

**NHANES III
MEC INTERVIEWER MANUAL**

PREPARED BY

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April 1989

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1. OVERVIEW OF THE NHANES III

1.1 Introduction and Purpose of the Survey

The Third National Health and Nutrition Examination Survey (NHANES III) is being conducted by the National Center for Health Statistics (NCHS) of the United States Public Health Service. Data collection began in September 1988 and will continue for approximately 6 years (two 3-year rounds) at 88 locations across the U.S. The main survey was preceded by three pretests which were held between September 1987 and March 1988 in Los Angeles, California, Washington, D.C. and Tampa, Florida. Another pretest called the "Dress Rehearsal" was conducted in October 1988, just prior to the start of the main survey.

Approximately 40,000 individuals two months of age and older will be randomly selected from households across the U.S. to participate in the survey. Selected persons will be invited to take part in the survey by completing interviews in their homes and by receiving examinations at the Mobile Examination Center (MEC). The detailed interview includes demographic, socioeconomic, dietary, and health-related questions. Upon completion of the interview, respondents will be asked to voluntarily participate in additional interviews, extensive physical and dental examinations and biochemical tests, all conducted by highly trained medical personnel in a mobile examination center (MEC).

The purpose of NHANES III is to assess the health and nutritional status of adults and children in the United States. NCHS will use the data collected in this survey to define the normative distribution of:

- Specifically-defined diseases and other conditions of ill health;
- Nutritional disorders;
- Potential risk factors; and
- Normative health-related measurements, such as height, weight, and blood pressure.

At the conclusion of the study, prevalence rates will be computed for blacks, Mexican-Americans, Puerto Ricans, and other groups including whites, by age, sex, and income level. To assist in obtaining these rates, the survey will oversample blacks, Hispanics, the elderly and children.

The diseases and other medical conditions to be studied include, but are not limited to, the following:

- Cardiovascular disease (heart disease);
- Cancer;
- Chronic obstructive lung disease, including:
 - Asthma;
 - Chronic bronchitis; and
 - Emphysema;
- Diabetes;
- Kidney disease and other urologic disorders;
- Gallbladder disease;
- Osteoporosis;
- Arthritis and related musculoskeletal conditions, including:
 - Rheumatoid arthritis; and
 - Osteoarthritis;
- Infectious diseases, including:
 - Immunization to childhood diseases;
 - Exposure to hepatitis A or B;
 - Exposure to human immunodeficiency virus (HIV); and
 - Exposure to sexually transmitted diseases, such as herpes simplex 1 and 2;

- Oral health problems, such as:
 - Caries;
 - Periodontal disease;
 - Tooth loss;
 - Soft-tissue lesions;
 - Trauma assessment;
 - Occlusal and dentofacial characteristics; and
 - Tooth restoration and prosthesis conditions;
- Allergies to:
 - Certain foods, animals, insects and molds;
- Mental health conditions, for example:
 - Depression;
- Hearing loss;
- Retinal Disease; and
- Nutritional disorders, such as vitamin and mineral deficiencies.

Risk factors are those aspects of a person's lifestyle, constitution, heredity or environmental exposures which may increase his/her chances of developing a certain disease or condition. Some of the risk factors to be included in this study are:

- Tobacco usage;
- Alcohol consumption;
- Physical activity;
- Sexual practices;
- Occupational exposures;

- Reproductive health, such as oral contraceptive use and breastfeeding practices;
- Weight;
- Dietary intake; and
- Stress.

The results of this survey will benefit the American people in two important ways. First, data on the distribution of health problems and potential risk factors in the population provide researchers with important clues to the causes of disease development. This survey will provide the data researchers need to establish hypotheses of disease causation which can be tested in future epidemiologic and clinical research studies. Secondly, information collected from this survey will be compared to information collected in previous HANES surveys and future HANES surveys in which study participants will be asked to be examined and interviewed again sometime in the future. This will allow researchers to determine the extent to which various health problems and risk factors have changed in the U.S. population over time. By identifying the health care needs of the population, agencies of the government and private sector can establish policies and plan research, education, and health-promotion programs which will help improve the current health status of the population and prevent future health problems.

By computing prevalence rates for the population as a whole and for specific age-race-sex groups (e.g., 30-35 year old white females), researchers can determine which subgroups of the population would benefit most from specific programs and policies. For example, information collected in this survey will help FDA decide whether to implement calcium fortification regulations for the nation's food supply and how best to implement the fortification program, if needed. Data from this survey will be used to revise the growth charts which are used widely by pediatricians to monitor the growth of children.

Study participants are first interviewed at their homes and asked detailed demographic, socioeconomic, and health-related questions. Extensive physical examinations by highly trained medical personnel, additional health interviews, dietary interviews, and biochemical tests on biological specimens are then conducted in specially equipped mobile examination centers (MECs). Persons who cannot or will not come to the MEC for the full-scale examination are asked to undergo certain parts of the exam at their homes.

In addition to using these data as a baseline for future follow-up studies and analysis, some blood and urine specimens collected in this survey will be stored. Biological specimen banking will be of value in the future as new techniques are developed to measure exposure to environmental contaminants or disease agents or when new health problems are recognized. Biological specimen banking will be used to permit future laboratory analyses for:

- Estimating the prevalence of factors of current interest but for which acceptable testing protocols do not yet exist (e.g., pesticides);
- Estimating the prevalence of factors of emerging importance (e.g., chlamydia subtypes, various types of non-A, non-B hepatitis); and
- Conducting studies to look for the specific causes of diseases (e.g., bacteria, viruses, toxic materials).

Four areas have been selected for special emphasis in NHANES III: child health; health of older Americans; occupational health; and environmental health.

Child Health. NHANES III will help researchers assess the physical and emotional health status of children in the U.S. Communicable diseases, such as influenza, measles, and chickenpox, are not the only causes of illness and disability in the young. The focus of the childhood component of NHANES III will be on:

- Chronic diseases (heart and lung diseases);
- Allergic conditions;
- Immunity to various infectious diseases;
- Nutritional status;
- Cognitive functioning (ability to function in the activities of daily life);
- Physical growth;
- Disorders of hearing and dentition; and
- Blood lead levels.

Older Americans. The U.S. has experienced dramatic growth in the number of older people during this century. These demographic changes have major implications related to health care needs, public policy, and changing research priorities associated with older Americans. Recognizing this, NCHS is working with a consortium of public health service agencies to improve information on the health of the elderly. NHANES III is designed to fill many of the gaps in our knowledge of the health of older people. The survey component for older persons focuses on physical health status and aspects of functional health status. The key components for this part of the survey are:

- Osteoporosis and the evaluation of lower extremity function, including risk of falls and fractures;
- Musculoskeletal function, focusing on osteoarthritis, as a major cause of disability in older persons;
- Nutrition, including the evaluation of obesity;
- Cardiopulmonary diseases, which are major causes of illness and death in older persons;
- Physical function (individual's capacity for self-care);
- Cognitive function (ability to function in the activities of daily life); and
- Social function (ability to live independently).

Occupational Health. This component of the survey will focus on exposures in the workplace, such as noise, chemicals, and dust, which may be associated with specific health problems, such as neurological problems, lung disease, and musculoskeletal injuries.

Environmental Health. The environmental health research topic for NHANES III focuses primarily on studying exposure to toxic metals and chemicals, such as pesticides, by examining blood specimens for levels of various metals and chemicals in the blood.

Westat is a survey research firm which has been awarded a contract by NCHS to carry out data collection activities for the survey. Westat is responsible for selecting the survey sample, scheduling and

planning study procedures, developing the survey materials, such as manuals and forms, hiring and training field personnel, making advance arrangements for each stand, conducting community outreach activities, setting up and maintaining field offices and Mobile Examination Centers (MECs), scheduling and conducting screening interviews and extended interviews in the household, conducting interviews and physical examinations in the MECs, designing and carrying out quality control procedures, transmitting data to NCHS, and shipping biological specimens to various laboratories in the U.S. The examination and interview components of this survey have been designed in close collaboration with the Federal agencies which will use the resulting data for program planning and regulatory and research purposes. The following agencies have been involved in designing NHANES III:

Agencies of the National Institutes of Health, Public Health Service

- National Heart, Lung and Blood Institute (NHLBI);
- National Cancer Institute (NCI);
- National Institute of Child Health and Human Development (NICHD);
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK);
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS);
- National Institute of Dental Research (NIDR);
- National Institute of Mental Health (NIMH);
- National Institute of Neurological and Communicative Disorders and Stroke (NINCDS); and
- National Institute on Aging (NIA).

Other Federal Agencies

- Environmental Protection Agency (EPA);
- Food and Drug Administration (FDA);
- National Institute of Occupational Safety and Health (NIOSH); and
- National Institute of Environmental Health and Safety (NIEHS).

1.2 History of the Health and Nutrition Examination Survey

The National Health Survey Act, passed in 1956, provided the legislative authorization for a continuing survey to collect statistical data on the amount, distribution, and effects of illness and disability in the United States. In order to fulfill the purposes of this Act, it was recognized that data collection would involve at least three sources: the people themselves by direct interview; clinical tests, measurements, and physical examinations on sample persons interviewed; and places where persons received medical care such as hospitals, clinics, and doctors' offices.

To collect data by interview and physical exam, NCHS conducted four separate examinations surveys between 1959 and 1976. The first Health Examination Survey (HES I) focused mainly on selected chronic diseases of adults aged 18 - 79. HES II and HES III, conducted between 1963 and 1970, focused primarily on the growth and development of children.

The fourth survey introduced a new emphasis: the study of nutrition and its relationship to health status. This had become increasingly important as researchers began to discover links between dietary habit and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutritional Surveillance System was undertaken by NCHS. The purpose of this system was to measure changes in nutritional patterns over time. However, a special task force recommended that the continuing surveillance system be expanded to include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutritional Surveillance System was combined with the Health Examination Survey to form the National Health and Nutrition Examination Survey, NHANES.

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1974. This survey obtained a national sample of about 21,000 persons between the ages of 1 and 74 years of age. Extensive data on health nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

The planning process for NHANES II was carried out in 1974 and 1975 in collaboration with other Federal agencies. Throughout the planning stage there was continual awareness of the necessity of making the data collection for NHANES II comparable to the first NHANES survey so that NHANES I data could serve the purpose of providing a baseline for assessing changes overtime. This means that many of the same measurements had to be taken the same way on the same age segment of the U.S. population in both surveys. The NHANES II survey began examinations in February 1976 with the goal of interviewing and examining 21,000 persons between the ages of 6 months and 74 years. This survey was completed in 1980.

In addition to NHANES I and NHANES II, a special survey of the U.S. Hispanic population, HHANES, was undertaken to provide information on the health and nutrition status of Hispanics comparable to that obtained for the general U.S. population. The survey was completed in 1984. A fourth NHANES project, the NHANES Epidemiologic Followup Survey, was recently completed. This study was an effort to conduct followup interviews with the sample population, now aged 35-84, who were interviewed and examined in NHANES I between 1970 and 1974.

NHANES III is the third cycle in the NCHS series of surveys to collect data on the health and nutrition of the people of the United States through interviews and physical examinations. As in previous NHANES cycles, the survey's primary purpose will be to produce descriptive statistics that can be used to measure and monitor the health and nutritional status of the civilian, noninstitutionalized U.S. populations.

The plan is to administer a household interview and a 4-hour examination consisting of medical procedures, biochemical tests, and questionnaires to 40,000 sample persons aged 2 months and older over a period of approximately 6 years. The survey will be conducted in 2 rounds of about 3 years each in approximately 88 locations across the country.

NHANES III will serve to collect public health data for use in evaluating the health status of the U.S. population and determining how health status is affected by social and economic conditions. The wide range of statistics produced will be valuable for:

- Estimating the prevalence of selected diseases and conditions;
- Assessing health and nutritional status;
- Determining needs for health care;
- Analyzing relationships between health measures and risk factors; and
- Evaluating aspects of health and nutrition.

A number of longitudinal studies which use NHANES III data as baseline data are planned. These studies will follow the sample persons interviewed and examined during NHANES III over a period of years to attain measures of changes in health status and to study human growth and development in detail.

1.3 About Westat

Westat is an employee-owned research firm founded in 1961 and located in the Metropolitan Washington, DC area (Rockville, Maryland). Westat is recognized as one of the leading research firms engaged in survey research, program evaluation, mathematical and statistical analysis, and computer applications. Although primarily involved in conducting surveys for agencies of the Federal Government, the company has also served local government agencies, universities, professional societies, nonprofit institutions, and commercial enterprises.

The professional staff of more than 450 includes statisticians, epidemiologists, psychologists, sociologists, survey managers, market research analysts, economists, and computer systems analysts with specialized knowledge in health, labor, housing, and education. A highly trained nationwide field staff of supervisors, interviewers, and survey assistants provides additional support to the organization.

A large number of the studies Westat manages are concerned with the health of various subgroups of the population. The success of these projects can be attributed in part to the company's ability to enlist the cooperation of individuals and groups in the communities where the studies are conducted. For instance, it may be necessary to obtain cooperation from state or local government officials, professional associations, hospital administrators, citizen groups, and individuals.

Many of Westat's studies in the area of health involve nationwide data collection efforts in hundreds of different communities. For example, in 1979-80, Westat enlisted 38,000 U.S. school children in a study to estimate the prevalence of dental caries (cavities) and other oral health problems in that population. A second dental survey conducted in 1986-87 involved 45,000 school children. Fourteen teams, each with a dentist, a data recorder, and 2 coordinators, traveled to schools across the U.S. to collect data from students via dental examinations and interviews.

1.4 Pretest and Main Survey Schedules

1.4.1 Pretests

1.4.1.1 Purpose of the Pretests

Before any large-scale data collection effort is started on a survey, one or more pretests are conducted. During a pretest, field procedures and data collection instruments are tested and evaluated, then refined by the researchers. Field procedures are carried out just as they would be in the main study, but during the pretest a much smaller group of sample persons is selected. After the completion of a pretest, a series of meetings is held and suggestions for improving the field procedures and data collection instruments are incorporated into the plans for the main study. In this way, potential problems are resolved before the main survey begins, although it is inevitable that some unanticipated problems will arise as the study progresses.

1.4.1.2 Summary of the Pretests

Since NHANES III is so large and complex, four pretests were scheduled from September 1987 through December 1988. The first three pretests were conducted at different sites to evaluate the performance of the field procedures in various locations. The fourth pretest, or "Dress Rehearsal" was conducted in October 1988 and was intended to provide a final practice of all procedures before the main survey was initiated. Following is a summary of the pretests, the locations, the number of sampled persons (SPs), and the procedures tested.

Pretest I

LOCATION: Los Angeles, California

DATE: October 1987

DURATION: Six weeks

NUMBER OF SPs: 450

Questionnaires and interviewer field procedures were tested and evaluated.

Pretest II

LOCATION: Washington, D.C.

DATE: October - December 1987

DURATION: 9 weeks

NUMBER OF SPs: 600

MEC procedures and examinations tested.

Pretest III

LOCATION: Tampa, Florida

DATE: February - March 1988

DURATION: Six weeks

NUMBER OF SPs: 500

All office, interviewing and MEC procedures tested.

Pretest IV ("Dress Rehearsal")

LOCATION: College Park, Maryland

DATE: October 1988

DURATION: 6 weeks

NUMBER OF SPs: 450

Final testing of all procedures

1.4.2 Schedule for the Main Survey

Data collection for the main survey of 40,000 sample persons (SPs) began in September 1988 and will be conducted in 2 cycles of approximately 3 years in length. Field office staff, interviewers, and 2 examination teams will travel to approximately 44 locations throughout the U.S. in each cycle. The average stand size will be about 450 SPs (within a range of 300-600 SPs). At any given time during the survey, examinations will be conducted at two stands simultaneously for 10 1/2 months of the year. There will be breaks of about 2 weeks around Christmas and about 2 weeks during the summer.

1.5 Sample Design

A sample is defined as a representative part of a larger group. Surveys involve studying a sample of persons rather than conducting an expensive and time-consuming census whereby every person in the population of interest is studied. Since it is impossible to interview and examine everyone in the U.S. for NHANES III, a representative sample is taken of the nation's population. At the conclusion of the study, estimates will be made of the prevalence of various health conditions and risk factors for the entire U.S. population, based on what is learned from the sample of people studied in the survey. By studying a representative sample of the population, it is assumed that the findings would not have been too different had every person in the U.S. been studied. Because generalizations about the population will be made, it is extremely important that the sample be selected in such a way that it accurately represents the whole population. Statisticians must calculate the size of the sample needed and take into consideration the geographic distribution and demographic characteristics of the population such as age, sex, race, and income.

After a decision has been made on the size and characteristics of the sample, the next step is to determine the method of drawing the sample. For NHANES III, a multi-stage approach is being used.

Stage 1: Sampling PSU's.

The U.S. is divided into geographic regions called Primary Sampling Units (**PSU's**). Each PSU is a county or small group of contiguous counties. At the home office, Westat statisticians randomly select 88 PSU's to be included in this study. The probability (likelihood) of a PSU being selected depends on its size (i.e., the more people who live in the PSU, the more likely it will be sampled). Each PSU that is selected is called a **stand**. Exam teams will travel to each of the 88 stands to conduct exams and interviews in the MECs.

Stage 2: Sampling BG/ED's.

Each selected PSU is comprised of block groups (**BGs**), defined by the Census Bureau, or enumeration districts (**ED's**). The home office randomly selects BG/ED's to be included in the study. Similar to Stage 1, the probability of a BG/ED being selected depends on its size.

Stage 3: Sampling segments.

Each BG/ED is comprised of **segments** which are clusters of homes. Segments are randomly selected to be included in the study. The larger the segment the more likely it is to be selected. Project staff called listers go to each segment and, using special forms, list the addresses of all dwelling units (houses, apartments, mobile homes) in that area.

Stage 4: Sampling households from the field listing.

Not all households in a stand are selected for the study. Home office project staff randomly select households from the field listings.

Stage 5: Selecting eligible persons (screening).

Field interviewers go to each sampled household identified in Stage 4. The interviewer administers a 10-minute screening questionnaire (Household Screener Questionnaire) to determine the household composition and sex/race/age/ethnicity characteristics of the household members. Depending on the characteristics of the household, only certain households are selected for the final sample. Interviewers have written instructions from the home office on how to conduct this stage of sampling.

Stage 6: Choosing Sample Persons in the selected households.

