) Other
(8) Esophagus (19) Pancreas (96) More than 3 kinds
(9) Gallbladder (21) Rectum (97) Refused
(10) Kidney (22) Skin (non-melanoma) (99) Don't know
(11) Larynx-windpipe (23) Skin (Don't Know what kind)

_____ (Mother Cancer Type 1) _____ (Mother Cancer Type 2)
_____ (Mother Cancer Type 3) _____ (N or 96)

NAH.060 Was your biological mother under 50 years of age when ...

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>FHMAGE< ...<Mother Cancer Type 1> was first diagnosed?
...<Mother Cancer Type 2> was first diagnosed?
...<Mother Cancer Type 3> was first diagnosed?

NAH.070 FULL BROTHERS have the same biological mother and father as you.
How many FULL BROTHERS do you have? Please include any who are
alive and those who may have died.

>FHBNUM< (00) None (NAH.100)
(01-20) 1-20 brothers (NAH.080)
(21) 21+ brothers (NAH.080)
(97) Refused (NAH.100)
(99) Don't know (NAH.100)

NAH.080 **FR: IF ONLY ONE BROTHER, ASK:**

Did your brother EVER have cancer of any kind?

- (00) Brother has not had any kind of cancer (NAH.100)
- (01) Brother has had cancer (NAH.090)
- (97) Refused (NAH.100)
- (99) Don't know (NAH.100)

FR: IF MORE THAN ONE BROTHER, ASK:

How many of your BROTHERS have EVER had cancer of any kind?

- >FHBCAN<
- (00) None (NAH.100)
 - (01-20) 1-20 brothers (NAH.090)
 - (21) 21+ brothers (NAH.090)
 - (97) Refused (NAH.100)
 - (99) Don't know (NAH.100)

NAH.090 What kinds of cancer did your brother(s) have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

- >FHBTYPE<
- | | | |
|----------------------|----------------------------------|------------------------|
| (1) Bladder | (13) Liver | (25) Stomach |
| (2) Blood | (14) Lung | (26) Testis |
| (3) Bone | (15) Lymphoma | (27) Throat -pharynx |
| (4) Brain | (16) Melanoma | (28) Thyroid |
| (5) Breast | (17) Mouth/tongue/lip | (30) Other |
| (7) Colon | (19) Pancreas | (96) More than 3 kinds |
| (8) Esophagus | (20) Prostate | (97) Refused |
| (9) Gallbladder | (21) Rectum | (99) Don't know |
| (10) Kidney | (22) Skin (non-melanoma) | |
| (11) Larynx-windpipe | (23) Skin (Don't Know what kind) | |
| (12) Leukemia | (24) Soft Tissue (muscle/fat) | |

____ (Brother Cancer Type 1) ____ (Brother Cancer Type 2)

____ (Brother Cancer Type 3) ____ (N or 96)

NAH.091 How many of your brothers have had {Brother Cancer Type 1} cancer?

- >FHBMAN1<
- (01-20) 1-20 brothers (NAH.092)
 - (21) 21+ brothers (NAH.092)
 - (97) Refused (NAH.093)
 - (99) Don't know (NAH.093)

NAH.092 **FR: IF ONE BROTHER HAD {BROTHER CANCER TYPE 1} CANCER, ASK:**

Was your brother under 50 years of age when {Brother Cancer Type 1} cancer was first diagnosed?

(00) Brother not under 50 years of age (NAH.093)
(01) Brother was under 50 (NAH.093)
(97) Refused (NAH.093)
(99) Don't know (NAH.093)

FR: IF TWO OR MORE BROTHERS HAD {BROTHER CANCER TYPE 1} CANCER, ASK:

How many of these brothers were under 50 years of age when {BROTHER CANCER TYPE 1} cancer was first diagnosed?

>**FHBAGE1**< (00) None diagnosed under 50 years
 (01-20) 1-20 brothers
 (21) 21+ brothers
 (97) Refused
 (99) Don't know

NAH.093 How many of your brothers have had {Brother Cancer Type 2} cancer?

