

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)

BOX 1
CHECK ITEM MCQ.015:
IF SP'S AGE <= 19, CONTINUE.
OTHERWISE, GO TO MCQ.040.

MCQ.020 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.030 {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.

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.090.
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.090 {Have you/Has SP} **ever** had chickenpox?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

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?

_____|_____|_____|_____|
ENTER 4-DIGIT YEAR

BOX 4

CHECK ITEM MCQ.095:

IF SP'S AGE = 8-15, CONTINUE
IF SP'S AGE >= 20, GO TO MCQ.140.
OTHERWISE, GO TO MCQ.120.

MCQ.100 Has a doctor or health professional **ever** told {SP} that {s/he} had hypertension, also called high blood pressure?

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

MCQ.110 Because of {SP's} high blood pressure [hypertension], is {he/she} currently taking medicine?

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

BOX 5

CHECK ITEM MCQ.112:
IF SP'S AGE >= 6, GO TO MCQ.120
OTHERWISE, CONTINUE

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 \geq 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 \geq 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 (MCQ.150)
- REFUSED 7 (MCQ.150)
- DON'T KNOW 9 (MCQ.150)

MCQ.148 How old was {SP} when her periods or menstrual cycles started?

- _____
ENTER AGE IN YEARS
- REFUSED 7
 - DON'T KNOW 9

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

IF NONE, ENTER 0

|_|_|_|
ENTER NUMBER OF DAYS

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

BOX 8

CHECK ITEM MCQ.155:

IF SP AGE >= 16, GO TO MCQ.245.

OTHERWISE, GO TO END OF SECTION.