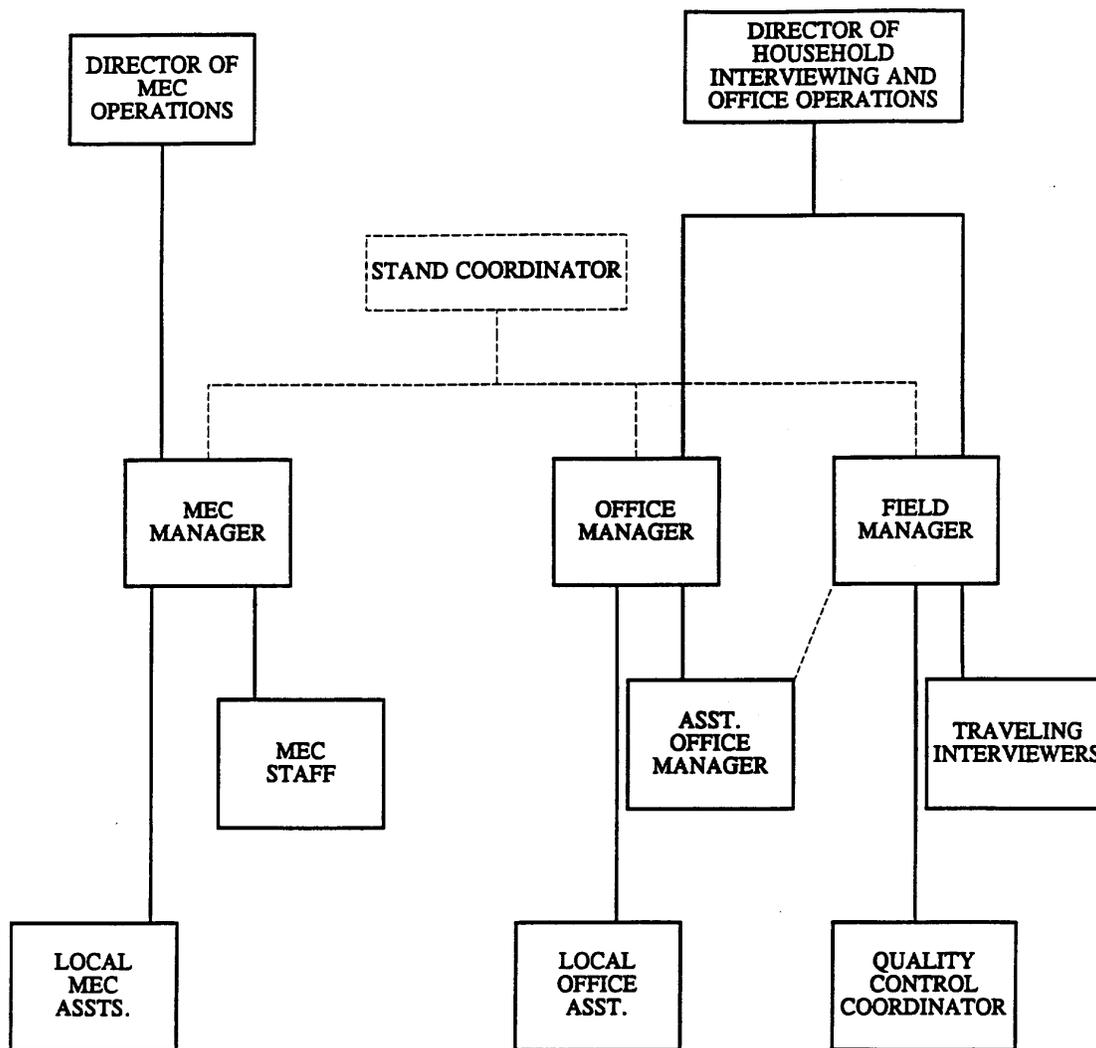
Following the screener sampling instructions, in a typical household 2-3 persons will be selected. However, in some households we may select none and in others as many as 10. Each individual selected for the study is called a **Sample Person (SP)**.

1.6 Personnel and Reporting Relationships

There are two different organizations conducting NHANES III. The National Center for Health Statistics (NCHS) is the government agency sponsoring, and ultimately responsible for, the survey. NCHS has contracted with Westat to conduct the field operations for the survey. NCHS staff and consultants from both NCHS and Westat participate in staff training programs and pretest activities, and periodically visit the field operations during the main survey.

As a member of the exam team staff, you are an employee of Westat and will report directly to Catherine Novak, Director of MEC operations for the Westat staff. Exhibit 1-1 shows the formal reporting relationships for the project. Renee Slobasky serves as the NHANES project director for the Westat home office. Dr. Carla Maffeo, technical director for examinations at Westat's home office, is responsible for technical issues, such as how an exam procedure or biochemical test should be done. Exam or personnel matters should be discussed with the Director of MEC operations. The MEC manager, who is responsible for day-to-day activities of the MEC at the stand, should be consulted for such questions regarding the automated system, equipment, supplies, data collection, sterilization of instruments, storage and shipment of data and specimens, and administrative issues.

Exhibit 1-1. Reporting relationships



A Stand Coordinator is also designated for each stand and will be responsible for coordinating stand activities with the other on-site managers.

1.7 Advance Arrangements for a Stand

1.7.1 Schedule for Advance Arrangements

Exhibit 1-2 summarizes the schedule for a stand. Advance arrangements begin in Westat's home office at least 10 weeks prior to the start of interviewing at a stand. Members of the advance arrangements team study maps and familiarize themselves with the layout of a stand, location of sampled segments, major highways and arteries, public transportation, and sites that appear appropriate for location of the MEC. Once they have a basic knowledge of the layout of the area, they contact local officials identified by our outreach program as prospective knowledgeable informants and make arrangements to visit the prospective stand.

The field office is opened at least 1 week prior to the start of household screening and interviewing. During that week the rental furniture and office equipment arrive, supplies shipped to the site from the home office are unpacked, telephones are installed, and computer systems are tested. A member of the advance arrangements team is at the stand during this period.

At least 1 week before examinations begin, the MEC is delivered to the prearranged site. The MEC manager will be on hand to receive the trailers and direct their location and leveling by the shipping firm, to oversee the hookup of electricity and plumbing lines by local contractors, and to verify the presence of the previously arranged security. After the trailers are set up, examination staff members unpack, calibrate and test the equipment. Medical and laboratory supplies delivered to the MEC are unpacked and stored. These preparations are scheduled and managed so that the MEC is ready for its dry run prior to the first scheduled examinations.

Exhibit 1-2. Stand schedule

Weeks	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
ADVANCE ARRANGEMENTS	X																						
LISTING	X																						
FIELD OFFICE OPEN									X									X					
INTERVIEWING										X								X					
TRAILERS AT STAND														X									X
TRAILER SET-UP													X	X									
DRY RUN																X							
EXAMINATIONS																							X
CLOSE STAND																							X

1.7.2 Community Outreach Activities

Westat and NCHS have developed a comprehensive and effective outreach program. This program is directed from the Westat home office under the supervision of the Director of Advance Arrangements, Jack Powers. Outreach activities are initiated prior to entering a stand and continue throughout the period of interviewing and examinations.

The purpose of the outreach activities is to inform public officials and potential participants about NHANES III. In informing public officials, regardless of whether their active support is sought, it is hoped that by providing information the study will be recognized as a legitimate and important research effort. The goal of outreach programs directed to potential sample persons is not only to provide information, but to encourage them to take part in an important study.

Westat directs the outreach program to audiences at the national, regional, state and local levels. Through Westat, public officials receive a letter from NCHS describing the survey, a fact sheet explaining technical aspects of the study, and a brochure.

It is important to establish a positive relationship with local health officials and other community representatives as their active support will help legitimize the survey. These persons can also assist during advance work by providing an introduction to other community officials whose cooperation may be important to the survey.

Westat has developed a community outreach program to be activated in each stand incorporating various types of media. The goal is to reach as many of the target populations as possible via radio, television and newspapers in each community. Posters and flyers, in English and Spanish, will be distributed and posted in highly frequented areas, such as churches and community centers, shopping centers and high-rise apartment buildings.

Another purpose of the outreach program is to identify local physician's and dentist's offices or clinics to which the examination reports of findings may be sent for those SPs who are referred for immediate medical or dental care but who report no regular source of health care.

1.8 Data Collection

Data for NHANES III are collected in two phases:

- Household interviews in which SPs are asked detailed demographic, socioeconomic, and health-related questions; and
- Extensive physical examinations, dental examinations, health and dietary interviews, and laboratory tests on biological specimens conducted in mobile examination centers (MECs).

The household component and MEC component are discussed in more detail in the following section.

1.8.1 The Automation System

An automated system has been developed for survey control and capture of interview and examination data in the field. In the MEC, this system will collect, record, account for and transmit examination and interview data. In addition, the computerized flow system will process examinees through the MEC. A more detailed explanation of the MEC Automation System is given in The NHANES III Laboratory Automation System Manual.

1.8.2 Household Interviews

The field interviewers conduct all household interviews and schedule appointments for examinations in the MEC.

1.8.2.1 Advance Letter

As mentioned in Section 1.5, certain households are sampled for the survey. Before an interviewer contacts a household, the Westat home office mails an advance letter to the household.

The advance letter is an important tool for introducing and legitimizing the study. The letter clearly states the purpose and importance of the study, a respondent's rights as a participant, including the confidentiality of information given and the voluntary nature of participation, and indicates that an interviewer will be coming to the household in the near future.

1.8.2.2 Household Screening Interview

Upon arriving at a home, interviewers are instructed to show the advance letter at the door (if the respondent has not seen or does not remember the letter), the screener brochure, and his/her survey I.D. badge.

- **The Household Screener Questionnaire** is administered to one eligible respondent living in the selected dwelling unit who is at least 17 years of age and preferably the head of the household. It includes an introduction, a household enumeration section (including a series of questions identifying secondary families), and an eligibility criteria section collecting information on age, sex, and race or ethnic background. The Screener takes about ten minutes to administer. Once the interviewer has determined that at least one person in the household is eligible to participate in the survey, he/she attempts to administer the family questionnaire, the medical history interview and make an examination appointment. During this process, each selected respondent receives a sample person brochure.
- **The screener brochure** contains a brief description of the study and provides answers to typical questions a respondent might have during initial contact.
- **The sample person brochure** contains more detailed information on the extended interview and examination component of the study. The interviewer distributes this brochure to eligible respondents upon completion of the screening. The brochure describes the examination to be conducted in the MEC and, like the screener brochure and advance letter, emphasizes the purpose and importance of the study, voluntary participation and confidentiality of the information provided. It also includes the Informed Consent Form.

1.8.2.3 Informed Consent

- **Consent form.** The last page of the Sample Person Brochure contains the consent form. The SP must sign the form as an indication of his/her willingness to participate in the study. If the SP does not wish to sign the consent form at that time, he/she may bring the signed form to the MEC at his/her scheduled exam time, or may have additional questions answered at the MEC before signing the form. A refusal to sign the consent form is considered a refusal to participate in the examination phase of the study. Examinations will not be conducted on sample persons who do not return a signed consent form. To participate in the household interviews, an SP only needs to give verbal consent.

For minors the signature of a parent or guardian is required on the consent form. Minors over the age of 12 years are also asked to sign the form as an indication of agreement to participate.

By signing a consent form, a person gives permission for the SP to have the extensive physical exam in the MEC (or the home health examination). A copy of the Home Health Exam Fact Sheet will be given to each SP who is offered the home examination option.

1.8.2.4 Extended Household Interviews

- **The Family Questionnaire** is administered to one eligible respondent in each family who is at least 17 years of age and preferably the head of the household. Information is collected on family relationships, demographics, health insurance, housing, and income. It also contains instructions for within household sampling.
- **The Sample Person Questionnaire** is administered to each sample person or an eligible proxy. A detailed health history is collected on each sample person. The extended interviews require about 40 minutes for each SP. There are two versions of the SP Questionnaire, one for adults and one for youths. Information about SPs who are 2 months to 16 years old is obtained through direct interviews with a proxy, such as the child's parent.

1.8.2.5 Exam Appointments

Interviewers make appointments for SPs to receive physical examinations at the MEC. The interviewer calls the field office to obtain an exam appointment time. If the SP agrees to the time, the information is entered into the field office Automated Survey Management System.

1.8.2.6 English and Spanish Study Materials

The advance letter, brochures, consent form, and household questionnaires are printed in both English and Spanish. Bilingual interviewers use the language with which the respondent feels most comfortable.

1.8.3 Exams and Interviews in the Mobile Examination Center (MEC)

1.8.3.1 The MEC

Examinations and interviews are conducted in specially equipped and designed mobile examination centers (MECs) each consisting of four trailers. Each trailer is approximately 45 feet long and 8 feet wide. The trailers are drawn by detachable truck tractors when moving from one geographic location to another. At an examination site, such as a hospital parking lot, the four trailers are set up side-by-side and connected by enclosed passageways. At any given time during the survey, there are two MECs set up at two different stands and a third MEC is either in transit or in for maintenance.

Exhibit 1-3 shows a floor plan for the MEC. The interior of each MEC is designed specifically for this survey and incorporates many customized features. For example, the trailers are divided into specialized rooms to assure the privacy of each study participant during the exams and interviews. Also, the audiometry room is soundproofed and the X-ray room shielded with lead. The MEC houses all of the state-of-the-art equipment and supplies necessary for the exams and biochemical tests conducted in the MEC.

1.8.3.2 Exam Sessions

The MEC remains at a stand for approximately 6 weeks (range 4-8 weeks). During that period, the MEC operates 5 days a week including weekday, evening and weekend sessions. Two 4-hour sessions are scheduled each day with 10 examinees per session.

Exhibit 1-3. Floor plan of MEC

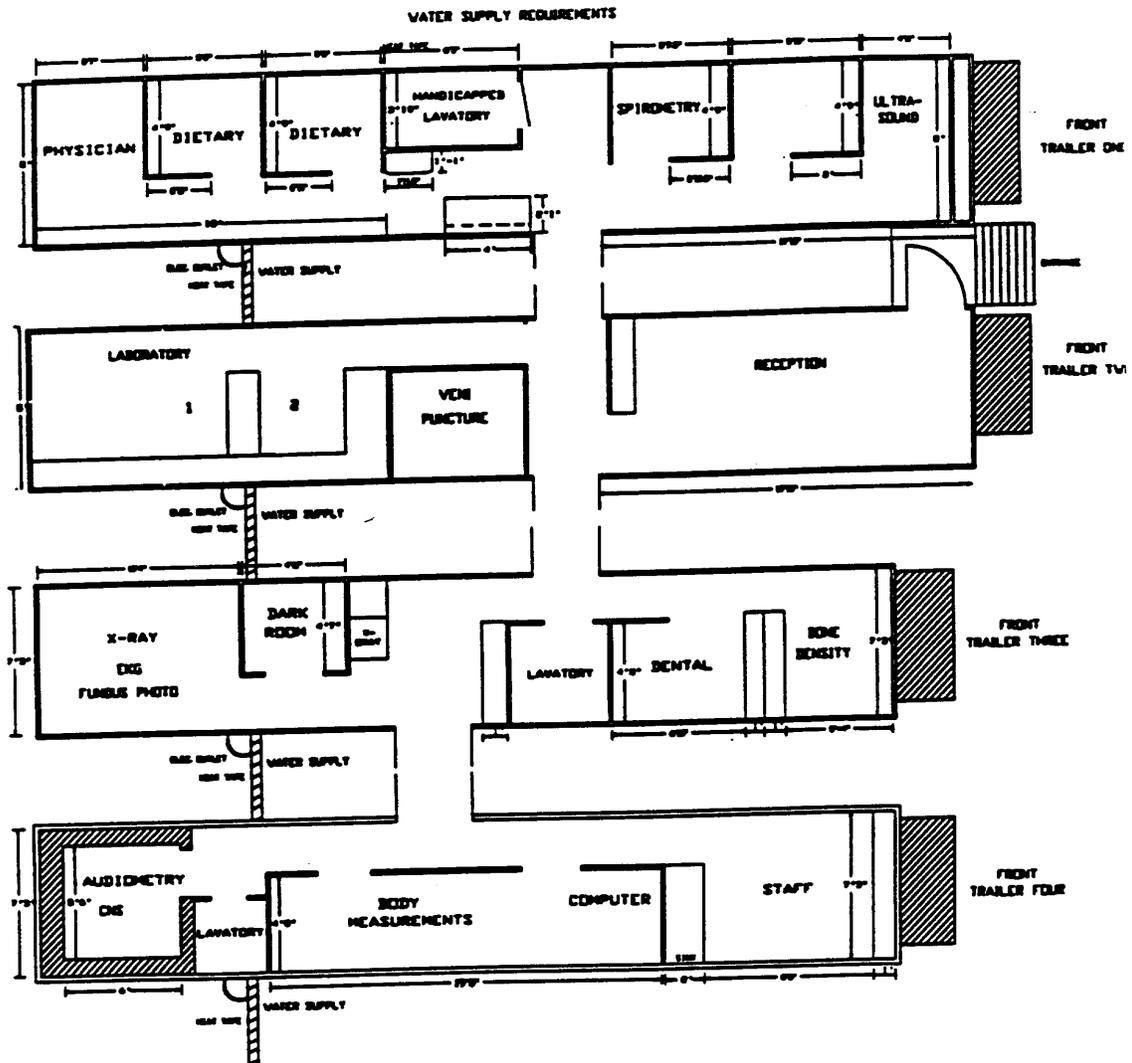


Exhibit 1-3. Floor plan of MEC (continued)

<u>Trailer</u>	<u>Room</u>	<u>Room Use</u>
Trailer I	Physician	Physical examination by a physician
	Dietary	Dietary and food frequency interview
	Dietary	Dietary and food frequency interview
	Interview	Cognitive test and neurological tests
	Spirometry	Tests lung function
	Ultrasound	Ultrasound exam for gallstones
Trailer II	Waiting Area	Waiting area for sample persons
	Reception	Welcoming station and public waiting room
	Venipuncture	Drawing of blood samples, GTT
	Lab	Centrifugation preparation and analysis, blood processing, hematology and blood chemistry laboratory
Trailer III	X-ray/ECG/	X-rays of hand, knee; test heart function
	Fundus Photography	Photo of the fundus of the eye
	Dental	Dental exam by a dentist
	Bone Densitometry	Measures bone density
Trailer IV	Audiometry	Hearing tests
	Body Measurements/	Height, weight, and other physical
	Allergy	measurements/Allergy testing
	Computer	Storage of collected data
	Lounge	Staff

1.8.3.3 Exam Team Responsibilities

The two exam teams travel from stand to stand to conduct the exams and interviews in the MECs. There are 16 individuals on each traveling team. In addition, a local assistant will be recruited, trained, and employed at each stand to assist the exam staff. The duties of the exam team members are summarized below.

- One coordinator directs the flow of SPs through the MEC examination process. The coordinator manages all SP appointments, prepares the SP examination folders, and verifies that all exam components have been conducted and recorded before the SP leaves the MEC.
- One physician reviews the SP's medical history, conducts the medical examination, and records the results of the exam. The physician also reviews the X-rays, the results of the blood test (CBC) and the ECG.
- One dentist conducts the dental exam and "calls" the results to a health technician who records the dentist's exam findings.
- One health interviewer administers questionnaires for cognitive and neurological tests and records the results.
- Two dietary interviewers administer the SP dietary questionnaire. During the interview the interviewer records (a) a 24-hour dietary recall of the types and amounts of all foods and beverages consumed by the SP in the last 24 hours and, on selected SPs, (b) food frequency information regarding how often certain types of foods were consumed by the SP in the past month.
- Four certified radiologic health technologists take and record body measurements, X-rays, bone densitometry, pulmonary function tests (spirometry), ECGs, photos of the fundus of the eye, administer audiometry and allergy exams, and record the dental exam findings. The duties of the health technicians are assigned on a rotating basis.
- One certified ultrasonographer performs sonography of the gallbladder, and also assists health technicians in performing selected other tests such as allergy, audiometry, spirometry and body measurements.
- Three certified medical technicians/technologists conduct clinical laboratory tests on blood and urine specimens, record the results of tests, and prepare and ship specimens to various laboratories.
- One certified phlebotomist administers the phlebotomy questionnaire, draws blood from SPs, and administers Trutol for the glucose tolerance test (GTT).

- One home health technician conducts home exams, and works as a health technologist and a laboratory technologist when there are no home exams scheduled.