>**FHBMAN2**< (01-20) 1-20 brothers (NAH.094)
 (21) 21+ brothers (NAH.094)
 (97) Refused (NAH.095)
 (99) Don't know (NAH.095)

NAH.094 **FR: IF ONE BROTHER HAD {BROTHER CANCER TYPE 2} CANCER, ASK:**

Was your brother under 50 years of age when {Brother Cancer Type 2} cancer was first diagnosed?

(00) Brother not under 50 years of age (NAH.095)
(01) Brother was under 50 (NAH.095)
(97) Refused (NAH.095)
(99) Don't know (NAH.095)

FR: IF TWO OR MORE BROTHERS HAD {BROTHER CANCER TYPE 2} CANCER, ASK:

How many of these brothers were under 50 years of age when {BROTHER CANCER TYPE 2} cancer was first diagnosed?

>**FHBAGE2**< (00) None diagnosed under 50 years
 (01-20) 1-20 brothers
 (21) 21+ brothers
 (97) Refused
 (99) Don't know

NAH.095 How many of your brothers have had {Brother Cancer Type 3} cancer?

>**FHBMAN3**< (01-20) 1-20 brothers (NAH.096)
 (21) 21+ brothers (NAH.096)
 (97) Refused (NAH.100)
 (99) Don't know (NAH.100)

NAH.096 **FR: IF ONE BROTHER HAD {BROTHER CANCER TYPE 3} CANCER, ASK:**

Was your brother under 50 years of age when {Brother Cancer Type 3} cancer was first diagnosed?

(00) Brother not under 50 years of age (NAH.100)
(01) Brother was under 50 (NAH.100)
(97) Refused (NAH.100)
(99) Don't know (NAH.100)

FR: IF TWO OR MORE BROTHERS HAD {BROTHER CANCER TYPE 3} CANCER, ASK:

How many of these brothers were under 50 years of age when {BROTHER CANCER TYPE 3} cancer was first diagnosed?

>**FHBAGE3**< (00) None diagnosed under 50 years
 (01-20) 1-20 brothers
 (21) 21+ brothers
 (97) Refused
 (99) Don't know

NAH.100 **FULL SISTERS** have the same biological mother and father as you.
How many **FULL SISTERS** do you have? Please include any who are alive and those who may have died.

>**FHSNUM**< (00) None (NAH.130)
 (1-20) 1-20 sisters (NAH.110)
 (21) 21 + sisters (NAH.110)
 (97) Refused (NAH.130)
 (99) Don't know (NAH.130)

NAH.110 **FR: IF ONLY ONE SISTER, ASK:**

Did your sister **EVER** have cancer of any kind?

(00) Sister has not had any kind of cancer (NAH.130)
(01) Sister has had cancer (NAH.120)
(97) Refused (NAH.130)
(99) Don't know (NAH.130)

FR: IF MORE THAN ONE SISTER, ASK:

How many of your **SISTERS** have **EVER** had cancer of any kind?

>**FHSCAN**< (00) None (NAH.130)
 (01-20) 1-20 sisters (NAH.120)
 (21) 21+ sisters (NAH.120)
 (97) Refused (NAH.130)
 (99) Don't know (NAH.130)

NAH.120 What kinds of cancer did your sister(s) have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHSTYP< (1) Bladder (12) Leukemia (24) Soft Tissue
(2) Blood (13) Liver (muscle/fat)
(3) Bone (14) Lung (25) Stomach
(4) Brain (15) Lymphoma (27) Throat -pharynx
(5) Breast (16) Melanoma (28) Thyroid
(6) Cervix (17) Mouth/tongue/lip (29) Uterus
(7) Colon (18) Ovary (30) Other
(8) Esophagus (19) Pancreas (96) More than 3 kinds
(9) Gallbladder (21) Rectum (97) Refused
(10) Kidney (22) Skin (non-melanoma)(99) Don't know
(11) Larynx-windpipe (23) Skin (Don't Know what kind)

____ (Sister Cancer Type 1) ____ (Sister Cancer Type 2)
____ (Sister Cancer Type 3) ____ (N or 96)

NAH.121 How many of your sisters have had {Sister Cancer Type 1} cancer?

