

Questionnaire: SP
Target Group: SPs 1+

MEDICAL CONDITIONS - MCQ

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

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

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

MCQ.025 How old {were you/was SP} when {you were/s/he was} **first** told {he/she} had asthma?

IF LESS THAN 1 YEAR, ENTER 1

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

ENTER AGE IN YEARS

- REFUSED 777
- DON'T KNOW 999

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

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

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

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

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

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

MCQ.053 During the **past 3 months**, {have you/has SP} been on treatment for anemia, sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

- YES 1

NO 2
 REFUSED 7
 DON'T KNOW 9

BOX 2

CHECK ITEM MCQ.055:
 IF SP AGE < 2, GO TO MCQ.114.
 IF SP AGE 2-3, GO TO MCQ.080.
 IF SP AGE 4-19, CONTINUE.
 IF SP AGE >= 20, GO TO MCQ.092.
 OTHERWISE, CONTINUE.

MCQ.060 Has a doctor or health professional **ever** told {you/SP} that {you/s/he/SP} had attention deficit disorder?

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

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

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

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

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

BOX 2A

CHECK ITEM MCQ.081:
 IF SP'S AGE = 4-15, CONTINUE.
 IF SP AGE >= 16, GO TO MCQ.092.
 OTHERWISE, GO TO MCQ.114.

MCQ.083 Has a representative from a school or a health professional **ever** told {you/SP} that {s/he/SP} had a learning disability?

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

YES 1
 NO 2
 REFUSED 7

DON'T KNOW 9

BOX 3

CHECK ITEM MCQ.085:
IF SP'S AGE >= 6, CONTINUE.
OTHERWISE, GO TO MCQ.114.

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

- YES 1
- NO 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

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

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ENTER 4-DIGIT YEAR

BOX 4

CHECK ITEM MCQ.095:
IF SP'S AGE >= 20, GO TO MCQ.140.
OTHERWISE, GO TO MCQ.120.

MCQ.114 Has {SP} **ever** been tested for lead poisoning?

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

MCQ.117 How long has it been since {SP} was tested?

IF LESS THAN 1 MONTH, ENTER 1 MONTH

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED 77

DON'T KNOW 99

ENTER UNIT

MONTHS 1

YEARS 2

REFUSED 7

DON'T KNOW 9

MCQ.120 During the **past 12 months**, {have you/has SP} had . . .

CAPI INSTRUCTIONS:

DISPLAY ITEMS A AND B IF SP AGE <= 3.

DISPLAY ALL ITEMS (A, B, C AND D) IF SP AGE = 4-15.

DISPLAY ITEMS A AND C IF SP AGE >= 16.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. hay fever? _____
- b. 3 or more ear infections? _____
- c. frequent or severe headaches, including
migraines? _____
- d. stuttering or stammering? _____

BOX 6

CHECK ITEM MCQ.135:

IF SP'S AGE >= 2, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

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

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

BOX 7

CHECK ITEM MCQ.145:

IF SP'S AGE 6-19, CONTINUE.

IF SP'S AGE >= 20, GO TO MCQ.160.

OTHERWISE, GO TO END OF SECTION.

BOX 7A

CHECK ITEM MCQ.146:

IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.
OTHERWISE, GO TO MCQ.150.

MCQ.147 Have {SP's} periods or menstrual cycles started yet?

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

MCQ.150 During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, about how many days did {you/SP} miss school because of an illness or injury?

IF NONE, ENTER 0

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ENTER NUMBER OF DAYS

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

BOX 8

CHECK ITEM MCQ.155:

IF SP AGE >= 16, GO TO MCQ.245.
OTHERWISE, GO TO END OF SECTION.

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

<p>f. had a stroke?</p> <p>YES..... 1 → NO..... 2 (g) REFUSED..... 7 (g) DON'T KNOW..... 9 (g)</p>		<p>had a stroke?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED 777 DON'T KNOW 999</p>	
<p>g. had emphysema?</p> <p>YES..... 1 → NO..... 2 (m) REFUSED..... 7 (m) DON'T KNOW..... 9 (m)</p>		<p>had emphysema?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED 777 DON'T KNOW 999</p>	
<p>m. had a thyroid problem?</p> <p>YES..... 1 → NO..... 2 (j) REFUSED..... 7 (j) DON'T KNOW..... 9 (j)</p>	<p>have a thyroid problem?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>	<p>had a thyroid problem?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED 777 DON'T KNOW 999</p>	
<p>j. was overweight?</p> <p>YES..... 1 NO..... 2 (k) REFUSED..... 7 (k) DON'T KNOW..... 9 (k)</p>			
<p>k. had chronic bronchitis?</p> <p>YES..... 1 → NO..... 2 (l) REFUSED..... 7 (l) DON'T KNOW..... 9 (l)</p>	<p>have chronic bronchitis?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>	<p>had chronic bronchitis?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED 777 DON'T KNOW 999</p>	
<p>l. had any kind of liver condition?</p> <p>→ YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>	<p>have this liver condition?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>	<p>had this liver condition?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED 777 DON'T KNOW 999</p>	

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

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

MCQ.230 What kind of cancer was it?