Each MEC staff member is part of a team of professional persons with specific assignments that must be completed in order to accomplish the overall objective of the National Health and Nutrition Examination Survey. Each individual must be aware of and respect the job demands placed upon other staff members, maintain an attitude of tolerance and consideration for fellow members of the team, and willingly perform any extra tasks that may be assigned to support other staff members in the performance of their duties. MEC staff members may be requested to perform tasks not directly related to their specific professional skills in order to implement the overall data collection plan. Team members will rotate periodically to prevent the introduction of bias into the exam results due to "team effects" .

1.8.3.4 Exam Components

Each SP exam takes up to 4 hours. The actual length of time depends on the age of the SP, as some exam components are only done on certain age groups (adult SPs tend to receive more extensive exams). Exhibits 1-4 and 1-4a present lists of exam components for each age group. Exhibit 1-5 presents an estimate of the number of minutes for each exam component.

Some blood specimens are analyzed in the MEC by the medical technologists while other specimens are sent to various laboratories in the U.S., such as the Centers for Disease Control (CDC), and have special storage and shipping specifications.

1.8.3.5 Sample Person Remuneration

SPs who complete all or part of the exam in the MEC are given a monetary token of appreciation for their time and effort. This remuneration is in addition to the payment for transportation expenses. Adult examinees will receive \$30 or \$50, depending on whether they accept an appointment at a particular time. Also adults who receive special components, such as the volatile toxicants study, will receive additional remuneration. Children will receive \$30.00.

Exhibit 1-4. Examination components by age groups

<u>2-11 mos.</u>	<u>1-5 yrs.</u>	<u>6-19 yrs.</u>	<u>20 yrs. +</u>
Physician exam	Physician exam	Physician exam	Physician exam
Body measurements	Body measurements	Body measurements	Body measurements
Dietary interview	Dietary interview	Bioelectrical impedance	Bioelectrical impedance
Dental exam	Dental exam	Dietary interview	Dietary interview
	Venipuncture	Dental exam	Dental exam (up to 74)
		Tympanic impedance	Venipuncture
		Venipuncture	Urine collection
		Audiometry	Cognitive tests (60+)
		Urine collection	Neurological tests (20-59)
		Cognitive tests	Allergy skin test (20-59)
		Allergy skin test	Spirometry
		Spirometry	Joint X-ray (60+)
		MEC questionnaire	Electrocardiogram (40+)
			Glucose tolerance test (40-74)
			Ultrasound (up to 74)
			Bone densitometry
			Physical function (60+)
			Fundus photography (40+)
			MEC questionnaire

Exhibit 1-4a. NHANES III Examination Components

<u>Components</u>	<u>Ages</u>
Physician exam	all
Phlebotomy	1+
GTT	40-74
Body measures	all
24-hour recall	all
Food frequency	6-19
ECG	40+
Bioelectrical impedance	12+
Spirometry	8+
Dental	2 mos-74
Bone densitometry	20+
Ultrasound	20-74
Allergy (adult half sample)	6-59
Physical function	60+
Cognitive function	60+
MEC questionnaire-adult + Dis	20+
MEC questionnaire - youth	6-19
MEC questionnaire - proxy youth	20-39
CNS (half sample)	20-59
Cognitive testing-child	6-19
Joint X-ray	60+
Audiometry/tympanometry	6-19
Urine collection	6+
Fundus photography	40+

Exhibit 1-5. Estimated number of minutes for each exam component

EXAM COMPONENTS	SAMPLE PERSON LENGTH OF TIME (IN MINUTES)
Physical Exam	10
Body Measurements	9
Bioelectrical Impedance	3
Dietary Interview	19
Food Frequency (12-16)	12
Fundus Photography	6
Dental exam	8
Tympanic Impedance	5
Venipuncture, GTT	19
Audiometry	10
Cognitive and Neurological Tests and Health Interview	30
Allergy Skin Test	7
Spirometry	11
X-rays of Hand, Knee	8
Electrocardiogram (ECG)	13
Ultrasound	10
Bone Densitometry	16

1.8.3.6 Report of Exam Findings

For each SP examined in the MEC, the routine blood pressure and dental findings will be reported to the examinee prior to his/her leaving the MEC. A report of all other findings will be generated by the automated system at NCHS summarizing the findings of the physical exam and biochemical tests. This Report of Findings form will be produced **after** the stand is closed, and **mailed** to the SP. The dentist completes a report of the dental exam findings which is also given to all SPs. Additionally, for SPs who are referred for immediate medical or dental care, a report is sent to the SP's personal physician, dentist or clinic. If the SP does not have a personal physician, dentist or clinic, a list of community clinics will be shown to the SP by the MEC coordinator who will encourage the SP to choose one; the report of the physician's/dentist's findings is then sent to that clinic. If the SP refuses to choose a health care provider, the report of the physician or dentist's findings is given to the SP.

In the MEC, in those instances when the physician or dentist finds a condition that warrants immediate attention from the ECG, hematology, X-ray, dental, or blood pressure results, or from an unexpected incident, the physician or dentist will contact the SP's health care provider by telephone.

1.8.3.7 Dry Run

At the beginning of each stand, members of the MEC staff will devote one-half day to calibrating instruments and practicing MEC procedures. Since the MEC will be moving from one stand to another, it is important to check the equipment before exams begin to make sure everything is working properly. If there are problems with any of the equipment, including the automated system, the stand manager must be informed so that malfunctions can be repaired before the real exams begin. In addition to calibrating instruments, the dry run will give MEC staff an opportunity to practice their assigned duties, including setting up equipment and supplies, verifying instrument quality control results, sterilizing instruments, processing examinees through the MEC, interacting with other MEC staff members and examinees, performing exam procedures, recording exam results on the automated system, completing required forms, and shipping data and specimens to Westat and various laboratories. All procedures in the dry run will be completed as though the actual study were being conducted. The only difference is that in the dry run the examinees will be volunteers who are not part of the actual sample for the main

study or pretests. To solicit volunteers from the community, someone from the field office may post an advertisement at a local grocery store. Other volunteers may include local officials who want to see first-hand the type of exams to be conducted, field office staff, field interviewers, and MEC staff.

Problems identified during the dry run will be discussed by the MEC manager and MEC staff. Based on the results of the dry run, certain procedures may need to be modified or additional quality control procedures may be instituted by the home office in order to overcome or alleviate identified problems.

1.8.4 Home Exams

An examination in the home will be available for selected SPs who are wheelchair or bed-bound or unable or unwilling to go to the MEC for an examination. The household interviewers will determine when an SP should be offered the home exam, and the field office will schedule the appointment. If the SP is reluctant to participate in a MEC exam, every attempt will be made to persuade the SP to agree to an exam, either at the MEC or in his/her home. Because of equipment and staffing considerations, only certain exam components can be conducted in the home. For instance, any equipment required for the home exams must be portable and relatively compact when packed. Exhibit 1-6 lists the exam components which are conducted in the homes of SPs. As with the full-scale MEC exam, the components of the exam depend on the SP's age.

The home examiner conducts the examination of SPs in the home. All tests are completed on-site with the exception of the blood tests, which are prepared and shipped from the MEC. After completing an SP exam, the home examiner will return to the MEC with the blood tubes and enter the results of the home examination phlebotomy into the automated system in the laboratory. The blood is processed and shipped with the blood collected in the MEC.

SPs who complete the home exam are given \$15 as a token of appreciation for their time and effort. This is less than the remuneration for the MEC exam because the home exam is less extensive.

Exhibit 1-6. Home exam components

	AGE		
	2-11 months	20-59 years	60+ years
<u>COMPONENTS</u>			
Body Measurement (Height, Weight, Mid-Arm Girth & Tricep Skinfold)	X	X	X
Head Circumference	X		
Venipuncture		X	X
Spirometry		X	X
Cognitive Tests			X
Physical Function Exam			X
Infant Food frequency	X		
Selected Conditions/Medicine, Vitamin & Mineral Usage/Tobacco/ Reproductive Status		X	X
<u>TIME (Minutes)</u>	10	40	50

1.8.5 Special Studies

At times during the study, special projects may be implemented to obtain information about a specific area of interest, as NHANES III provides an unusual opportunity to capture large amounts of data in an efficient manner. The volatile toxicant study is one such special study.

1.8.5.1 Volatile Toxicants Study

The volatile toxicant study is being sponsored by the toxicology branch of the CDC as an additional component of NHANES III. Extra blood and urine samples are to be collected from 45 volunteers at each stand and analyzed by CDC for selected variables. Volunteers are paid \$10 for participating in the study.

Recruitment for the study will begin on the first day of exams at each stand and continue until 45 sample persons have volunteered. Only sample persons between the ages of 20 and 59 are eligible for the study. The phlebotomist is responsible for recruiting sample persons at the time of the first venipuncture. Because the MEC itself may be a source of some of the chemicals CDC is measuring in this study, the blood and urine samples must be collected as soon as possible after the sample person enters the MEC.

If a sample person agrees to participate in the study, one 10 ml gray top tube and one 10 ml non-silicone coated red top tube are obtained on the first draw. If this is not possible, the sample person will be asked if a second stick can be performed. If the SP is over the age of 40 years and will have a second venipuncture for the glucose tolerance test, the additional blood may be drawn at that time.

The required 45 ml of urine is obtained from the urine specimen which is collected when the sample person first enters the MEC, assuming that the first specimen is of sufficient volume to allow this. If the required amount of urine cannot be obtained from the initial sample, a second urine specimen will be collected.

The sample person is also asked to complete a self administered questionnaire as part of the volatile toxicants study. The phlebotomist collects the questionnaires from the coordinator at the end of the session and mails the questionnaire with the urine samples to CDC.

1.9 Confidentiality and Professional Ethics

All information collected for this study must be kept strictly confidential except as required by law. Since this study is being conducted under a contract with the National Center for Health Statistics, the privacy of all information collected is protected by two public laws: Section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Privacy Act of 1974 (5 U.S.C. 552a).

Each person working on the study must be continuously aware of the responsibility to safeguard the rights of all the individuals participating in the study. Each study participant should be treated courteously, not as a sample number. Never divulge names or any other information about study participants except to the research team. Refrain from any discussions about study participants, in or out of the MEC, which might be overheard by people not on the survey staff. All of the members of the research team are under the same legal, moral and ethical obligations to protect the privacy of the SPs participating in the study.

When the study is finished, all of the collected information will be summarized by NCHS in a report. No participant names will be included in any reported results. Neither NCHS nor Westat is allowed to release information that would identify study participants without the consent of the participants.

Cooperation from the public is essential to the success of survey research. Westat expends a great deal of effort in obtaining cooperation from national, regional, state, and local officials and the general public. It is the responsibility of each person working for Westat to build on the company's reputation of integrity so that we can continue to have access to study participants during current and future studies; therefore, professional conduct both on and off the job is very important.

As you travel across the country for this study, you may find yourself to be very much in the public eye, particularly in the smaller towns where your presence is easily recognized. Each staff member has a responsibility to the Public Health Service and to Westat for promoting good public relations. The Public Health Service and Westat will be judged by the actions of the staff both on and off duty; consequently, you must be discreet in speech and actions. Your personal appearance and behavior must be governed by these same considerations. Be aware of the customs of the area and avoid any actions which might be interpreted unfavorably by the public, for example, parking a Westat vehicle in a questionable location. Please be aware of your "audience" at all times and try to avoid statements or actions that could shed an unfavorable light on Westat, the Public Health Service, or the survey.

You will be asked to sign a pledge of confidentiality before the survey begins. This pledge states that you understand that you are prohibited by law from disclosing any information obtained while working on the study to anyone except authorized staff of NCHS and Westat and that you agree to abide by the Assurance of Confidentiality.

This chapter of the manual was designed to provide you with general information about the study, including the advance work that Westat and NCHS completed prior to your joining the study staff. The remainder of this manual explains in detail your responsibilities in this study.

2. MEC INTERVIEW COMPONENT OF THE NHANES

The MEC Interview component of the NHANES III consists of the use of questionnaires to address a variety of health-related topics. The MEC Questionnaires are designed to obtain information concerning particular health behaviors, thoughts, feelings and risk factors. Each section of the MEC Questionnaires is designed for a specific reason which is discussed below.

2.1 Purpose of the MEC Questionnaires

Three different versions of the MEC Questionnaire were developed in order to cover topics relevant to each of three age groups: (1) Adult - 17 years and older; (2) Youth - 8 to 16 years; and (3) Proxy - 2 months to 11 years. These questionnaires overlap in some areas, as shown in Exhibit 2-1. For example, those of all ages are queried about selected health conditions and medicine, vitamin and mineral use. Both the proxy and youth questionnaires contain sections about dietary issues. Both the youth and adult questionnaires ask about tobacco use, reproduction health, alcohol and drug use and mental health issues. However, the activity items appear only in the youth questionnaire, and the cognitive function items appear only in the adult questionnaire.

Questions in each of these areas are included for specific reasons which relate to the other NHANES III examination components. For example, items on alcohol consumption and medicine use are included since previous research has demonstrated that these variables may affect cognitive or neurological functioning. The section on tobacco use is targeted toward obtaining information on both present and past smoking habits and/or use of snuff for respondents of ages 12 and older. The major purpose of the reproductive health section is to obtain information on birth control practices, pregnancy and reproductive history, sexual activity, and other reproductive health-related problems. The drug use sections provide a brief assessment of the participant's use of marijuana, cocaine, as well as nonprescription medications. The Diagnostic Interview Scale (DIS) section of the youth and adult questionnaires focus on mental health. It provides for an in-depth assessment of depression and mania. In conjunction with results from the laboratory work-up, the DIS items of the MEC Questionnaire provide useful data with which to identify and/or evaluate biological risk factors for depression, anxiety neurosis, and eating disorders.

Exhibit 2-1. Content of the MEC Questionnaire

Type of Questionnaire

<u>Topic Area</u>	<u>Proxy</u>	<u>Youth</u>	<u>Adult</u>
Selected Conditions/ Medicines, Vitamins, and Minerals	X	X	X
Respondent Information	X	X	X
Food Frequency/Diet	X	X	
Tobacco Use		X	X
Reproductive Health		X	X
Alcohol/Drug Use		X	X
DIS		X	X
Activity		X	
Cognitive Functioning			X

2.2 Role and Responsibilities of the MEC Interviewer

As a MEC interviewer you are to administer the MEC Questionnaire in a standardized fashion. You must be able to obtain the cooperation of each sample person (SP) in a friendly and efficient manner, in order to gain and maintain their attention to the various details of the MEC Interview. Since many of the topics covered in the questionnaire portion of the interview are of a sensitive nature, SP's may be reluctant or hesitant to respond to certain items. Therefore, an important aspect of your role is to establish a working relationship with each SP and to maintain that rapport throughout the entire interview. You must provide a supportive environment with proper encouragement and reassurances, while remaining neutral and maintaining standardized interviewing procedures in order to avoid invalid results.

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

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

2.3 Procedures for Administering the MEC Interview

Initially, you must create a warm and accepting setting in which to interview. In greeting each study participant by name, and introducing yourself to each SP, you convey a positive regard for the SP.

After welcoming the SP, you can provide an explanation of the general purpose and nature of the MEC Interview. Phrase this explanation in a manner which is appropriate for the age of the SP. Your explanation should help to put the SP at ease about what kinds of questions will be included in the interview. In addition, you can reassure each SP that there are no right or wrong answers to the questionnaire items; rather, the items were developed to learn more about an individual's health beliefs, attitudes, feelings, and behaviors.

If a sample person asks for a brief description of the types of questions asked in the MEC Interview, keep the description quite general. Due to the variety of topics included in the questionnaires and the sensitive nature of certain items, a detailed specification of the areas of interest may intimidate the SPs or negatively influence their participation. Describe the MEC questionnaire as a measure of health-related practices, beliefs, attitudes, and experiences. Tell the respondent that the questionnaire includes numerous items within each health-related area, and that most items require only short answers or simply yes/no responses, while a few ask for more complete answers. Emphasize that each part of the questionnaire will be explained in more detail as the interview progresses. Encourage the SP to feel free to ask for clarification on any part of the interview which seems unclear or confusing. Then, proceed with presenting the questionnaire items in their designated sequence.

2.4 Description of the MEC Questionnaires

The MEC Questionnaires contain questions on health-related behaviors, attitudes, and risk factors. As mentioned earlier, each version is targeted for a specific age group:

The sequence of the topics covered in each of the MEC Questionnaires is designated for each age-specific version as follows:

MEC Adult Questionnaire (age 17 +)

Tobacco
Cognitive Function - Part A
Selected Conditions/Medicine, Vitamin and Mineral Usage
Cognitive Function - Part B
Alcohol/Drug Use
Reproductive Health
DIS
Respondent Information

MEC Youth Questionnaire (age 8 to 16 years)

Activity
Tobacco
Reproductive Health
Selected Conditions/Vitamin, Mineral and Medicine Usage
Diet
Alcohol/Drug Use
DIS
Respondent Information

MEC Proxy Questionnaire (AGE 2 MO. - 11 YEARS)

Medicine, Vitamin and Mineral Usage
Selected Conditions
Infant Food Frequency
Respondent Information

2.5 Data Collection Materials

Data collection for the NHANES III MEC Interview entails the use of an automated computer system. However, in the case of system failure, all of the interview questionnaires are available in hard copy form (see Appendix A). In addition, we have provided a calendar for SPs to use to help in recalling dates and ages. And we have provided an oral contraceptive chart to help female SPs recall which oral contraceptives they may be using. Finally, we have provided a Probe Flow Chart (PFC) for use with the hard copy versions the Diagnostic Interview Schedule included in the Youth and Adult Questionnaires.

The MEC Questionnaires have been programmed to permit computerized administration and recording. The question-by-question specifications, which are provided in Chapters 4, 5, and 6 of this manual, apply equally to both the automated and hard copy versions of the questionnaires. The software edition replicates the questions exactly as they appear on the printed copy of the MEC Questionnaires. However, in using the hard copy of the Youth and Adult Questionnaire, you will also need to use the DIS Probe Chart, which is discussed in Chapters 5 and 6.

2.6 Introducing the Questionnaire to the Respondent

Briefly explain the purpose of the questionnaire in a manner which is appropriate for the age of the respondent. For adult respondents aged 17 and older, an appropriate introduction would be as follows:

"The first portion of this interview consists of questions covering a number of health-related behaviors, attitudes, and other topics. This information will provide health planners with important answers needed to improve ways of meeting the health care needs of people in the United States. The information is also valuable to health researchers in their efforts to understand factors which contribute to the development of illnesses or the maintenance of health in the population in general. There are no right or wrong answers; we are interested in learning more about your opinions about these topics."

For respondents being administered the youth version, an appropriate introduction is given below:

"We are going to begin this interview by asking some questions about your thoughts and feelings toward your health. The answers you provide help us to learn more about the ways that children (young people) of today feel about certain important topics. There are no right or wrong answers to these questions. Please answer them the best that you can."

For the proxy version, the respondent is the parent or guardian of the designated SP. The following introduction is appropriate for the adult respondent who is completing the proxy questionnaire:

"We are interested in asking you some questions about the health of your child, (FILL IN

NAME OF SP). The information that you provide will enable health planners to improve ways of meeting the health care needs of infants and children in the United States. This information will also increase our understanding of factors which may contribute to the development of illness in children ranging in age from 2 months to eleven years."

ENTER NAME OF SAMPLE PERSON:

_? SALLY LEWIS

?