>FHSMAN1< (01-20) 1-20 sisters (NAH.122)
(21) 21+ sisters (NAH.122)
(97) Refused (NAH.123)
(99) Don't know (NAH.123)

NAH.122 **FR: IF ONE SISTER HAD {SISTER CANCER TYPE 1} CANCER, ASK:**

Was your sister under 50 years of age when {Sister Cancer Type 1} cancer was first diagnosed?

(00) Sister not under 50 years of age (NAH.123)
(01) Sister was under 50 (NAH.123)
(97) Refused (NAH.123)
(99) Don't know (NAH.123)

FR: IF TWO OR MORE SISTERS HAD {SISTER CANCER TYPE 1} CANCER, ASK:

How many of these sisters were under 50 years of age when {SISTER CANCER TYPE 1} cancer was first diagnosed?

>FHSAGE1< (00) None diagnosed under 50 years
(01-20) 1-20 sisters
(21) 21+ sisters
(97) Refused
(99) Don't know

NAH.123 How many of your sisters have had {SISTER CANCER TYPE 2} cancer?

>FHSMAN2< (01-20) 1-20 sisters (NAH.124)
(21) 21+ sisters (NAH.124)
(97) Refused (NAH.125)
(99) Don't know (NAH.125)

NAH.124 **FR: IF ONE SISTER HAD {SISTER CANCER TYPE 2} CANCER, ASK:**

Was your sister under 50 years of age when {SISTER CANCER TYPE 2} cancer was first diagnosed?

(00) Sister not under 50 years of age (NAH.125)
(01) Sister was under 50 (NAH.125)
(97) Refused (NAH.125)
(99) Don't know (NAH.125)

FR: IF TWO OR MORE SISTERS HAD {SISTER CANCER TYPE 2} CANCER, ASK:

How many of these sisters were under 50 years of age when {SISTER CANCER TYPE 2} cancer was first diagnosed?

>FHSAGE2< (00) None diagnosed under 50 years
(1-20) 1-20 sisters
(21) 21+ sisters
(97) Refused
(99) Don't know

NAH.125 How many of your sisters have had {SISTER CANCER TYPE 3} cancer?

>FHSMAN3< (01-20) 1-20 sisters (NAH.126)
(21) 21+ sisters (NAH.126)
(97) Refused (NAH.130)
(99) Don't know (NAH.130)

NAH.126 **FR: IF ONE SISTER HAD {SISTER CANCER TYPE 3} CANCER, ASK:**

Was your sister under 50 years of age when {Sister Cancer Type 3} cancer was first diagnosed?

(00) Sister not under 50 years of age (NAH.130)
(01) Sister was under 50 (NAH.130)
(97) Refused (NAH.130)
(99) Don't know (NAH.130)

FR: IF TWO OR MORE SISTERS HAD {SISTER CANCER TYPE 3} CANCER, ASK:

How many of these sisters were under 50 years of age when {SISTER CANCER TYPE 3} cancer was first diagnosed?

>FHSAGE3< (00) None diagnosed under 50 years
(01-20) 1-20 sisters
(21) 21+ sisters
(97) Refused
(99) Don't know

NAH.130 How many BIOLOGICAL SONS do you have? Please include any who are alive and those who may have died.

>FHNNUM< (00) No sons (NAH.160)
(01-20) 1-20 sons (NAH.140)
(21) 21+ sons (NAH.140)
(96) No biological children (Check item END_NAH)
(97) Refused (NAH.160)
(99) Don't know (NAH.160)

NAH.140 **FR: IF ONLY ONE SON, ASK:**

Did your SON EVER have cancer of any kind?

(00) Son has not had any kind of cancer (NAH.160)
(01) Son has had cancer (NAH.150)
(97) Refused (NAH.160)
(99) Don't know (NAH.160)

FR: IF TWO OR MORE SONS, ASK:

How many of your SONS have EVER had cancer of any kind?

