

2005-06 Questionnaire

MEDICAL CONDITIONS – MCQ

Target Group: SPs 1+

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

CAPI INSTRUCTION:

HARD EDIT: 1-120

REFUSED 777
DON'T KNOW 999

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

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

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

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

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

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

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

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

BOX 2

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

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

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

BOX 2A

OMITTED

BOX 3

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

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

- YES 1
- NO 2 (MCQ.140)
- REFUSED 7 (MCQ.140)
- DON'T KNOW 9 (MCQ.140)

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

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

CAPI INSTRUCTION:
HARD EDIT: 1900-2006

REFUSED 7777
DON'T KNOW 9999

BOX 4
OMITTED

BOX 6
OMITTED

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

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

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

IF NONE, ENTER 0

|_|_|_|
ENTER NUMBER OF DAYS

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

BOX 8

CHECK ITEM MCQ.155:
IF SP AGE >= 16, GO TO MCQ.245.
OTHERWISE, GO TO END OF SECTION.

<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 (k) REFUSED..... 7 (k) DON'T KNOW..... 9 (k)</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>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>i. had any kind of liver condition?</p> <p>→ YES..... 1 NO..... 2 (MCQ.220) REFUSED..... 7 (MCQ.220) DON'T KNOW ..9 (MCQ.220)</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' DISEASE.....24	STOMACH35
BREAST..... 14	MELANOMA25	TESTIS (TESTICULAR).....36
CERVIX (CERVICAL) 15	MOUTH/TONGUE/LIP.....26	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.

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

CAPI INSTRUCTION:

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

|_|_|_|
ENTER NUMBER OF DAYS

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

BOX 10

CHECK ITEM MCQ.247:

IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

MCQ.300 a/b/c Including living and deceased, **were any of {SP's/your} close biological** that is, blood **relatives** including father, mother, sisters or brothers, **ever told by a health professional that they had . . .**

CAPI INSTRUCTION:

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

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

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

b. **asthma?**

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

c. **diabetes?**

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 11

CHECK ITEM MCQ.252:

IF SP IS MALE AGE >= 40, CONTINUE.
OTHERWISE, GO TO END OF SECTION

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

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

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

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

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

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

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

|_|_|_|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

- REFUSED 777
- DON'T KNOW 999

MCQ.330 How long ago was {your/his} last PSA test?
Q/U

|_|_|_|
ENTER NUMBER

CAPI INSTRUCTION:
HARD EDITS: 0-366.

ENTER UNIT

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

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

|_|_|
ENTER NUMBER

CAPI INSTRUCTION:
SOFT EDIT: 0-20

REFUSED 777
DON'T KNOW 999

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

YES 1
NO 2
REFUSED 7
DON'T KNOW 9