1-7\PROXY\SALLY LEWIS\ 5

ENTER AGE OF SP AT TIME OF SAMPLE SELECTION. ENTER AGE IN YEARS.
(LESS THAN 1 YEAR = 0: 13-23 MONTHS = 1: ETC.)

#? 5

3. BEGINNING THE INTERVIEW

Refer to the Automation Manual for instructions on how to log onto the computer. Select the type of questionnaire you wish to administer. You will be shown the sample number entry screen.

At the prompt, "Enter Sample Number Desired", you enter the ID number of the sample person you will be interviewing. At this point, you will need to determine whether or not the sample person (SP) information has already been entered into the computer.

3.1 Sample Person Already Entered

If information regarding the SP has been entered in the automated system, it will appear on the screen. You will need to choose to proceed with the interview, if appropriate, or to "Z out" if there is a problem and verify that you have the correct person.

Next you verify the SP's name. If the name is correct, you will enter 1 for yes and proceed with the interview. If not, enter 2, Z out, and verify the SP ID number with the coordinator.

3.2 Sample Person Not Already Entered

If you are entering the SP ID for the first time, you will be prompted for some background information prior to starting the interview.

Ask for the SP's full name and type it in. Verify the spelling of the name with the SP. The screen will display the SP's ID and the type of questionnaire. It will request that you enter the SP's age at the time of sample selection. Record the SP's age. The screen will display this and instruct you to ask for the SP's current age. Read this question verbatim and record the SP's current age.

1-7\PROXY\\SALLY LEWIS\5\ 7

ENTER SEX OF SP:

1. Male
2. Female

Next the screen will request the SP's sex. Determine this by observation and record the answer code number.

453-3\PROXY\HELEN SMITH\9\ 32

I would like to begin by asking you a few questions about your child's recent use of medicines, vitamins, and minerals.

A2. Has HELEN SMITH taken or used any antihistamine medicines in the past 2 days:
(Antihistamines are medicines taken for symptoms like sneezing, and a runny or itchy nose.)

1. Y 2. N OR d = DK

4. MEC PROXY QUESTIONNAIRE

The health-related areas covered on the MEC Proxy Questionnaire include medicine, vitamin and mineral usage, selected health conditions, and food frequency. Each topic is briefly explained at the beginning of the question-by-question specifications for that section. The Proxy Questionnaire differs from the Adult and Youth versions in that it is administered to the parent or guardian of the sample person, rather than directly to the sample person. It is designed to obtain data on infants and children, of ages 2 months through 11 years, who are too young to be interviewed directly.

Before beginning the interview, read the introduction to the proxy respondent. The screen will fill in the SP's name for you. After reading the introduction, press <RETURN> to continue.

4.1 Section A: Medicine, Vitamin and Mineral Usage

Note that on the hard copy version of the questionnaire, A1 is a check item which incorporates the instructions below. On the automated version of the questionnaires, A1 does not appear because the software makes this check for you. The questions you will ask in this section depend on the age of the child. If the child is under 1 year of age, you will skip Section A and go to B1. If the child is 1 to 5 years of age, you will go to A3. If the child is 6 or older, you will ask A2.

A.2. Read the introductory statement before asking the question.

Fill in the child's name as you read the question. Also be careful that the respondent understands the time frame, i.e., the last 2 days.

Antihistamines are used most often to provide symptomatic relief of allergic symptoms caused by histamine release. Antihistamines include any generic or name-brand antihistamine which can be obtained without a prescription.

111127-3\PROXY\sally lewis\5\

We are interested in asking you some questions about the health of your child sally lewis.

All of your answers will be kept strictly confidential.

PRESS OK TO CONTINUE.

111123-3-3\PROXY\sally lewis\5\

A3. Prescription medicines are medicines that cannot be obtained without a doctor's or dentist's prescription. Has sally lewis taken any prescription medicines during the past 24 hours?

1. Y 2. N

111123-3\PROXY\sally lewis\5\

Previous Response was: -

A4. Has sally lewis taken any vitamins or minerals during the past 24 hours?

1. Y 2. n

111123-3\PROXY\sally lewis\5\

Now I would like to ask a few questions about sally lewis's health.

B1. Is sally lewis now or in the past 3 months has sally lewis been on treatment for anemia, sometimes called "tired blood" or "low blood"? (Include diet, iron pills, iron shots, and transfusion as treatment.)

1. Y 2. N OR d = DK

A3. Notice that in A3 the time frame has changed to the past 24 hours. Please note that only prescription drugs should be included here.

A4. As with A3, the time frame for A4 is the past 24 hours.

4.2 Section B: Selected Conditions

This section of the MEC Proxy Questionnaire covers selected health conditions and participation in the Women, Infants, and Children (WIC) Program. It applies to children aged 2 months to 11 years. Read the introductory statement before item B1.

B1. B1 is asked to determine whether or not the child has received any treatment for anemia in the past three months. Anemia is a blood disorder which is sometimes referred to as "tired blood" or "low blood". Responses should reflect any treatment during the past three-month period regardless of whether or not the child is currently receiving treatment for that condition. Treatments include those which can be administered by the parent/guardian or child on an ongoing basis, (e.g., diet or iron supplements) and those treatments which are administered directly by a physician or other health professional, such as iron shots and transfusions.

1453-3\PROXY\HELEN SMITH\9\82

B2. How many infections such as colds, flus, diarrhea, vomiting, pneumonia and ear infections has HELEN SMITH had in the past 4 weeks?

(no.) OR 0 = none

#7 2

453-3\PROXY\HELEN SMITH\9\84

B4. How old was HELEN SMITH when her periods or menstrual cycles started, or haven't they started yet?

(age) OR 0 = haven't started yet

OR d = DK

#7 0

111123-3\PROXY\sally lewis\5\

Next are a few questions about the WIC program.

B5. Did sally lewis receive benefits from WIC, that is, the Women, Infants, and Children program, in the past 12 months.

1. Y 2. N OR d = DK

111123-3\PROXY\sally lewis\5\

B6. Is sally lewis now receiving benefits from the WIC program?

B7. How long did SALLY LEWIS receive benefits from the WIC program?

(no.) OR d = DK

#7 2

1-7\PROXY\SALLY LEWIS\5\

1. months 2. years

B2. Item B2 is to assess the frequency of viral and/or bacterial infections. The time period is limited to the past four weeks. Show the respondent a calendar to help the respondent focus on this particular time frame. Enter the number of all such infections the child had in the past 4 weeks.

B3. B3 is a check item on the hard copy questionnaire. It does not appear on the CASS screen.

B4. Ask B4 about females 8 or 9 years of age. B4 asks for the age of onset of the girl's menstrual cycle. Record the sample person's age at the birthday prior to starting. If she has not started yet, enter 0. If the proxy respondent doesn't know the age, make an entry in the box labelled DK.

The questionnaire stops after B4 for children of age 6 years and over. For children less than 6 years old, the remaining questions (i.e., B5 through B7 and Section C) apply.

B5. B5 is asked to determine whether or not the child received benefits from the Women, Infants, and Children (WIC) Program. If the respondent answers "no" or "don't know", you will skip to C1. If the respondent answers yes, you will continue by asking B6 and B7.

B7. Notice that the answer to B7 requires two entries: 1) the length of time and 2) the unit of time (i.e., months or years).

2345-2\PROXY\paula cook\0\102

In this last section, I would like to ask you whether or not paula cook has eaten certain foods or drunk certain beverages during the past month.

C2. In the past month, did paula cook eat or drink any of these foods or beverages? Include baby food as well as strained and regular table foods.

a. Cereal

- | | | | |
|----|---|----|---|
| 1. | Y | 2. | N |
|----|---|----|---|

4.3 Section C: Infant Food Frequency

This section of the MEC Proxy Questionnaire provides information on whether or not infants aged 2 to 11 months have consumed any of the designated foods and beverages in the past month.

C1. Be sure to read the introductory statement before asking about the first food item on the list.

Emphasize the time frame, "past month". The items a-o listed in the C2 Question require only a "yes" or "no" response. If the proxy respondent does not know about a certain food or beverage, add a comment to that effect. Try to get definite answers whenever possible. Basically, these questions focus on whether or not certain foods and beverages have been introduced to the infant. As the instruction states, the proxy respondent should include baby foods as well as strained and regular table foods.

The foods and beverages listed include both commercial and homemade foods and beverages. Homemade baby foods are pureed in a blender. We are interested only in whether or not the food was eaten in the past month. Thus, fortification and portion sizes are unimportant.

Repeat the first part of the question for the first two or three items (a-c). After that, it should be sufficient to read the name of the food or beverage and allow the proxy respondent time to answer. If the respondent asks about a certain item, use the following specifications to clarify what the item includes:

Cereal includes commercial or homemade baby cereals and grain products such as rice cereal, oatmeal, cream of wheat, or bran cereals. Include instant, quick cooking and long cooking. Although grain dishes like bulgur wheat or tabouleh are less likely to be introduced in the first year of a child's life, these foods are also included under cereal. Also include Farina, Cream of Wheat, Maypo, rolled oats, and the like.

1345-2\PROXY\paula cook\0\103

b. Fruit
1. Y 2. N

1345-2\PROXY\paula cook\0\104

c. Yellow and orange vegetables
1. Y 2. N

1345-2\PROXY\paula cook\0\105

d. Green vegetables
1. Y 2. N

1345-2\PROXY\paula cook\0\106

e. Meat
1. Y 2. N

1345-2\PROXY\paula cook\0\107

f. Egg yolk or eggs
1. Y 2. N

1345-2\PROXY\paula cook\0\108

g. Combination meat/vegetable dinners
1. Y 2. N

Fruit includes all types of fruits in all forms--fresh, strained, frozen, canned, or pureed. Include apples; citrus fruits, such as oranges, grapefruit, tangerines, tangelos, and mandarin oranges; melons, such as cantaloupe and honeydew; peaches, nectarines, apricots; bananas and plantains; pears; berries; cherries; and other fruits, such as strawberries, grapes, mango, papaya, and kiwi.

The next two items, c-d, cover vegetables. Include fresh or raw, frozen, canned, cooked, or pureed vegetables and vegetable juices. Yellow and orange vegetables include acorn, butternut, and hubbard squash, pumpkin, sweet potatoes and yams, and corn. Green vegetables include broccoli, spinach, brussels sprouts, green beans, peas, lima beans, celery, zucchini, onions, cabbage, turnip greens and collards.

"Meat" is a general category for any meat, poultry, fish, or seafood or meat product commercially prepared or homemade. Include chicken, beef, pork, ham, bacon, or sausage, veal, lamb liver or other organ meats such as heart, kidney, or tongue, and any seafood or fish. Include all preparations, such as boiled, poached, fried, roasted, broiled, strained, or pureed.

Egg yolk or eggs includes eggs in any form (raw, poached, fried, scrambled) and any dishes where egg is the primary ingredient such as quiche or fritatas. Do not include egg substitutes.

Combination meat and vegetables dishes include both homemade and store bought main dishes that contain both meat and vegetables. Include baby foods which are pureed or strained and have at least one meat and one vegetable mixed together.

2345-2\PROXY\paula cook\0\109

h. Yogurt, cottage cheese and other cheeses

1. Y 2. N

2345-2\PROXY\paula cook\0\110

i. Bread, rolls, crackers, and biscuits

1. Y 2. N

2345-2\PROXY\paula cook\0\110a

j. Desserts

1. Y 2. N

2345-2\PROXY\paula cook\0\111

k. Breastmilk

1. Y 2. N

Yogurt, cottage cheese, and other cheeses include plain yogurt, yogurt with fruit or syrup (regular, lowfat, or nonfat), kefir (yogurt beverage/drink), any processed or natural cheese, including regular, low sodium, lowfat; hard or soft; spread or pressurized can, ricotta cheese, or cream cheese.

Breads, rolls, crackers, and biscuits include white or dark breads, rolls, bagels, pita, muffins, crackers, matzo, and French toast.

Desserts and sweets include candy, homemade, store bought, and packaged mixes of cakes, cookies, pies, doughnuts, or pastries, as well as commercially prepared baby food desserts.

2345-2\PROXY\paula cook\0\112

l. Formula

- 1. Y
- 2. N

2345-2\PROXY\paula cook\0\113

m. Cow's milk, regular milk

- 1. Y
- 2. N

2345-2\PROXY\paula cook\0\114

n. Fruit juice such as apple juice and orange juice

- 1. Y
- 2. N

1345-2\PROXY\paula cook\0\115

o. Drinks such as koolaid, fruit punch, and HI-C

- 1. Y
- 2. N

2345-2\PROXY\paula cook\0\991

THAT'S THE LAST QUESTION. THANK SP AND WRAP UP

D1. INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP.

- 1. MOTHER
- 2. FATHER
- 3. SISTER OR BROTHER
- 4. GRANDPARENT
- 5. OTHER

1345-2\PROXY\paula cook\0\992

D2. QUALITY OF INTERVIEW

- 1. RELIABLE
- 2. UNRELIABLE

1345-2\PROXY\paula cook\0\999e

PLEASE SELECT ONE OF THESE RESULT CODES TO DESCRIBE THIS INTERVIEW. ENTER COMMENTS ON NEXT SCREEN.

- 1. COMPLETE
- 2. PARTIAL (INTERVIEW WAS INTERRUPTED)
- 4. NO-SHOW (SP DID NOT SHOW UP)
- 8. OTHER (INCLUDES WRONG INTERVIEW, WRONG SP#, ETC.)
- 9. REFUSAL

1345-2\PROXY\paula cook\0\999f

CAUTION: LAST CHANCE TO BACK UP OR COMMENT: NEXT SCREEN DOWNLOADS FILE.

Breastmilk, formula, and cow's milk or regular milk are self-evident. Include lowfat, whole milk, skim milk, buttermilk, and nonfat dry milk.

Fruit juices include apple juice and orange juice, as well as any other types of 100% fruit juices and juice products with added Vitamin C. Also include Sunny Delite, Tang, Hawaiian Punch and any other kinds of juice products with added Vitamin C.

Do not include juice substitutes. Drinks such as Kool-aid, fruit punch, and Hi-C are juice-flavored as opposed to 100% juice beverages.

4.4 Section D: Respondent Information

You complete the final section of the MEC Proxy Questionnaire without asking the respondent any questions.

After entering the number code to show the relationship of the proxy respondent to the sample person in D1 and the reliability of the interview in D2 record any comments you may have about the interview. It is particularly important to enter comments to explain the situation if you have indicated that the quality of the interview was unreliable.

1878-8\YOUTH\\ted green\13\\ 7c

During this interview, I would like to ask you a number of questions about your health.

All of your answers will be kept strictly confidential.

PRESS OK to CONTINUE.

678-8\YOUTH\\ted green\13\\ 30

First I'd like to ask you some questions about your activities.

A1. How many times per week do you play or exercise enough to make you sweat and breathe hard?

5. MEC YOUTH QUESTIONNAIRE

The MEC Youth Questionnaire focuses on general health status, health-risk behaviors, and sexual practices. The topics included in the Youth version are activity, tobacco use, reproductive health conditions, non-prescription medicine use, selected conditions, diet, alcohol and drug use, and affective disorders. Each topic is briefly described at the beginning of the question-by-question specifications corresponding to that section of the questionnaire. Some are identical to those included in the MEC Adult Questionnaire. For these sections, the same specifications are applicable to both age groups. Otherwise, for sections and questions which are included only on the Youth version, question-by-question specifications are given to explain the new items.

Before beginning the youth interview read the following introduction to the SP: During this interview, I would like to ask you a number of questions about your health. All of your answers will be kept strictly confidential.

Press < RETURN > to continue.

5.1 Section A: Activity

The primary focus of this section is to determine the general level of activity or inactivity for each SP. Read the general introductory statement to begin this section.

A1. Read A1 and wait for a response. Do not read the response categories.

2678-8\YOUTH\|ted green\13\ 30b

A2. In the past year, how many sport teams or organized exercise programs have you been involved in? Do not include physical education or gym classes.

- 0 none
- 1 one
- 2 two
- 3 three
- 4 four
- 5 five or more

d. DK

1678-8\YOUTH\|ted green\13\ 70d

A3. About how many hours did you watch TV yesterday?

- 0. NONE

No paper error writing device PRN

Abort, Retry, Ignore? 4

- 1. about one hour
- 2. about two hours
- 3. about three hours
- 4. about four hours
- 5. five hours or more
- 6. half hour or less

2678-8\YOUTH\|ted green\13\ 31

Now I'd like to ask you some questions about tobacco use.

B1. Have you smoked at least 1 cigarette?

- 1. Y
- 2. N

1678-8\YOUTH\|ted green\13\ 32

B2. At what age did you smoke your first cigarette?

(age) OR d = DK

A2. For A2, include participation in school sports teams as well as other sports teams or organized exercise programs. Do not include participation in physical education classes taken during school hours.

A3. A3 refers to the amount of TV watching on the day prior to the interview. If the respondent gives a general or vague response, for example, "quite a bit" or "not too much," ask him/her to specify the approximate amount of time in hours. If necessary, read the specific response options but do not read the NONE category. Note that there is a category (6) for one-half hour or less.

5.2 Section B: Tobacco

The items in the second section of the MEC Youth Questionnaire cover smoking history and current smoking practices.

B1. B1 identifies respondents who have never tried smoking cigarettes. Respondents who give a "no" response to B1 are skipped to B15; otherwise, you proceed to the next question.

B2. B2 asks for the age when the sample person first smoked a cigarette. For some respondents, the exact age of initiating smoking may be difficult to recall. Since duration is an important factor in determining health risk, encourage respondents to give as precise an answer as possible.

B3. Have you smoked at least 100 cigarettes during your entire life (approximately 5 packs)?

1. Y 2. N

1678-9\YOUTH\ted green\13\ 34

B4. How old were you when you first started smoking cigarettes fairly regularly.

(age) OR 0 - never smoked regularly
OR d = DK

B5. Do you smoke cigarettes now?

1. Y 2. N

1678-8\YOUTH\ted green\13\36

B6. About how many cigarettes do you smoke per day?

CONVERT PACKS TO CIGARETTES: 1 PACK = 20 CIGARETTES.

(no. cigarettes) OR 0 = less than 1 cig. per day
OR v = varies

B7. For approximately how many years have you smoked this amount?

(no. years) OR 0 = Smoked less than 1 year

#7 1

B3. B3 is a second screening question. If the respondent has not smoked at least 100 cigarettes, you skip to B11.

If the respondent has smoked 100 cigarettes you will ask B4.

B4. Allow the respondent to define "fairly regularly." It is important to obtain information on the SP's age when smoking became routine or became a habit as opposed to early "experimental" smoking.

B5. The term "now" refers to the current month or so and not necessary to whether or not the SP smoked a cigarette on the day of the interview. Current use of cigarettes is an important factor in interpreting results of the biochemical and physiological measures taken during the MEC exam. Even the use of a small number of cigarettes at the present time would qualify as a "yes" response.

B6. In B6, the focus is on the current "usual" habit or the average number of cigarettes smoked on a typical day. Code the response in cigarettes or packs. If less than one "a day", code this. The response category "varies" should be used only after probing and for an SP whose habit is so irregular and variable that no "average" value can accurately reflect the respondent's habit. Also, you must obtain the range within which the number varies.

B7. In B7, we want total duration in years at the current usual level of smoking. For example, if an SP smokes one pack per day now and has done so for a period of 3 years, and also smoked a pack per day 7 years ago for a period of 2 years, then the total value to be recorded is 3 + 2 or 5 years.