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

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

() () () ()

BLADDER 10	LEUKEMIA.....21	SKIN (NON-MELANOMA)..... 32
BLOOD..... 11	LIVER22	SKIN (DON'T KNOW WHAT KIND)33
BONE 12	LUNG.....23	SOFT TISSUE (MUSCLE OR FAT)34
BRAIN 13	LYMPHOMA/HODGKINS' DISEASE24	STOMACH35
BREAST..... 14	MELANOMA25	TESTIS (TESTICULAR).....36
CERVIX (CERVICAL) 15	MOUTH/TONGUE/LIP26	THYROID37
COLON..... 16	NERVOUS SYSTEM27	UTERUS (UTERINE)38
ESOPHAGUS (ESOPHAGEAL)..... 17	OVARY (OVARIAN).....28	OTHER.....39
GALLBLADDER 18	PANCREAS (PANCREATIC)29	MORE THAN 3 KINDS.....66
KIDNEY 19	PROSTATE30	REFUSED77
LARYNX/WINDPIPE 20	RECTUM (RECTAL).....31	DON'T KNOW99

BOX 9

LOOP 1:
 ASK MCQ.240 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99)
 ENTERED IN MCQ.230.

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

CAPI INSTRUCTIONS:
 DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230.
 DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.

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 ENTER AGE IN YEARS

- REFUSED 777
- DON'T KNOW 999

BOX 9A

END LOOP 1:
 ASK MCQ.240 FOR NEXT TYPE OF CANCER (CODES 10-39 AND CODE 99)
 ENTERED IN MCQ.230.
 IF NO NEXT TYPE, CONTINUE WITH MCQ.245.

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

CAPI INSTRUCTION:

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

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ENTER NUMBER OF DAYS

DOES NOT WORK..... 666

REFUSED 777

DON'T KNOW 999

BOX 10

CHECK ITEM MCQ.247:

IF SP AGE >= 20, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

<p style="text-align: center;">MCQ.250</p> <p>Including living and deceased, were any of {SP's/ your} biological that is, blood relatives including grandparents, parents, brothers, sisters ever told by a health professional that they had . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, "[]'S, AFTER FIRST TIME.</p>	<p style="text-align: center;">MCQ.260</p> <p style="text-align: center;">Which biological [blood] family member?</p> <p style="text-align: center;">CODE ALL THAT APPLY</p>
<p>a. diabetes?</p> <p>YES 1 →</p> <p>NO 2 (b)</p> <p>REFUSED 7 (b)</p> <p>DON'T KNOW 9 (b)</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>b. Alzheimer's disease?</p> <p>YES 1 →</p> <p>NO 2 (c)</p> <p>REFUSED 7 (c)</p> <p>DON'T KNOW 9 (c)</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>c. asthma?</p> <p>YES 1 →</p> <p>NO 2 (d)</p> <p>REFUSED 7 (d)</p> <p>DON'T KNOW 9 (d)</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>

<p>e. osteoporosis or brittle bones?</p> <p>YES 1 →</p> <p>NO 2 (f)</p> <p>REFUSED 7 (f)</p> <p>DON'T KNOW 9 (f)</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>f. high blood pressure or stroke before the age of 50?</p> <p>YES 1 →</p> <p>NO 2 (g)</p> <p>REFUSED 7 (g)</p> <p>DON'T KNOW 9 (g)</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>
<p>g. heart attack or angina before the age of 50?</p> <p>YES 1 →</p> <p>NO 2</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p>	<p>MOTHER..... 1</p> <p>FATHER..... 2</p> <p>MOTHER'S MOTHER..... 3</p> <p>MOTHER'S FATHER 4</p> <p>FATHER'S MOTHER 5</p> <p>FATHER'S FATHER 6</p> <p>BROTHER..... 7</p> <p>SISTER 8</p> <p>OTHER..... 9</p> <p>REFUSED 77</p> <p>DON'T KNOW 99</p>

MCQ.265 Including living and deceased, **were any of {SP's/your} biological** that is, blood **relatives** including grandparents, parents, brothers, **ever told by a health professional that they had prostate cancer?**

- YES 1
- NO 2 (MCQ.270)
- REFUSED 7 (MCQ.270)
- DON'T KNOW 9 (MCQ.270)

MCQ.267 Which biological [blood] family members

- FATHER..... 1
- MOTHER'S FATHER 2
- FATHER'S FATHER..... 3
- BROTHER..... 4
- OTHER..... 5
- REFUSED 7
- DK 9

MCQ.270 Did {your/SP's} biological mother **ever** fracture her hip?

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

MCQ.280 About how old was she when she fractured her hip (the **first** time)?

|_|_|_| (END OF SECTION)
ENTER AGE IN YEARS

- REFUSED 777
- DON'T KNOW 999

MCQ.290 Was she. . . .

- under 50 years old, or 1
- 50 years old or older? 2
- REFUSED 7
- DON'T KNOW 9