>FHNCAN< (00) None (NAH.160)
(01-20) 1-20 sons (NAH.150)
(21) 21+ sons (NAH.150)
(97) Refused (NAH.160)
(99) Don't know (NAH.160)

NAH.150 What kinds of cancer did your son(s) have?

FR: ENTER UP TO 2 KINDS. IF RESPONDENT OFFERS MORE THAN 2 KINDS, ENTER "96" IN THE THIRD ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHNTYP< (1) Bladder (13) Liver (25) Stomach
(2) Blood (14) Lung (26) Testis
(3) Bone (15) Lymphoma (27) Throat -pharynx
(4) Brain (16) Melanoma (28) Thyroid
(5) Breast (17) Mouth/tongue/lip (30) Other
(7) Colon (19) Pancreas (96) More than 2 kinds
(8) Esophagus (20) Prostate (97) Refused
(9) Gallbladder (21) Rectum (99) Don't know
(10) Kidney (22) Skin (non-melanoma)
(11) Larynx-windpipe (23) Skin (Don't Know what kind)
(12) Leukemia (24) Soft Tissue (muscle/fat)

____ (Son Cancer Type 1) ____ (Son Cancer Type 2)

____ (N or 96)

NAH.151 How many of your sons have had {SON CANCER TYPE 1} cancer?

>FHNMAN1< (01-20) 1-20 sons (NAH.152)
(21) 21+ sons (NAH.152)
(97) Refused (NAH.153)
(99) Don't know (NAH.153)

NAH.152 **FR: IF ONE SON HAD {SON CANCER TYPE 1} CANCER, ASK:**

Was your son under 50 years of age when {SON CANCER TYPE 1} cancer was first diagnosed?

- (00) Son not under 50 years of age (NAH.153)
- (01) Son was under 50 (NAH.153)
- (97) Refused (NAH.153)
- (99) Don't know (NAH.153)

FR: IF TWO OR MORE SONS HAD (SON CANCER TYPE 1) CANCER, ASK:

How many of these sons were under 50 years of age when {SON CANCER TYPE 1} cancer was first diagnosed?

- >FHNAGE1<
- (00) None diagnosed under 50 years
 - (01-20) 1-20 sons
 - (21) 21+ sons
 - (97) Refused
 - (99) Don't know

NAH.153 How many of your sons have had {SON CANCER TYPE 2} cancer?

- >FHNMAN2<
- (01-20) 1-20 sons (NAH.154)
 - (21) 21+ sons (NAH.154)
 - (97) Refused (NAH.160)
 - (99) Don't know (NAH.160)

NAH.154 **FR: IF ONE SON HAD {SON CANCER TYPE 2} CANCER, ASK:**

Was your son under 50 years of age when {SON CANCER TYPE 2} cancer was first diagnosed?

- (00) Son not under 50 years of age (NAH.160)
- (01) Son was under 50 (NAH.160)
- (97) Refused (NAH.160)
- (99) Don't know (NAH.160)

FR: IF TWO OR MORE SONS HAD {SON CANCER TYPE 2} CANCER, ASK:

How many of these sons were under 50 years of age when {SON CANCER TYPE 2} cancer was first diagnosed?

- >FHNAGE2<
- (00) None diagnosed under 50 years
 - (01-20) 1-20 sons
 - (21) 21+ sons
 - (97) Refused
 - (99) Don't know

NAH.160 How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

- >FHDNUM< (00) No daughters (Check item END_NAH)
(01-20) 1-20 daughters (NAH.170)
(21) 21+ daughters (NAH.170)
(96) No biological children (Check item END_NAH)
(97) Refused (Check item END_NAH)
(99) Don't know (Check item END_NAH)

NAH.170 **FR: IF ONLY ONE DAUGHTER, ASK:**

Did your DAUGHTER EVER have cancer of any kind?