1678-8\YOUTH\|ted green\13\ 38

Previous Response was: 73:1

B8. Was there ever a period of a year or more when you smoked more than 8 cigarettes per day?

1. Y 2. N

1678-8\YOUTH\|ted green\13\ 39

Previous response was: 39:8

B9. During the period when you were smoking the most, about how many cigarettes per day did you usually smoke?

678-8\YOUTH\|ted green\13\ 40

Previous response was: 40: 1

b10. Have you ever quit smoking for a period of one year or longer?

1. Y 2. N

b11. How many cigarettes have you smoked in the past 5 days?

(no. cigarettes) OR 0 = none

785-2\YOUTH\|ellen harvey\14\

B12. About how old were you when you last smoked cigarettes fairly regularly?

PROBE: How old were you when you quit smoking cigarettes?

(age) OR d = DK

B8. B8 determines whether or not the respondent's maximum level of smoking ever exceeded the current usual level for a year or more.

B9. The value given in response to B9 must exceed the number of cigarettes given in response to B6.

B10. B10 is needed to determine "quit history" and to compute total duration of cigarette use. By "one year or longer," we mean 12 continuous months off cigarettes.

B11. Question B11 is asked of all current smokers to determine the number of cigarettes, not packs, smoked over the past 5 days. If the respondent gives you the number of cigarettes smoked each day, repeat the same question and preface it by saying, "Overall, how many cigarettes have you smoked in the past 5 days?" If the respondent gives a range, for example, 10 to 15, ask him/her to specify the best estimate for the past 5 days. For all responses, you will skip to B15.

B12. B12 is only asked of SP's who do not now smoke. In B12, "fairly regularly" refers to the age when the SP was still routinely smoking. The intent of the item is to determine the length of time since the SP has quite, referring to when s/he basically stopped smoking regularly even if s/he has a couple of cigarettes beyond that point. Note that we have provided a probe question for you to use if necessary.

768-8\YOUTH\ellen harvey\14\

B12. About how many cigarettes per day do you usually smoke?

(no. cigarettes or packs) OR 0 = less than 1 per day
OR v = varies

765-8\YOUTH\ellen harvey\14\

B14. Did you quit smoking because you have a health problem that was caused or made worse by smoking?

1. Y 2. N

678-8\YOUTH\ted green\13\ 45

Previous Response was: -

B15. Have you ever tried chewing tobacco or snuff?

1. Y 2. N

765-8\YOUTH\ellen harvey\14\

B18. At what age did you first try chewing tobacco or snuff. (IF USED BOTH, ENTER EARLIEST AGE).

(age) OR d = DK

#?

765-8\YOUTH\ellen harvey\14\

B17. Have you ever used 5 or more containers in your entire life? IF USED BOTH, COUNT TOTAL NUMBER.)

1. Y 2. N

B13. In order to compare quitters and smokers at various dose levels, it is important to obtain information on patterns of smoking prior to quitting. Brief interruptions in usual habits due to attempts to quit should be ignored. For example, if a person smoked one pack per day for ten years just prior to quitting, and one month before stopping that person cut down gradually to 2 cigarettes per day, the response value is one pack per day.

B14. It is critical that a distinction is made between medical and non-medical reasons for quitting smoking. Only medical reasons should have a "yes" response.

B15. B15 refers to the use of chewing tobacco or snuff. These are tobacco-containing products that are taken by mouth, or rarely, by nose. The tobacco is not burned. Any person who has tried either product even once should have a "yes" response. If "no," you skip to B27, otherwise continue with B16.

B16. If "yes" to B15, ask B16 to establish a history for the sample person's use of smokeless tobacco. This is important for the analysis of risk level and disease. Users of smokeless tobacco often begin at an early age; hence, the probe for earliest age of either.

B17. B17 is a second screening question. If the respondent has not used at least 5 containers of either or both products, you skip to B27.

765-8-\YOUTH\ellen harvey\14\

B18. At what age did you first start using chewing tobacco or snuff fairly regularly. (IF USED BOTH, ENTER EARLIEST AGE.)

(age) OR 0 = never used regularly
OR d = DK

765-8-\YOUTH\ellen harvey\14\

B19. Do you use chewing tobacco or snuff now?

1. Y 2. N

B20. Which--chewing tobacco or snuff?

1. chewing tobacco 2. snuff 3. both

765-8-\YOUTH\ellen harvey\14\

B21. How many containers of chewing tobacco do you use per day or per week?

(no. containers)

#?

765-8-\YOUTH\ellen harvey\14\

B22. Where in your mouth do you usually place the chewing tobacco or snuff?

a. in the right side, left side or front of your mouth?

1. right
2. left
3. front
4. no special place
5. other

B18. B18 is important for determining the age at which an SP began using smokeless tobacco on a regular basis. Some SP's may be hesitant to acknowledge that they are regular users. Always probe for the earliest age of regular use if you receive responses such as "when I was a kid" or "I don't know exactly."

B19. B19 ask about the SP's current use of smokeless tobacco. B19 refers to the past month or so and includes even occasional use if it is a habit. If the respondent answers "no" to B19, you skip to B24.

B20. Note that you must indicate if the SP now uses only chewing tobacco, only snuff or both products.

B21. B21 is essential to obtain the intensity of habit. If applicable, specify the amount for both snuff and chewing tobacco. Note that you must specify both the number of containers and the time frame in which they are used, i.e, per day, or per week.

B22. This question, which pertains to the placement of the tobacco in the mouth, is relevant to the analysis of oral soft tissue lesions, caries, and periodontal disease. Note that if both chewing tobacco and snuff were used you are to ask B22 about the most common area where tobacco was placed.

765-8-\YOUTH\ellen harvey\14\

B23. How many containers of chewing tobacco or snuff have you used in the last 3 days?

(no. containers/pkg.) OR 0 = none

OR # = less than 1 container/pkg.

#?

765-8-\YOUTH\ellen harvey\14

B24. About how old were you when you last used chewing tobacco or snuff fairly regularly? (IF BOTH USED, RECORD OLDEST AGE).

(age) OR d = DK

#?

765-8-\YOUTH\ellen harvey\14\

Previous Response Was: 55 13

B25. Which did you use--chewing tobacco or snuff?

1. chewing tobacco 2. snuff 3. both

765-8-\YOUTH\ellen harvey\14\

B26. Did you quit using chewing tobacco or snuff because you had a health problem that was caused or made worse by using them?

1. Y 2. N

765-8-\YOUTH\ellen harvey\14\

B27. How many pipes and how many cigars have you smoked in the past 5 days?

(no. pipes) OR n = neither

#?

B23. In order to quantify the level of habit for current users, B23 inquires about the amount of smokeless tobacco used in the past 5 days. The response should reflect total use for that period rather than daily use. Then skip to B27.

B24. B24 is intended for SP's who have been previous users of smokeless tobacco. The response to this question in conjunction with the answer to B18, permits a computation of the total duration of habit.

B25. Again, you may record that the SP used only chewing tobacco, only snuff or both products.

B26. Use the same specifications as for B14.

B27. Be sure to obtain the total number of pipes and cigars smoked over the past five days rather than daily frequency..

B28. This is a check item which appears only on the paper questionnaire and not on the automated questionnaire. If the SP is 12 years of age or older you are directed to B29. Otherwise, you are directed to C1.

765-8-\YOUTH\ellen harvey\14\

B29. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)

(no. pieces)

OR 0 = none

#?

B29. B29 is only asked of SPs 12 years of age or older. It establishes recent use of nicotine gum. If the SP asks for a definition of "nicotine gum," read the definition in parentheses. Be sure B29 reflects the number of pieces chewed over the past 5 days.

5.3 Section C: Reproductive Health

Most of this section applies only to female SP's aged 10 to 16; C3 through C25 focus on menstrual history, use of oral contraceptives, reproductive history, and use of the WIC program. Female SPs aged 10 to 15 who have not yet started menstruating are administered only question C2. Male respondents under the age of 15 are excluded from this section, and male respondents who are 15 to 16 years of age complete only C27 and C28 (if applicable).

Some of these questions may be considered sensitive by some SPs. Therefore, it is important to maintain a neutral and professional manner in administering these items. If the SP is hesitant, reassure him/her that the information is kept completely confidential.

Throughout this section, a number of questions call for detailed information about important dates. This section may require probing for specificity. Some general guidelines for obtaining this information are as follows:

- If the respondent has difficulty remembering dates, probe by citing special historical or personal events.
- Obtain as complete and accurate information as possible. If exact ages cannot be remembered, get as much information as possible, e.g., a range of ages.

C1. On the hard copy questionnaire, this section begins by checking for age and sex criteria. This is done for you automatically by the automated version of the questionnaire. If the SP is male and under the age of 12 years, you will end the questionnaire here. If the SP is male and at least 12 years of age, you will skip most or all of Section B. For female SPs less than 10 years of age, the Youth Questionnaire, is ended here. If the SP is a female, age 10 or older, you will proceed to C2. Be sure to read the introductory statement before asking these respondents Question C2.

765-8-\YOUTH\ellen harvey\14\

Now I would like to ask you a few questions about your periods or menstrual cycle.

C2. How old were you when your periods or menstrual cycles started?

(age) OR 0 - haven't started yet

OR d = DK

#?

765-8-\YOUTH\ellen harvey\14\

C3. About how long ago was your last period?

1. having it now
2. less than 2 months ago
3. 2-3 months ago
4. 4-6 months ago
5. 7-9 months ago
6. 10-12 months ago
7. more than 12 months ago

765-8-\YOUTH\ellen harvey\14\

Next are questions about use of birth control pills and about pregnancy history. Your answers will be kept confidential.

C5. Have you ever taken birth control pills for any reason?

1. Y
2. N

C2. If the respondent replies that she has not yet started her period, enter 0 and skip the appropriate question (depending on the SP's age). For the other SPs who have started, try to obtain as exact an age as possible. If a SP is unable to recall her exact age, ask her to give you her "best estimate." The SP may recall a grade in school or some other event that occurred around that time which may help her to remember. Some SP's may remember the age their menstrual periods started in terms of a particular year. When this occurs, ask the SP to convert the year to her age at the time of her periods began.

C3. C3 asks for the length of time since the respondent's last period started. It is important to obtain a general estimate of the length of time since the SP last menstruated.

C4. This check item appears only on the hard copy questionnaire. It directs you to end the interview with SP's under the age of 12 years. Females 12 and over continue with C5.

C5. Read the introduction to the next group of questions before asking C5. The next few questions pertain only to birth control pills and not other forms of contraception. Due to the sensitive nature of this topic it may be necessary to reemphasize the confidentiality of the information.

In C5, the emphasis is on whether or not the respondent ever took birth control pills and not simply current use. Also notice the pill use should be included regardless of whether they were taken for reasons of birth control.

765-8-\YOUTH\ellen harvey\14\

C5. How old were you when you began taking birth control pills?

(age)

#?

765-8-\YOUTH\ellen harvey\14\

C7. How long ago did you stop taking birth control pills or are you still taking them?

(no.) OR 0 = still taking now

#?

765-8-\YOUTH\ellen harvey\14\

C8. Not counting any time when you stopped taking them, for how long altogether have you taken birth control pills?

(no.) OR 0 = less than one month

OR d = DK

#?

765-8-\YOUTH\ellen harvey\14\

SHOW SP ORAL CONTRACEPTIVES CHART.

C9. Please look at this chart and write me the brand of pills you are using.

(no. from card) OR 0 = other

OR d = DK

#?

C6. Some respondents may have taken birth control pills at different times over the past few years. C6 asks for the age of the respondent when she started taking birth control pills for the very first time.

C7. C7 identifies current users of birth control pills and gets information on how recently the other respondents stopped taking birth control pills. Be sure to probe to get accurate responses.

The normal cycle of birth control pill use is to take one pill per day for approximately 21 days, followed by 7 days when no pills are taken. A woman in the "no pill" phase of this cycle should be considered as currently using birth control pills.

C8. In Question C8, encourage the respondent to use the calendar as an aid in answering the question. If the SP has started and stopped using the pill many times, ask her to try to subtract out time period when she did not use the pill so that her response reflects only the actual time of using oral contraceptives. Be sure to enter the number and to indicate whether it refers to months or years.

C9. If more than none year has elapsed since the SP last took birth control pills you will skip to C10; otherwise, show the SP the Oral Contraceptive Chart and ask her to identify the brand of pills she is using or used most recently in the past year.

This question asks for the current brands of pills for the current pill user. Instruct the respondent to carefully and slowly review the Oral Contraceptive Chart. The chart shows most of the pill brands and dosages which are currently available. The numbers listed next to some pill names represent the estrogen dosage.

765-8-\YOUTH\ellen harvey\14\

C10. Have you ever been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, live births, and current pregnancy.

1. Y 2. N

765-8-\YOUTH\ellen harvey\14\

C11. How many times have you been pregnant? Again, be sure to count all your pregnancies, whether they ended in miscarriage, stillbirth, tubal pregnancy, abortion, or live birth. (Include current pregnancy.)

(no.)

#?

765-8-\YOUTH\ellen harvey\14\

C12. What is the total number of live births (live-born children) you have had?

(no). OR 0 = none

#?

Since the names and appearances of these pills are, in some cases, very similar, it may be difficult for the respondent to identify her brand of pill. Allow the respondent sufficient time to be certain of her answer.

If it possible that some respondents may be taking birth control pills that are not shown on this chart. If so, record the name and dosage on the "Other Specify" line.

Notice that each type of pill shown on the chart has a code number listed directly above it. When coding a response to C9, use this code number. Do not key in the name of the pill if you can key in its code number instead. For example, if a respondent reports taking "NORINYL 2mg," Question C9 should be coded "31." Likewise, a response of "OVULEN-28" is coded as "6."

C10. Question C10 includes all pregnancies including a current pregnancy, regardless of outcomes (i.e., live births, still-births, miscarriages, tubular pregnancies, and abortions).

C11. Enter the SP's total number of pregnancies in C11. Again, include a current pregnancy and all other pregnancies regardless of their outcomes. Also, if a pregnancy resulted in multiple outcomes (e.g., twins), it should still be counted as only one pregnancy.

C12. Live births are defined as those in which the baby is born with any signs of life. If the baby dies shortly after birth, this still should be counted as a live birth. In this question count all live births. Thus, if a pregnancy results in twins, count that as two live births. Note that SP's with no live births go to C17 and those with only one live birth go to C14. SP's with multiple live births go to C13.

765-8-\YOUTH\ellen harvey\14\

C12. How old were you at the time of your first live birth?

(age)

#?

765-8-\YOUTH\ellen harvey\14\

C14. How old were you at the time of your last live birth?

(age)

#?

765-8-\YOUTH\ellen harvey\14\

C15. Did you breastfeed your child?

1. Y 2. N

765-8-\YOUTH\ellen harvey\14\

C16. How many of your children did you breastfeed for at least one month?

(no.)

3?

765-8-\YOUTH\ellen harvey\14\

C17. (ENTER IF KNOWN.) Are you now pregnant?

1. Y 2. N

C13. This question asks for the SP's age at the time her first living child was born.

C14. This question asks for the SP's age at the time of her most recent (or only) live birth. Probe for as accurate an age as possible.

C15. If the respondent had any live births, you will ask C15. Note that the automated version of the questionnaire will automatically phrase this question appropriately, using "any of your children" for SP's with multiple live births, and "your child" for those with one live birth. If any of the children were breastfed, you will ask C16, otherwise you will skip to C17.

C16. This asks how many children the SP breastfed for at least one month. Thus, if the SP breastfed one child for 3 weeks and one child for 5 weeks, the response would be 1.

C17. As instructed, record the response without asking if the answer was already given in the previous question. If the respondent has not already stated that she is pregnant, ask the question to clarify that she is not currently pregnant.

C18. In question C18, we need to determine the current month of pregnancy. We are not interested in the number of completed months of pregnancy. For example, a woman in her fifth month of pregnancy (4 1/2 months pregnant) has completed her fourth month but she is in her fifth month. Thus, 5 is the correct response to the question. The number of months can be counted in different ways. If the respondent asks, tell her to count the number of months since the beginning of her last normal menstrual period. A normal period is one which lasts approximately the same amount of time and with the same amount of flow as usual. If the respondent is unsure, use probes to help her differentiate the last normal period from periodic spotting or bleeding during the pregnancy. If the respondent still is unsure, try to probe for which trimester she is in and probe for nearest month.

C19. Question C19 functions as a check item for determining whether C20 is appropriate to ask. If the SP has not been pregnant in the past 2 years and the only pregnancy she has had in the past 2 years is her current one, you will skip to C21. If the SP has not been pregnant at all in the past 2 years, you will skip to C24.

C20. In question C20, code the length of time since the last pregnancy regardless of outcome.

C21. C21 through C23 pertain to the Women, Infants, and Children (WIC) program which provides benefits to single mothers and their children. If the SP answers "no" or "DK" to C21 you will skip C22-23. If the SP says "yes" to C21, go to C22.

C22. This item asks whether or not the SP is currently receiving WIC benefits.

C23. In C23 be careful to indicate "months" or "years" after entering the number for total length of time during which benefits were received.

765-8\YOUTH\ellen harvey\14\

C25. Are you now breastfeeding a child?

1. Y 2. N

876-0\YOUTH\ken folley

In order to get a more complete picture of the health of the population, we are asking about sexual experience. As I mentioned, your answers are completely confidential.

C27. Have you ever had sexual intercourse?

1. Y 2. N

876-0\YOUTH\ken folley

Previous Response was: 130 :15

C29. At what age did you first have sexual intercourse?

(age)

#?

678-8\YOUTH\ted green\13\161

Now I would like to ask you a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.

C24. This is a check item which appears only on the paper questionnaire. The automated version of the questionnaire makes this check automatically. The check item refers back to C12. If the SP had no live births, you skip to C26. Otherwise you ask C25.

C25. Some women continue to breastfeed their infants beyond the time that solid foods are introduced. C25 should be coded "yes" for any respondent who is still breastfeeding a child on a regular basis, regardless of the number of feedings.

C26. This is another check item, based on the SP's age. The automated questionnaire will direct you to ask skip to D1 if the SP is less than 15; skip to C28 if the SP is 15 to 16 and has ever been pregnant or to ask C27 if the SP is 15 to 16 and has not been pregnant.

C27. Question C27 is asked of female SPs aged 15 or 16 who have not been pregnant and male SPs who are 15 or 16 years of age. If the response is no, you skip to D1; otherwise you ask C28.

C28. C28 is important for determining age at first intercourse. If the respondent gives a nonspecific response, such as "just this year" or "about a year or so ago," repeat the question verbatim with emphasis on "At what age did you first have sexual intercourse?"

5.4 Section D: Selected Conditions/Medicine Vitamin and Mineral Usage

This section of the Youth Questionnaire covers a variety of topics. These questions are only asked of SP's 12 years of age or older. Read the introduction before asking D1.

D1. D1 asks whether or not the respondent has received any treatment for anemia in the past three months. Anemia is a blood disorder which is sometimes referred to as "tired blood" or "low blood." Responses should include any treatment during the past 3-month period, whether or not the respondent is currently receiving treatment for anemia. Treatment includes those which can be self-administered on an ongoing basis (e.g., iron pills) and those which are obtained from a physician or other health professional or clinic.

D2. This question is to assess the frequency of viral and/or bacterial infections. The time period is limited to the past four weeks. Use this calendar to help the SP focus on this particular time frame.

D3. Antihistamines are used most often to provide symptomatic relief of allergic symptoms caused by histamine release. For the purposes of this survey, antihistamines include any generic or name brand antihistamine which can be obtained without a prescription. Notice the time frame of the past 2 days.

D4. Notice that for D4 the time frame has changed to the past 24 hours. Please note that only prescription drugs should be included here.

D5. As with D4, the time frame for D5 is the past 24 hours.

2678-8\YOUTH\|ted green\13\|201

Now, I'm going to ask you some questions about your eating habits.

E1. How often do you eat breakfast--every day, on some days, rarely, never, or on weekends only

1. every day
2. some days
3. rarely
4. never
5. weekends only

2678-8\YOUTH\|ted green\13\|203

Previous Response was: 203: 4

E2. Do you consider yourself to be overweight, underweight, or about the right weight?

1. overweight
2. underweight
3. about the right weight

2678-8\YOUTH\|ted green\13\|204

Previous Response was:

E3. Would you like to weigh more, less, or stay about the same?

1. more
2. less
3. stay about the same

2678-8\YOUTH\|ted green\13\|205

E4. During the past 12 months have you tried to lose weight?

1. Y
2. N

2678-8\YOUTH\|ted green\13\|

Previous Response was: 206 :1

E5. Are you currently trying to lose weight?

1. Y
2. N

5.5 Section E: Diet

This section on diet evaluates the nutritional intake patterns of youths to aid our understanding of the role of nutrition in health and illness. The section on diet covers general questions about eating habits and weight control. An introductory statement is given at the beginning of the section. Read this to the SP before asking E1. This section is only administered to SP's 12 years of age or older.

E1. You must probe as necessary so that the SP answers this questions exactly in terms of the answer categories you read. For example, if the SP states "once a week," repeat the responses, saying, "... and would you say on the average that means every day, on some days, etc." Also, "breakfast" should be defined by the SP. For some people, breakfast may only mean a cup of coffee; for others it may mean eggs benedict at 10:00 a.m.

E2. This is to represent the SP's opinion. If he/she says that her doctor says he/she is overweight, ask the question again, emphasizing "Do you consider yourself ...?"

E3. Ask this question even if the SP states that he/she considers himself/herself to be about the right weight. The focus of this question is on self-image of body weight.

E4. Emphasize the time frame of the past 12 months. If the SP responds "yes" to E4, you will ask E5.

E5. Note that this time frame changes to "currently."

2678-8\YOUTH\ ted green\13\207

E6. During the past 12 months, have you changed what you eat or drink for any medical reason or health condition?

1. Y 2. N

876-0\YOUTH\ ken folley\

E7. What was the medical reason or health condition?

kendra folley\15\

1. OVERWEIGHT/OBESITY
2. HIGH BLOOD PRESSURE/HYPERTENSION
3. HIGH BLOOD CHOLESTEROL
4. HEART DISEASE
5. DIABETES
6. ALLERGIES
7. ULCER
8. CANCER
9. PREGNANCY
10. HEALTH IN GENERAL
11. OTHER
- d. dk

ENTER ONE REASON HERE. IF SP MENTIONS SOMETHING NOT ON THE LIST, PROBE:
Any others?

ENTER 11 ONLY IF SP CONTINUES TO MENTION SOMETHING NOT ON THE LIST.

#?

2678-8\YOUTH\ ted green\13\271

F1. These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor.

In your entire life, have you had at least 12 drinks of any kind of alcoholic beverages? Do not count small tastes.

1. Y 2. N

876-0\YOUTH\ ken folley

F2. In the past 12 months did you have at least 12 drinks of any kind of alcoholic beverage?

1. Y 2. N

E6. The time frame is the past 12 months. The change does not have to be prescribed by a health professional. Let the SP define "medical reasons" and "health conditions." Emphasis here is on the SP (him or herself) making a conscious dietary change for his/her own health condition. It would not include a situation where the SP's way of eating changes because another family member has had to make a dietary change.

E7. Note that you record more than one response. Enter the code for "Other" only after you have entered codes for items which are listed that the subject mentions. Probe by asking, "Any others?" The condition does not have to be diagnosed by a health professional.

5.6 Section F: Alcohol/Drug Use

This section is included in the Youth Questionnaire in order to obtain information on the use of alcohol and certain drugs. The introductory statement should be read to the SP prior to asking F1. This section is only administered to SP's 12 years of age or older.

F1. A drink is essentially what the SP considers a "drink", for example, 1 glass or can of beer, a glass of wine, a shot of hard liquor, or a mixed drink. Emphasis that this is asking for lifetime consumptions. For example, someone who only drinks on special occasions would be included as long as he/she has had at least 12 drinks, in his/her entire life. If "no," you skip to F7. Otherwise, you ask F2.

F2. Time frame is past 12 months. Again, do not count small tastes. If SP answers "yes", the next question will be F3. If "no" you will skip to F7.

876-0\YOUTH\ken folley\

F3. In the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverages.

(no.) OR d = DK

#?

876-0\YOUTH\ken folley

F4. On the average, on the days that you drank alcohol, how many drinks did you have a day? (By a drink, I mean a 12-oz beer, a 4-oz class of wine, or an ounce of liquor.)

(no.) OR d = DK

#?

876-0\YOUTH\ken folley

F5. In the past 12 months, how many days per week, month, or year, did you have 9 or more drinks on a single day? Include all types.

(no.) OR 0 = none

876-0\YOUTH\joe rich\15\

F5. In the past 12 months, how many days per week, month, or year, did you have 9 or more drinks on a single day? Include all types.

(no.) OR 0 = none

OR d = DK

#? 4

1. per week 2. per month 3. per year

F3. Time frame is past 12 months. If the SP has difficulty, suggest he/she try to calculate the number of drinks on a per month basis.

F4. You must record the number of days and the unit, i.e., per week, month or year.

F5. Emphasize that we now want the number of days on which the SP had 9 or more drinks during the past 12 months.

F6. In the past 12 months, how many days per week, month, or year, did you have 5 or more drinks on a single day. Include all types. Include the 4 days per month you had 4 or more drinks

(no.) OR 0 = none

OR d = DK

#?

1. per week 2. per month 3. per year

876-0-\YOUTH\joe rich\15\
Previous Response was: 277 :1

Now I would like to ask you a few questions about your experience with drugs.

F7. Have you ever used marijuana?

1. Y 2. N

876-0-\YOUTH\joe rich\15\

F9. During the past month, on how many days did you use marijuana?

(no.) OR 0 = none in past month

#?

F10. Have you ever used crack or cocaine in any form?

1. Y 2. N

F6. This item asks on how many days (per week, month or year) in the past year the SP had 5 or more drinks per day. This number must be equal to or greater than the number recorded in F5.

F7. At Question F7, you begin to ask about the use of certain drugs. F7 through F9 refer specifically to the use of marijuana. The definition of marijuana for purposes of this survey includes "hash," "pot" or "grass" or any other references to the Cannabis plant. The phrase "used marijuana" refers to either smoking or eating marijuana.

F8. In F8, do not read the response options. Classify the answer given by the respondent into one of the listed categories. However, if the SP has difficulty in answering the question, you may read the answer categories.

F9. For item F9, instruct the respondent to refer to the calendar to help recall the number of days that marijuana was used during the past month. If the respondent is unable to remember exactly, ask for the "best estimate."

F10. F10 through F12 refer to the use of cocaine. Such terms as "crack" and "coke," as well as other slang expressions for cocaine, are included in the definition of this drug. The phrase "used cocaine" refers to sniffing, snorting, swallowing, drinking, injecting, smoking or free basing. If the SP says yes, you will ask F11. Otherwise, you will go to G1.

876-0-\YOUTH\joe rich

F11. About how many times in your lifetime have you used crack or cocaine (in any form)?

1. 1 or 2 times
2. 3 to 10 times
3. 11 to 99 times
4. 100 or more times

876-0-\YOUTH\joe rich

F12. During the past month, on how many days did you use crack or cocaine (in any form)?

(no.)

OR 0 = none in past month

#?

F11. As a general rule, do not read the response options in F11 to the SP. You may read the response categories if the SP has trouble answering F11.

F12. Have the SP refer to this calendar to help recall the number of days in the past month s/he used cocaine.

5.7 Section G: Diagnosed Interview Schedule (DIS)

This section of the MEC Questionnaire focuses on mental health and consists of questions on depression and mania from the Diagnostic Interview Schedule, Version III (1981). Each of these diagnostic categories is described briefly at the beginning of the question-by-question specifications given below.

The Diagnostic Interview Schedule (DIS) is a highly structured interview designed to assess the prevalence of psychiatric disorders in both clinical and normal populations. Although no clinical background is necessary for the proper use of the DIS, you must familiarize yourself with the structure of the interview and the specific patterns for probing responses. Skilled listening and attending to details are essential for the effective use of this instrument. You must read the questions exactly as written, while also learning to recognize when respondents misunderstand certain questions. Due to its highly structured format, the DIS must be properly administered in order to obtain reliable and valid results. Prior to delineating the question-by-question specifications, general guidelines for the implementation of the DIS as a research tool are reviewed below.

The DIS is a highly structured section which contains questions about skip patterns based on answers and series of responses coded to previous questions within the section. Since these dependent questions and skip options cannot be fully seen on an automated system (i.e., it is within the programming), the specifications presented here are written for both the hard copy questionnaire and the automated versions.

The DIS contains sections which cover symptoms pertaining to specific diagnostic categories. The order of the items within each section is very precise and each question must be read exactly as written. The language of the instrument is designed to enhance the applicability of the interview to individuals of varying levels of intelligence and education.

The questions which are to be read to the SP are written in lower case type. Interviewer instructions always appear in capitals and are not to be read to the SP. Some alternatives to the wording of items are given in parentheses and separated by slashes. For these questions, you must choose the appropriate wording, among the alternatives given, in accordance with information you have gained from earlier responses or by observation. When there are no slashes, then the phrases or words enclosed in parentheses are to be read only if necessary to refer back to earlier responses to clarify the meaning of the question.

Occasionally, an SP may answer in an irrelevant way or fail to understand the intent of the question. In this instance, read the question again verbatim, with emphasis placed on the words which seemed to be misunderstood. The DIS items have been tested extensively, and it is generally sufficient to reread an item slowly and clearly. Sometimes, very long questions must be presented in a series of shorter questions to facilitate an understanding of what is actually being asked. However, it is better to repeat an item than rephrase it, because the improvisation may alter the meaning or intent of the question.

Sometimes an SP will not answer a question sufficiently or contradict a response given earlier in the interview. Without expressing dissatisfaction or disbelief, you must probe in a nondirective way to obtain complete and accurate answers. Such neutral probes as, "Could you give me an example?", or, "Was there anything else?", encourage the SP to elaborate or clarify his/her response. Sometimes repeating what was last said by the respondent in the form of a question, for example, "You said you did see a doctor?", prompts the SP to elaborate on an answer. If the SP fails to answer clearly after probing, code the most applicable response option and mark the uncertainty of the response by recording the confusing answer verbatim in a comment. Finally, if the respondent contradicts information given earlier, try to clarify the discrepancy in a nonthreatening way and code accordingly.

Generally, code the answer to each question immediately unless special instructions are given in the questionnaire which direct you to ask a subsequent question before recording the answer to a particular item. These expectations are rare. Mark an answer for every set of coding options unless specifically instructed to skip. Follow skip patterns precisely.

Due to the sensitive nature of some of the questions in the DIS, it is important to administer the instrument in a neutral and professional manner. Listen carefully so that you remember information that is volunteered when it is applicable to subsequent questions. Then, when presenting the later questions, you may preface the item by stating, "I know you told me before that (_____), but I still need to ask this question as it is written." In this way, you can read the item exactly as it appears without offending the SP. Never assume that you know the answer to a question. Never omit the item or preface it with a biasing statement which does not allow the SP to answer freely.

Whenever the SP refuses to answer a question, even when it is repeated slowly and carefully, use an "r" to indicate the refusal and to differentiate it from a "don't know" response. Whenever the SP answers "I don't know" to a symptom question, code the item as "1" to indicate either the absence of the symptom or that is too mild to be recalled. When "don't know" responses are given in answer to questions about age of onset, specific instructions are given to determine whether or not the first symptom occurred before or after a maximum criterion age. If the SP is unable to respond to the probes, then use the special category for a don't know response. For other items, "don't know" responses should be handled as designated in the specifications or interviewer instructions.

GENERAL RULES FOR ENTERING RESPONSES

The DIS is organized in such a way that the SP is asked if s/he ever experienced each of the criterion symptoms and whether or not the symptoms reached the specified levels of severity. The criteria for symptom severity include seeing a physician or other health professional about the problem, taking medication for the symptom, and having the symptom interfere significantly with one's life. Moreover, the pattern of probing determines whether or not the symptom was explained entirely by physical illness or injury, or as a result of taking medication, drugs, or alcohol.

A set of standard codes is used to indicate whether or not the respondent has experienced certain symptoms. The definition of the five standard codes are:

- "1" The respondent has not experienced the symptom or its occurrence was so mild that it is not recalled.

- "2" The respondent indicates having had the symptom but the problem was always so mild that the respondent did not seek the help of a physician or other professional, and did not take medication for it more than once, not feeling that it interfered with his/her life a lot. Thus, the symptom is considered below criterion and no causes need to be probed.
- "3" The respondent answers "yes" to the symptom question and, upon probing, indicates that the problem was above the criterion level and always resulted from the use of medication, drugs, or alcohol.
- "4" The answer to the symptom question is "yes" and the problem occurred above the critical level. In addition, upon probing, the cause is attributable always to physical illness or injury or to a combination of physical illness/injury and medication, drugs, or alcohol.
- "5" The respondent indicates that the symptom occurred above the criterion level and that at least once the problem was not attributable to the use of medicine, drugs, or alcohol or a physical illness or injury. Hence, stress, anxiety, nerves or another psychiatric explanation is possible.

To summarize, a "no" response is always coded as "1" and a "yes" response can be coded in one of 4 possible ways. A "2" indicates mild symptoms below the criterion level. A "3" indicates a serious problem which was always caused by the use of medicine, drugs, or alcohol. A "4" means the symptom reached the criterion level and was always explained by a physical illness or injury or a combination of physical cause and medicine, drugs, or alcohol. A "5" indicates a serious symptom which was not always attributable to either a physical reason or the use of medicine, drugs, or alcohol.

Different items on the DIS have different coding options; not every question uses all five codes. Every question provides at least a "1" and a "5" code, which is basically a yes/no distinction. Items which have more than a [1/5] pattern require the use of specific probes which are indicated in the Probe Flow Chart (PFC) and discussed below. Finally, some DIS items do not require any special probing. These questions have only the applicable response options listed.

The PROBE FLOW CHART (PFC) is shown on page 6-74. The PFC indicates the exact pattern of probing to be followed for all of the items on the DIS. The appropriate skips are included to avoid asking unnecessary probes for items that have fewer coding options. The skips in the PFC are given in brackets and instruct the interviewer to skip certain probes which do not apply to the respondent. Basically there are two kinds of skips in the PFC:

1. Skip for special probing patterns are given at the top of the PFC. A "yes" response to an interview item follows one of three special probing patterns:
 - (a) [1/5] ---> Code 5. This skip instructs the interviewer to automatically code "5" when the respondent given a "yes" answer to an item with a [1/5] pattern.
 - (b) [1/3/5] ---> GO TO C. This skip instructs the interviewer to skip down to BOX C for this first special probe to be asked following a "yes" response to an item with a [1/3/5] coding patterns.
 - (c) [1 2 5] ---> Code 5. This skip instructs the interviewer to code "5" automatically if the respondent told a physician about the symptom.
2. Skips for certain coding options. These skips occur throughout the PFC. For example, if a [1/3/4/5] pattern is given and the respondent answered "yes" to the symptom but did not tell the doctor about it, then probes begin at BOX B. The skip which appears in the PFC looks like [No. "2"] ---> GO TO BOX B.

In order to administer the DIS, you must understand how to follow the probing patterns in the PFC. The remainder of this section explains the top section of the PFC and each of the four boxes within it.

ASK QUESTION

Read the symptom question to the SP exactly as it is written. When the response is clearly "no," code "1". If a "yes", follow the skip patterns for the coding pattern given adjacent to the item in the questionnaire. An item with a [1/5] pattern is coded "5". An item with a [1/3/5] pattern requires you to skip to BOX C on the PFC and ask the appropriate probe questions in Box C. The first "no" response to any of the probe questions in Box C, leads to a "5" code for the original item.

"DID YOU TELL A DOCTOR ABOUT (SX)?"

This is the first probe for items with patterns other than a [1/5] or [1/3/5] coding pattern. When you read this probe question, you insert a description of the symptom. When this probe is read for the first time, you also give the SP the definition of doctor provided at the bottom right corner of the PFC. The definition includes psychiatrists, other medical doctors, osteopaths, and students in training to become medical doctors or osteopaths. The answer to this first probe is "yes" if the SP discussed the symptom with a doctor (including a friend or relative who is a doctor) with the intent of seeking advice. A "no"

response is assigned whenever a doctor was not consulted about the symptom or if it was discussed only because the doctor asked. If the response is "yes," and the coding pattern is [1/2/5], Code 5; otherwise go to Box D. If the response is "yes" and the coding pattern is not [1/2/5], go to Box D.

BOX A

The three probes in BOX A are asked for any "no" response to all items containing a "2" response option; otherwise skip to BOX B. When asking the first probe in BOX A, give the definition of "other professional" which is at the lower left corner of the PFC, the first time this phrase is used. Ask each of the probes in BOX A in the order they appear until a "yes" response is obtained. If only "no" responses are given, code the original item as "2", and go on to the next DIS item. The first "yes" response means that the next probe you read should be the one in BOX B, unless there is no "4" coding option, in which case you skip to BOX C.

BOX B

Otherwise ask, "Was (Sx) ever the result of a physical illness or injury?" Physical illnesses or injuries to the body include exposure to sun or noxious fumes that induce physical symptoms. The emphasis is on the cause that directly causes the symptom. A "yes" response to the item in BOX B leads to a skip to BOX D which probes, "Was (Sx) always the result of a physical illness or injury [such as _____]?" A "no" response leads to BOX C.

BOX C

For items with no "3" option, automatically code "5." Otherwise ask "Was (Sx) ever the result of taking medication, drugs, or alcohol?" Be sure the respondent understands that the intent of the question is whether or not medication, drugs or alcohol caused the symptom. For "no" responses, code "5." For "yes" responses, ask the second problem in BOX C, "Was (Sx) always the result of taking medication, drugs, or alcohol?" A "no" response to this probe is coded "5" while a "yes" response is coded "3."

BOX D

Whenever a "yes" response is given to the initial probe at the top of the PFC, (i.e., "Did you tell a doctor about (Sx)?," follow the skip pattern. A [1/2/5] pattern is coded "5" automatically; otherwise, ask the first probe in BOX D. "When you told the doctor, what was his/her diagnosis?" The intent of this question is to obtain the doctor's evaluation of the cause of the symptom, not the respondent's own opinion. The doctor's evaluation must be categorized under one of the four lists given under the probe. Any symptom due to nerves, stress, depression or a psychiatric problem is coded a "5." Any attribution of the problem to medication, drugs, or alcohol requires further probing unless there is not a "3" option, in which case the original DIS item is coded "5." If the symptom is due to physical illness or injury, follow the vertical arrow(s) to the box containing the next probe question. Finally, if the doctor gave no explanation or definite diagnosis, ask the probe in the smaller box below that category. If the doctor did not find anything abnormal, code 5. If the doctor did find something abnormal, follow the arrow to the next probe question, which is the same probe question used if the physician diagnosed an illness or injury.