- (00) Daughter has not had any kind of cancer (Check item END_NAH)
(01) Daughter has had cancer (NAH.180)
(97) Refused (Check item END_NAH)
(99) Don't know (Check item END_NAH)

FR: IF TWO OR MORE DAUGHTERS, ASK:

How many of your DAUGHTERS have EVER had cancer of any kind?

- >FHDCAN< (00) None (Check item END_NAH)
(01-20) 1-20 daughters (NAH.180)
(21) 21+ daughters (NAH.180)
(97) Refused (Check item END_NAH)
(99) Don't know (Check item END_NAH)

NAH.180 What kinds of cancer did your daughter(s) have?

FR: ENTER UP TO 2 KINDS. IF RESPONDENT OFFERS MORE THAN 2 KINDS, ENTER "96" IN THE THIRD ANSWER SPACE. ENTER (N) FOR NO MORE.

- >FHDTYP< (1) Bladder (12) Leukemia (24) Soft Tissue
(2) Blood (13) Liver (muscle/fat)
(3) Bone (14) Lung (25) Stomach
(4) Brain (15) Lymphoma (27) Throat -pharynx
(5) Breast (16) Melanoma (28) Thyroid
(6) Cervix (17) Mouth/tongue/lip (29) Uterus
(7) Colon (18) Ovary (30) Other
(8) Esophagus (19) Pancreas (96) More than 2 kinds
(9) Gallbladder (21) Rectum (97) Refused
(10) Kidney (22) Skin (non-melanoma) (99) Don't know
(11) Larynx-windpipe (23) Skin (Don't Know what kind)
- ____ (Daughter Cancer Type 1) ____ (Daughter Cancer Type 2)
____ (N or 96)

NAH.190 How many of your daughters have had {DAUGHTER CANCER TYPE 1} cancer?

- >FHDMAN1< (01-20) 1-20 daughters (NAH.191)
(21) 21+ daughters (NAH.191)
(97) Refused (NAH.192)
(99) Don't know (NAH.192)

NAH.191 **FR: IF ONE DAUGHTER HAD {DAUGHTER CANCER TYPE 1} CANCER, ASK:**

Was your daughter under 50 years of age when {DAUGHTER CANCER TYPE 1} cancer was first diagnosed?

(00) Daughter not under 50 years of age (NAH.192)
(01) Daughter was under 50 (NAH.192)
(97) Refused (NAH.192)
(99) Don't know (NAH.192)

FR: IF TWO OR MORE DAUGHTERS HAD (DAUGHTER CANCER TYPE 1) CANCER, ASK:

How many of these daughters were under 50 years of age when {DAUGHTER CANCER TYPE 1} cancer was first diagnosed?

>FHDAGE1< (00) None diagnosed under 50 years
(01-20) 1-20 daughters
(21) 21+ daughters
(97) Refused
(99) Don't know

NAH.192 How many daughters have had {Daughter Cancer Type 2} cancer?

>FHDMAN2< (01-20) 1-20 daughters (NAH.193)
(21) 21+ daughters (NAH.193)
(97) Refused (Check item END_NAH)
(99) Don't know (Check item END_NAH)

NAH.193 **FR: IF ONE DAUGHTER HAD {DAUGHTER CANCER TYPE 2} CANCER, ASK:**

Was your daughter under 50 years of age when {DAUGHTER CANCER TYPE 2} cancer was first diagnosed?

(00) Daughter not under 50 years of age (END_NAH)
(01) Daughter was under 50 (END_NAH)
(97) Refused (END_NAH)
(99) Don't know (END_NAH)

FR: IF TWO OR MORE DAUGHTERS HAD (DAUGHTER CANCER TYPE 2) CANCER, ASK:

How many of your daughters were under 50 years of age when {DAUGHTER CANCER TYPE 2} cancer was first diagnosed?

>FHDAGE2< (00) None diagnosed under 50 years
(01-20) 1-20 daughters
(21) 21+ daughters
(97) Refused
(99) Don't know

Check item END NAH: Go to the next section.