OTHER GUIDELINES

- Take the SP's word for an answer and do not try to question the information that s/he claims was provided by the doctor.
- Keep the conversation targeted toward the symptom in question even if the person mentions other problems or causes.
- Automatically code "5" for any symptom which is of criterion level and is attributable to stress, anxiety, or nerves at least some of the time.
- Use the "MD _____" and "SELF _____" lines under the question on the hard copy questionnaire to record information obtained when using the PFC. If the information is given to the SP by a doctor, enter it on the MD line. If the SP provides the information based on his/her own knowledge or experience, enter the comment on the SELF line.
- Whenever an SP asks about terms such as "often," "frequently," or "a lot," have the SP define these terms for him/herself.
- Whenever a range is given in response to age or number, code the number in the middle of the range. If the numbers are adjacent, i.e. "1 to 2" code the lower of the two.
- Whenever a "don't know" response is given to a symptom question on the DIS, code "1"

and do not probe.

The question-by-question specifications given below are excerpted from the manual for the DIS, Version III (1981) to ensure obtaining valid and reliable results in this survey.

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Next, I would like to ask you several questions about your feelings, thoughts, and moods.

G2. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?

1. Y 2. N 0 = SPECIFY, PREFERRED TERM

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G3. Have you had two years or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?

1. Y 2. N 0 = SPECIFY, PREFERRED TERM

5.7.1 Depression (Qs. G2-G40)

Depression is an episodic illness. Those afflicted have had one or more episodes when they felt low and depressed and have had other symptoms such as poor appetite, difficulty sleeping, and feeling of worthlessness. Between episodes, they may feel entirely normal. This section asks about a person's mood (Q. G2), and then inquires if the person has ever had any of these other depressive symptoms (Qs. G5-G20). If both occurred, it next determines whether the low mood and depression symptoms occurred in the same period.

G1. This is a check item for the SP's age. If the SP is less than 15, go to H1. If the SP is 15 to 16, read the introductory statement.

G2. This question asks if a person has ever had a low mood for two weeks or more. The question provides several synonyms for "depression": "sad," "blue," "depressed," or "when you lost all interest and pleasure in things that you usually cared about or enjoyed." These synonyms are listed because some people recognize one of these words as representing how they felt, but reject others. If the R chooses one or more of these words as describing his mood, and you are using the hard copy questionnaire, circle the word or words in the question. If R chooses an equivalent word, write it in the margin. You will use that specific word in later questions.

Since nearly everyone occasionally has a brief period of feeling low, it is important to emphasize that we are asking about persistent low mood, "a period of two weeks or more" of feeling low every day.

G3. This question asks if the SP has had two years of feeling sad most of the time. An SP may correctly say "no" to Q. G2 and "yes" to Q. G3 if s/he never had a period of 14 consecutive days of feeling depressed, but s/he felt blue more days than not for over a two-year period. When asking the "2" probes, the phrase to be used as the Sx is: "feeling depressed during that period?"

If you got a "yes" to the first "2" probe for Q. G3, ask "Did you tell a doctor about feeling depressed during this period." Note that the definition for doctor is to be included as part of the question. This will happen automatically when you use the automated version. You must remember to do this yourself when using the hard copy version.

G5. Has there ever been a period of two weeks or longer when you lost your appetite?

(RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL.)

G6. Have you ever lost weight without trying to--as much as two pounds?

G7. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks?

1. Y 2. N or DK

G8. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep or with waking up too early?

1. Y 2. N or DK 0 = SPECIFY PREFERRED TERM

G9. Have you ever had a period of two weeks or longer when you were sleeping too much?

1. Y 2. N or Dk

G10. Has there ever been a period lasting two weeks or more when you felt tired out all the time?

1. Y 2. N or DK

G11. Has there ever been a period of two weeks or more when you talked or moved more slowly than is normal for you?

1. Y 2. N of DK 0 = SPECIFY PREFERRED TERM

G4. This is a check item on the hard copy questionnaire which instructs you to record whether or not the SP told a doctor about the G3 symptom. This item will be done automatically by the automated version.

Questions G5-G20 ask if the SP has ever had a variety of depressive symptoms. If you are working from the hard copy questionnaire, read these questions omitting sections in [], and record the repression Column I, which is labelled "EVEN IN LIFETIME." If the SP reports fewer than 3 problems in Qs, G5-G20 you will not return to these question to fill in Column II. If the SP has had 3 or more problems, you may be instructed to return to an item and use the words in [] to code Column II. The procedure for doing this will be explained later.

Questions G5, G8-G12, and G14-G18 refer to a time period of two weeks or more. As with depression, most people have these problems at some time or other for short periods. Be sure to emphasize the "two weeks or more" in asking the question, and probe "and was that for two weeks or more?", if you are not sure the R paid attention to the time period. There can be a day or two during the two weeks when the symptom is not present. Similarly, in Qs. G6, G7, and G13 emphasize "several weeks." If asked, you may define "several" as at least 3.

A second important point is that these questions refer to a change from one's usual state. This change concept is included in Q. G11 when it refers to "talking more slowly than is normal for you." In the rest of the questions, you may have to emphasize this idea. For example, if in response to Q. G8 the R says, "I've always had trouble falling asleep," you should say, "Has there been a period of two weeks or longer when you had a lot more trouble falling asleep than is usual for you?", in order to determine if there was a change in status.

Note that on the hard copy questionnaire Qs. G5-G20 are grouped in boxes containing one to four questions. You will be asked to count how many boxes contain at least one "5" code. If you are using the automated version of the questionnaire the software will perform this step for you.

G5. Has there ever been a period of two weeks or longer when you lost your appetite?

(RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL.)

G6. Have you ever lost weight without trying to--as much as two pounds a week?

G7. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks?

1. Y 2. N or DK

G8. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep or with waking up too early?

1. Y 2. N or DK 0 = SPECIFY PREFERRED TERM

G9. Have you ever had a period of two weeks or longer when you were sleeping too much?

1. Y 2. N or DK

G10. Has there ever been a period lasting two weeks or more when you felt tired out all the time?

1. Y 2. N or DK

G11. Has there ever been a period of two weeks or more when you talked or moved more slowly than is normal for you?

1. Y 2. N or DK 0 = SPECIFY PREFERRED TERM

G5. Q.G5 asks about loss of appetite for two weeks or longer. A loss of appetite can occur without reducing the amount eaten. If R says "I lost my appetite but I made myself eat," consider this a "yes" and begin probing.

G7. In Q. G7 do not mention [10 pounds altogether] because it is in brackets.

G8. When you probe in Q. G8, if the SP reports "insomnia" as the diagnosis explaining his troubling falling asleep, ask "What did the doctor say was causing the insomnia?" If the SP says he had only one of the sleep problems, circle it to use in later questions.

- G12. Has there ever been a period of two weeks or more when you had to be moving all the time-- that is, you couldn't sit still and paced up and down?
1. Y 2. N or DK
- G13. Was there ever a period of several weeks when your interest in sex was a lot less than usual?
1. Y
2. N or DK
3. IF SP VOLUNTEERS NO INTEREST EVER
- G14. Has there ever been a period of two weeks or more when you felt worthless, sinful, or guilty?
1. Y 2. N of DK 0 = SPECIFY PREFERRED TERM
- G15. Has there ever been a period of two weeks or more when you had a lot more trouble concentrating than is normal for you?
1. Y 2. N or DK
- G16. Have you ever had a period of two weeks or more when your thoughts came much slower than usual or seemed mixed up?
1. Y 2. N or Dk 0 = SPECIFY PREFERRED TERM

G13. Note that if the SP volunteers s/he has never been interested in sex, code "6." Also note that the question refers to a period of several weeks. You can define "several" as 3 or more, if asked. This is the only question in the depression section offering the full "12345" coding options. When probing, use "decreased interest" for (Sx). Do not say "loss of interest."

G14. Since the only coding options are "1" and "5," there is no probing. If you are using the hard copy questionnaire and the SP chooses one of the listed synonyms, circle it and use that word later if you have to review symptoms.

G17. Has there ever been a period of two weeks or more when you thought a lot about death--either your own, someone else's, or death in general?

1. Y 2. N or DK

G18. Has there ever been a period of two weeks or more when you felt like you wanted to die?

1. Y 2. N or DK

G19. Have you ever felt so low you thought of committing suicide?

1. Y 2. N or DK

G20. Have you ever attempted suicide?

1. Y 2. N or DK

G17-G20. Questions G17-G20 require no probing. You must ask all of them, no matter what the R's response has been to the earlier questions--that is, even if the R says he's never thought of committing suicide (Q.G19), you still ask if he's ever attempted suicide (Q. G20).

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G22. You said you've had a period of feeling depressed or blue and also said you've had some other problems like:

- weight loss
- weight gain
- trouble falling asleep
- feeling worthless
- trouble concentrating
- slowness in thought
- thoughts of death
- feeling like you wanted to die
- thoughts of suicide

Has there ever been a time when the feelings of depression and some of these other problems occurred together--that is, within the same month?

1. Y 2. N

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G23. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?

1. never been a period
2. has been a period

G24. You said you have had periods when you experienced:

- weight loss
- weight gain
- trouble falling asleep
- feeling worthless
- trouble concentrating
- slowness in thought
- thoughts of death
- feeling like you wanted to die
- thoughts of suicide.

Was there ever a time when several of these problems occurred together--that is, within the same month?

1. Y 2. N

G21. On the hard copy questionnaire at G21 you are instructed to count the number of boxes with at least one "5" coded in Qs. G5-G20. Count boxes, not questions. Skip to G41 if "5's" have not been coded in at least 3 boxes. Otherwise, if 5's are coded in 3 or more boxes and the response to G2 is "yes," go to G22; if 5's are recorded in three or more boxes and the response to G2 is "no," go to G24.

G22. Ask this question only of SP's who have reported low mood in Q. G2. This question asks if the low mood and symptoms ever occurred together. Use the term R used to describe this low mood in Q. G2 if he volunteered an alternative to depressed, blue, etc. whenever you see "OWN EQUIVALENT". The instruction "LIST ALL 5'S" means that you refer to every question coded "5" in Qs. G5-G20 by reading the phrase in bold type in the left margin next to each box which is coded "5".

Note that if the answer is "yes," you skip to G26; otherwise continue with G23.

G23. This question gives the SP another chance to think about whether s/he ever had a time when low mood and symptoms occurred together. If the SP still says "never," you skip to G41. If "yes," you go to G26.

G24. You will ask this question if the R has denied a low mood in Q. G2. This question reminds the R, by reading the phrase in bold type of each symptom coded "5" in Qs. G5-G20, that s/he has reported periods when he has problems. It then asks whether several of the problems occurred together--that is, within the same month. If the answer is "no," you skip out to G41. If the answer is "yes," ask Q. G25.

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G25. When you were having some of these problems, at about the same time were you okay, or were you feeling low, gloomy, blue or uninterested in everything?

- 1. okay
- 2. gloomy, low, etc.

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Previous Response Was: 635 :5

G26. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time?

- (no.) OR 0 = less than 2 weeks
- OR w = whole life

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Previous Response was: 635a:2

- 1. weeks
- 2. months
- 3. years

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Previous Response Was:

G27. Now I'd like to ask about spells when you felt both depressed and nag some of these other problems like

(SELECT 2 OR 3 ITEMS):

- weight loss
- weight gain
- trouble falling asleep
- feeling worthless
- trouble concentrating
- slowness in thought
- thoughts of death
- feeling like you wanted to die
- thoughts of suicide

In your lifetime, how many spells like that have you had that lasted two weeks or more?

- (no.) OR d = Dk OR 96 = 96 or MORE

G25. This question gives R a second chance to report low mood, even though s/he denied it in Q. G2. If s/he still denies it, you skip to G41.

This question asks about the longest period of low mood occurring together with several depression symptoms. If the R gives the duration of a single symptom (e.g., "I couldn't sleep for 6 months"), he is not responding to the intent of the question. Ask the question again, emphasizing the low mood and several of the problems. "About 2 weeks" cannot be assumed to be a full 14 days. It is critical to know whether the period lasted at least a full two weeks.

G27. This question can be difficult. The SP may not remember or may not be sure whether s/he had separate spells or one long spell with a partial recovery in the middle. If the SP is unsure about whether to count spells close together as one or two, consider them separate if the interval between was 3 weeks or more. Be sure to substitute the SP's "EQUIVALENT" if s/he doesn't recognize the symptoms that are offered. Note the instruction "LIST 2 OR 3 ITEMS..." You don't have to present all positive symptoms here; any two or three symptoms are adequate.

G29. Did you tell a doctor about any of those spells?

1. Y

h = DEFINITION OF DOCTOR

2. N

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G30. Did you take medicine more than once because of that spell?

1. Y

2. N

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G31. Did that spell interfere with your life or activities a lot?

1. Y

2. N

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G32. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as

(SELECT 2 OR 3 ITEMS):

weight loss

weight gain

trouble falling asleep

feeling worthless

trouble concentrating

slowness in thought

thoughts of death

feeling like you wanted to die

thoughts of suicide

(age)

#?

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G33. Did that spell occur just after someone close to you died?

IF SP VOLUNTEERS THAT SPELL BEGAN MORE THAN 2 MONTHS AFTER DEATH ENTER "N".

1. Y

2. N

G28-G31. These questions used the familiar "2" probes. You skip out of this series at the first "yes."

G32. Read the question filling in two or three items coded "5" in G5-G20. Note that the automated system will provide you with a list of the possible items to fill in.

G33. This question is to distinguish depressive illness from a normal reaction to bereavement. It asks if the spell or spells began just after the death of someone close. If not, code "2" and go to G35. Note the special instruction to code "2" if the SP volunteers that the depression began two months after the death--two long afterward to count the death as a cause. If a spell did occur just after someone died, you ask G34 to find out if the SP ever had spells of depression not due to a death.

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G35. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?

1. Y 2. N

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G36. When did your last spell like that end?

CODE MOST RECENT TIME POSSIBLE.

1. within last 2 weeks
2. within last month
3. within last 6 months
4. within last year
5. more than 1 year ago

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G37. How old were you then?

(age)

#?

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REPEAT ONLY IF NECESSARY: During that spell of feeling depressed which of these other problems did you have? For instance, during that spell...

(G6). ...did you lose weight without trying to--as much as two pounds a week for several weeks or as much as 10 pounds altogether?

1. Y 2. N or DK

G35. This asks whether or not the SP is currently feeling low. If "yes," and you are using the hard copy questionnaire, go to G38; otherwise, if "no," go to G36.

G36. Code the most recent time period in the past year in which the SP had a combination of low mood or other problems. If the last spell was more than 1 year ago, go to G37.

This is a slight variation on the familiar "last time" question. Note that we are asking about a combination of low mood and other problems. If R is currently in such a period, code "1" and skip to the instructions in check item G38. If s/he isn't, ask when the last spell ended (Q. G36).

G37. Record the SP's age when s/he last had a combination of low mood and other problems.

G38. These instructions help you to determine whether or not to ask Q. G39. Q. G39 is asked of SPs who had more than one spell or had a spell which lasted at least a year. If SP's only had more than one spell, skip to G39; if SP's had one spell and less than 52 weeks of symptoms, go to G40. Again, the automated system will do this automatically.

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Previous Response was: 648 :14

G39. Now I'd like to know about the time when you were feeling depressed for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)

(age)

#?

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Previous Response was:

REPEAT ONLY IF NECESSARY: During that spell of feeling depressed which of these other problems did you have? For instance, during that spell when you were 14 years old ...

(G6). ... did you lose weight without trying to--as much as two pounds a week for several weeks or as much as 10 pounds altogether?

1. Y 2. N or DK

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REPEAT ONLY IF NECESSARY: During that spell of feeling depressed which of these other problems did you have? For instance, during that spell when you were 14 years old...

(G7) ...did your eating increase so much that you gained as much as two pounds a week for several weeks or 10 pounds altogether?

1. Y 2. N or DK

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REPEAT ONLY IF NECESSARY: During that spell of feeling depressed which of these other problems did you have? For instance, during that spell when you were 14 years old...

(G8) ...did you have trouble falling asleep, staying asleep, or with waking up too early?

1. Y 2. N or DK

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REPEAT ONLY IF NECESSARY: During that spell of feeling depressed which of these other problems did you have? For instance, during that spell when you were 14 years old...

G39. This question asks the SP to identify his "worst spell," defined as the spell with the largest number of symptoms along with low mood. If the SP can't choose, you must tell the SP to pick one bad spell and give her/his age.

G40. The answers to G40 are coded in Column II, opposite Qs. G5-G20. Note that you are only to ask G40 about symptoms coded "5" in Column I.

To read the question as a "worst period" question, read "For instance, during that spell (when you were _____ years old)," then the words in the bracket and continue to the end of the question. If Q. G5 were coded "5" in Column I, you would say, "For instance, during that spell when you were _____ years old, did you lose your appetite?"

All of these questions are "yes"/"no"; there is no probing. If the respondent says "don't know," code it as "no."

When you complete the last symptom for which a "5" was coded in Column I, go to Q. G41.

G42. Has there ever been a period of a week or more when you were so much more active than usual that you or your family or friends were concerned about it?

1. Y 2. N or DK

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Was being more active than usual ever the result of taking medication, drugs or alcohol?

1. Y 2. N

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Was being more active than usual always the result of taking medication, drugs or alcohol?

1. Y 2. N

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G43. Has there ever been a period of a week or more when you went on spending sprees--spending so much money that it caused you or your family some financial trouble?

1. Y 2. N or DK

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G44. Have you ever had a period of a week or more when your

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G45. Has there ever been a period of a week or more when you talked so fast that people said they couldn't understand you?

1. Y 2. N or DK

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G46. Have you ever had a period of a week or more when thoughts raced through your head so fast that you couldn't keep track of them?

1. Y 2. N or DK

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Were racing thoughts ever the result of taking medication, drugs or alcohol?

1. Y 2. N

5.7.2 Mania (Qs. G41-G67)

Mania, like depression, is an episodic illness. There are periods of feeling excited or manic and at the same time having symptoms such as heightened activity, spending sprees, more interest in sex, racing thoughts, and trouble sleeping. Between manic episodes, people may be completely normal or may have periods of depression.

This question asks if R has ever had a period of feeling high for one week or more. The body of the question provides synonyms for the R: "happy, excited or high." If the R chooses one of these words to describe a period of feeling high, and you are using the hard copy questionnaire, then circle that word. Similarly, if this happens when you are using the automated questionnaire, you are to specify the SP's preferred term. You will be instructed to use it in later questions in this question.

Note that you ask questions G42-G49 omitting the words in brackets. The first time you ask these questions, you ask if the SP has ever had any of these symptoms and you code the responses in Column I.

Questions G42-G49 all refer to the same frame, "a period of a week or more." As in depression, nearly everyone has periods of feeling high or excited, so it is important that R understands that you are asking about a period of a week or more of feeling high every day.

The mania symptoms refer to a change in status, when, during an episode, these symptoms become intense. For example, if in response to Q. G49, the SP volunteers that he has "always been that way," you should probe with, "Has there been a period of a week or more when you were more easily distracted than is usual for you?"

A good way to determine whether to code a "1" or to begin probing is to be certain the SP heard the entire question. For example, in Q. G43, if an SP reports going out to buy new clothes because s/he got a big raise, you should reread the question emphasizing "spending so much money it caused you or your family some financial trouble."

G42. If in G42 the SP reports more activity than usual but said that neither s/he nor others were concerned, code "1."

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G47. Have you ever had a period of a week or more when you felt that you had a special gift or special powers to do things others couldn't do or that you were a specially important person?

1. Y 2. N or DK 3. 0 = SPECIFY PREFERRED TERM

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Can we give me an example?

ENTER EXAMPLE:

0 = SPECIFY PREFERRED TERM

? I had dreams that I could speak with gods.

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Was feeling you had a special gift or special powers ever the result of taking medication, drugs or alcohol?

1. Y 2. N 0 = SPECIFY PREFERRED TERM

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G48. Has there ever been a period of a week or more when you hardly slept at all but still didn't feel tired or sleepy?

1. Y 2. N or DK

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G49. Was there ever a period of a week or more when you were easily distracted so that any little interruption could get you off the track?

1. Y 2. N or DK

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Was being easily distracted ever the result of taking medication, drugs or alcohol?

1. Y 2. N

2876-0-\YOUTH\kendra folley\16\721

G51. You said you've had a period of feeling high and also said you've had some problems like:
being more active than usual
going on spending sprees
having a stronger interest in sex than usual
having racing thoughts
having a special gift or special powers
being easily distracted.

Has there ever been a time when the feelings of being excited or manic and some of these other feelings or experiences occurred together--that is, within

G47. If in G47 the SP says "yes," be sure to ask for an example before probing. Many respondents miss the intent of Q. G47 and this is why we ask for an example before probing. Responses like, "I guess everyone feels kind of special," are recorded and then coded 1. Other common responses are "I'm gifted in math" and "I can do my job better than anyone else." These are normal responses and are coded "1" because the person may really be talented. The kind of special gifted or special powers we mean refer to a supernatural or grandiose power like talking to God or being convinced that heads of state would certainly take SP's advice.

G50. This interviewer instruction box is on the hard copy version only. At G50, you are instructed to count the number of "5's" coded in G41-G49. Note that if none, or only one "5" is circled, you skip out of the rest of the mania section. When two or more "5's" are coded, you are instructed to skip to the next appropriate question, depending on the coding of Q. G41.

G51. This question asks if the SP has ever had a period when s/he was feeling manic and was experiencing the symptoms coded "5" in G42-G49. When you read this question, at the parentheses you must go back to the symptom questions and for each coded "5," read the phrase in bold type.

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G52. So there's never been a period when you felt very rich at the last time you were having any of these other experiences.

1. never been a period
2. has been a period

2876-0-\YOUTH\kendra folley\16\723

Previous Response was 723 :2

G53. You said you had times when you were:

- being more active than usual
- going on spending sprees
- having a stronger interest in sex than usual
- talking fast
- having racing thoughts
- hardly sleeping
- being easily distracted
- being more active than usual
- going on spending sprees
- having a stronger interest in sex than usual
- talking fast
- having racing thoughts
- hardly sleeping
- being easily distracted

Was there ever a time when some of these feelings or experiences occurred together--that is, within the same month?

1. Y
2. N

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G54. When you were feeling that way, were you unusually irritable or likely to fight or argue?

1. Y
2. N

G52. If the SP says "no" to G51, this question gives him/her another chance to think about whether or not the symptoms s/he's mentioned ever occurred during a manic period. If not, you skip out of this section. If so, you ask G55-G67 about these periods when symptoms and mood occurred together.

G53. This question is very important in determining what other questions you ask in this section. This question is only asked if there are 3 or more positive symptoms and the SP has not reported a high mood (i.e., G41 does not equal 5). At G53, we ask if the symptoms ever occurred together, and if so, was the R feeling "irritable" at that time. If R says "no" to an irritable mood, you skip out. If "yes," ask G55-G67 about the periods when symptoms and irritable mood occurred together.

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G55. What's the longest spell you've ever had when you felt rich for at least a week and had several of these other experiences like:

- being more active than usual
- going on spending sprees
- having a stronger interest in sex than usual
- talking fast

(no.)

#?

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- 1. weeks
- 2. months
- 3. years

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G56. In your lifetime, how many spells like that have you had that lasted one week or more?

(no.)

ENTER 96 IF 96 SPELLS OR MORE

2876-0-\YOUTH\kendra folley\16\727

G57. Did you tell a doctor about any of those spells?

- 1. Y
 - 2. N
- h = DEFINITION OF DOCTOR

2876-0-\YOUTH\kendra folley\16\728

G58. Did you tell any other professional about any of them?

- 1. Y
 - 2. N
- h = DEFINITION OF OTHER PROFESSIONAL

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G59. Did you take medicine more than once because of any of those spells?

- 1. Y
- 2. N

2876-0-\YOUTH\kendra folley\16\730

G60. Did any of those spells interfere with your life or activities a lot?

- 1. Y
- 2. N

G55. In each of questions G55 and G61-G67 choose the word which the SP used in G41 (high, manic or very excited) or in G64 (irritable).

In G57-G60 you ask the standard '2' probes about those spells. Note that you skip to G61 at the first "yes."

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G61. How old were you the first time you had a spell for the week or more where you felt high and had some of these experiences like (SELECT 2 OR 3 ITEMS):

- being more active than usual
- going on spending sprees
- having a stronger interest in sex than usual
- talking fast

(age)

2876-0-\YOUTH\\kendra folley\16\\732

G62. Are you in one of these spells of feeling high and having some of these experiences now?

- 1. Y
- 2. N

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G63. How long ago did your last period like that end?
(CODE MOST RECENT TIME POSSIBLE.)

- 1. within last 2 weeks
- 2. within last month
- 3. within last 6 months
- 4. within last year
- 5. more than 1 year ago

2876-0-\YOUTH\\kendra folley\16\\

G64. How old were you then?

(age)

#?

G61. Question G61 asks for age of onset. Use the term in parentheses that the SP has used in response to previous questions. You may repeat a few of the symptoms coded '5' in G42-G49 when you get to "such as _____."

G62. In 62 we find out whether or not the SP is currently experiencing one of those spells. If so, you skip to G65. If not go to G63.

G63. In 63 we find out when the last manic spell ended.

G64. This questions asks for the SP's age when the last manic period ended.

G65. This is an interviewer box on the hard copy version only. Check G56. If more than one spell is coded in G56, ask G66, which asks age of worst spell.

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G66. Now I'd like to know about the time when you were feeling high and had the largest number of these other experiences at the same time. How old were you at that time (IF CAN'T CHOOSE: Then pick one bad spell.)

(age)

#?

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G67. During that spell of being high which of these experiences did you have? For instance, during that spell when you were 13 years old...

(G42). ...were you so much more active than usual that you or your family or friends were concerned about it?

1. Y 2. N

2876-0-\YOUTH\kendra folley\16\743a

REPEAT ONLY IF NECESSARY: During that spell of being high, which of these experiences did you have? For instance, during that spell when you were 13 years old...

(G43). ...did you go on spending sprees--spending so much money that it caused your or your family some financial trouble?

1. Y 2. N

G66. In G66, use the probe "then pick one bad spell," if the SP has had several spells and is having trouble choosing the one with the largest number of other problems.

G67. G67 is the point at which you go back to G42 and ask about the worst period for all symptoms coded '5.' Code responses in Column II. Notice that not everyone with positive symptoms in Column I for G42-G49 will go back through the worst period questions in Column II. Look back at Interviewer Box G50. If only one "5" is coded in G42-G49, you skip the remaining mania questions. If two "5's" are coded and G41 (mood) does not equal 5, you skip out. And, if two "5's" are coded, the mood question equals 5, but the SP denies that symptoms and mood happened together (G52 = 1), you also skip out.

So, if you have reached G67, you will be asking worst period questions of SPs who have either had three or more "5's" coded in G42-G49 or SPs who have two "5's" coded, have reported a high mood (G41 = 5) and who say that mood and symptoms clustered.

Question G67 works exactly like G40 in the depression section. Read "When you were _____ years old," if there is an age recorded in G66. When you get to the bracket read the first question, beginning back at G42 that is coded "5." Begin with the words in brackets. If G42 were coded "5" in Column I, you would now read it as follows:

"During that spell (when you were _____ years old) were you so much more active than usual that you, your family or friends were concerned about it?" Code "1" or "5" in Column II.

2876-0-\YOUTH\kendra folley\16\

THAT'S THE LAST QUESTION. THANK SP AND WRAP UP.

H1. CHECK ITEM. 'MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

1. SAMPLE PERSON
2. MOTHER
3. FATHER
4. SISTER OR BROTHER
5. GRANDPARENT
6. OTHER

H2. EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT:

? R had to be taken to the emergency room--had convulsions during interview.

2876-0-\YOUTH\kendra folley\16\993

H#. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?

1. Y
2. N

2876-0-\YOUTH\kendra folley\16\994

H4. QUALITY OF INTERVIEW

1. RELIABLE
2. UNRELIABLE

2876-0-\YOUTH\kendra folley\16\999e

PLEASE SELECT ONE OF THESE RESULT CODES TO DESCRIBE THIS INTERVIEW. ENTER COMMENTS ON NEXT SCREEN.

1. COMPLETE
2. PARTIAL (INTERVIEW WAS INTERRUPTED)
4. NO-SHOW (SP DID NOT SHOW UP)
8. OTHER (INCLUDES WRONG INTERVIEW, WRONG SP #. ETC.)
9. REFUSAL

2876-0-\YOUTH\kendra folley\16\999f

CAUTION: LAST CHANCE TO BACK UP OR COMMENT: NEXT SCREEN DOWNLOADS FILE.

PREVIOUS COMMENTS:

no

ADDITIONAL COMMENTS:

? no

5.8 Section H. Respondent

This section obtains general information about the respondent as well as general information about the interview itself.

H1. If you enter any response other than SP in H1, you must answer H2 and H3 to further explain the situation.

H5. In question H5, record any general comments about the interview. It is particularly important to explain a code of "unreliable" to question H4.

2345-2\ADULT\alice brown\67\31

First I would like to ask you a few questions about tobacco use.

A1. How many cigarettes have you smoked in the past 5 days?

(no.) OR 0 = none

#? 150

2345-2\ADULT\alice brown\67\32

A2. How many pipes and how many cigars have you smoked in the past 5 days?

(no. pipes) OR 0 = none

#? 0

2345-2\ADULT\alice brown\67\33

A3. How many containers of chewing tobacco or snuff have you used in the past 5 days? (IF BOTH USED, ENTER TOTAL NUMBER.)

(no. containers/pkgs.) OR 0 = none

OR x = less than one

#? 0

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A4. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)

(no. pieces) OR 0 = none

#? 0

6. MEC ADULT QUESTIONNAIRE

The health-related topics covered by the MEC Adult Questionnaire include tobacco use, reproductive health, alcohol and drug use, and mental health. Each of these topics is described briefly at the beginning of the question-by-question specifications for the corresponding section of the questionnaire.

The introductory statement given in Chapter 3 should be read to the respondent prior to administering the MEC Adult Questionnaire. Each section will be introduced by a summary statement which describes the health-related area of questioning.

6.1 Section A: Tobacco

This section covers current smoking practices. Specific information on types of tobacco intake (i.e., cigarette, pipes, snuff, and chewing tobacco) helps to explain risk behaviors and health consequences. These questions will be asked of all SP's.

A1. Question A1 is asked of all respondents to determine the number of cigarettes, not number of packs, smoked in the past 5 days. If the SP gives you the number of cigarettes smoked each day, repeat the same question and preface it by saying, "Overall, how many cigarettes did you smoke in the past 5 days?" If the SP gives a range, for example, 10 to 15, ask him/her to specify the best estimate for the past 5 days. If the SP says "none," enter 0.

A2. Remember to probe for specificity by prefacing the question, if it must be repeated, with the qualifier "overall" and indicate the form of tobacco to which the SP is referring. If the SP uses both forms of tobacco, record the correct amount for each type.

A3. For A3, try to get the SP to be specific. If an approximate range is given, ask the SP to give a "best estimate" of the precise number of containers or packages. If both were used, enter the total number. Also, note that there are categories for none and less than one.

A4. If the SP asks for a definition of "nicotine gum", read the definition in parentheses. If necessary, probe for the overall amount over the past 5 days, not the amount per day.

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B2. Now I'm going to read you a short story and when I'm through I'm going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is: (SLOWLY)

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.

PAUSE FOR A FEW SECONDS

Please tell me the story.

6.2 Section B: Cognitive Function - Part A

This section evaluates the SP's ability to learn new information rather than the recall of information acquired in the past. Immediate and delayed memory are examined because at least three patterns of memory loss may be seen: 1) Information is initially learned but is quickly lost. 2) Information is not initially learned and therefore cannot be recalled. 3) Information is initially learned, but not reported, and is reported later on delayed recall.

This is a very brief test to give a convenient and quick sense of a person's general capacity to remember overall ideas. The story the SP is asked to recall describes a real life situation in order to interest the listener and minimize the stress of a test atmosphere. On the hard copy questionnaire, B1 is a check item which indicates that this section is administered only to SP's 60 years of age or older. If the SP is less than 60, you skip to C2. The automated questionnaire makes this check for you automatically.

Read the story slowly with expression. Give no cues aside from reading the story. Be sure the SP can hear the story as it is read. After finishing the story, pause for a few seconds, then say: "Please tell me the story."

As the SP tells you the story, you should enter each topic mentioned. Notice that as a topic is entered, it is eliminated from the list.

While you are entering the information as the SP recalls the story, establish an attentive, supportive atmosphere by looking up at the SP and smiling encouragingly as s/he tries to remember the story. Discourage the SP from irrelevant conversation that may interfere with their memory. Sit in such a way that the respondent cannot read what you are entering. Try to maintain eye contact with the SP as much as possible to minimize the fact that you are recording what is being said. Do not ask the SP to slow down.

2345-2\ADULT\alice brown\67\43

INDICATE ONE OF THE DETAILS SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 1. THREE CHILDREN
- 2. HOUSE ON FIRE
- 3. FIREMAN CLIMBED IN
- 4. CHILDREN RESCUED
- 5. MINOR INJURIES
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\44

2345-2\ADULT\alice brown\67\45

Previous Response was: 43 :1

INDICATE ONE OF THE DETAILS SP MENTIONS:

- 0 SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 2 HOUSE ON FIRE
- 3. FIREMAN CLIMBED IN
- 4. CHILDREN RESCUED
- 5. MINOR INJURIES
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\44

Previous response was:

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 3. FIREMAN CLIMBED IN
- 4. CHILDREN RESCUED
- 5. MINOR INJURIES
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

The total score for recall of the story is the total numbers of ideas present. The highest possible score is 6. Each idea is scored as absent or present. To simplify the scoring procedure, the six essential ideas in the story have been paraphrased as follows:

- | | |
|--------------------|---------------------|
| A. Three children | D. Children rescued |
| B. House on fire | E. Minor injuries |
| C. Fireman came in | F. Everyone well |

In order for an idea to be classified as present, the respondent must either repeat the exact words given in the story or make a statement which expresses that idea in a similar manner. Synonyms such as "kids" for "children" or "house" for "home" are acceptable, as are phrases worded differently than the actual story that mean the same thing ("everyone was all right" for "all were well"). Exact wording is not as important as the fact that the SP remembered the general information in the story accurately.

The general content of each idea can be described as follows"

Essential Idea

- A. Three children
- B. House on fire
- C. Fireman came in
- D. Children rescued
- E. Minor injuries
- F. Everyone well

General Content of Idea

- There were three children.
- A house was on fire.
- A fireman came into the house.
- Children were rescued (or saved).
- There were injuries (or cuts and bruises) but they weren't serious.
- The people were okay.

Detailed examples of the scoring procedure are provided below. It is useful to refer to them on a regular basis when scoring the story. If you encounter examples of which you are still unsure after reviewing these guidelines, discuss it with your supervisor.

2345-2\ADULT\alice brown\67\45

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 4. CHILDREN RESCUED
- 5. MINOR INJURIES
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\46

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 5. MINOR INJURIES
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\47

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 6. EVERYONE WELL
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\48

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

- 0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
- 9. SP REFUSES TO RELATE ANY (MORE) DETAILS

A. Three children

The fact that children were involved in the story and that there were three of them must be correctly stated. Below are examples of how relevant responses would be scored.

Three children were in the bedroom = 1
A child was in a house alone = 0
Two little girls alone in a house = 0

B. House on fire

The fact that there was a house and that it was on fire must be correctly stated. Below are examples of how relevant responses would be scored.

Three children were alone in a house. Fire broke out. = 1
Three children were in a house alone and caught on fire = 0.
A fire broke out = 0.

NOTE: The words "house" and "fire" do not have to be in the same sentence; credit can be given if the house is mentioned in the previous sentence and the location of the fire is implied in another sentence.

C. Fireman came in

The fact that a fireman was involved and that he came into the building must be correctly stated. The action of the fireman can be indicated by the word "in" along with came or went, a verb that indicates going in such as "entered," or some statement that says someone was taken out in a way that makes it obvious that the fireman must have gone in. Below are examples of how relevant responses would be scored.

Brave fireman entered to rescue them = 1
A fireman had to go through the back door = 1
The fireman came = 0
A policeman managed to climb up something = 0
A fireman opened a window and got them out = 0
A courageous fireman saved them = 0
A fireman opened a window = 0
A man came and helped the children = 0
Some good people came to the rescue = 0

2345-2\ADULT\alice brown\67\57

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
2. HOUSE ON FIRE
6. EVERYONE WELL
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\58

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
2. HOUSE ON FIRE
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\67\59

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
2. HOUSE ON FIRE
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

D. Children rescued

The fact that people were rescued and that they were children must be correctly stated. Below are examples of how relevant responses would be scored.

The fireman saved them = 1
Brave fireman rescued them = 1
Some good people came to the rescue = 0
They managed to save themselves = 0
The fireman came and saved them = 1
Took them out = 1
Got them out to safety = 1

NOTE: The fact that children were involved can be implied. If the word children has been mentioned earlier, the pronoun "them" is sufficient to make it clear that the respondent is referring to the children.

E. Minor injuries

The fact that the children were injured but that the injuries were minor must be correctly stated. Below are examples of how relevant responses would be scored.

All was well aside from a few cuts and bruises = 1
Other than a few scratches = 1
There were no injuries = 0
None were hurt at all = 0

NOTE: The idea that the injuries were minor can be implied by adjectives such as "only a few," "outside of," "except for," "little," "aside from," "all but," "just some," "besides," etc.

F. Everyone well

The fact that the people were basically all right, even though they were hurt a little, must be correctly stated. Below are examples of how relevant responses would be scored.

They were well = 1
They were okay = 1
They were all right = 1
Fortunately no one was hurt except for bruises = 1
There were cuts and bruises but everything was okay = 1
They were safe = 0
They were saved = 0
All's well that ends well = 0
The house burned but everything was all right = 0
The children were all safe

NOTE: The idea that everyone was well cannot be implied by the word "safe" or "saved" which is a restatement of "rescued." It must be clear that people were involved for credit to be given. A general statement that everything was okay is too ambiguous.

6.3 Section C: Selected Conditions/Medicine, Vitamin and Mineral Usage

This section of the MEC Adult Questionnaire is a brief assessment of selected conditions pertaining to health. These questions will be asked of all SP's.

C1. Read the introduction before reading C1. If the SP is currently trying to lose weight, regardless of the method or whether it is working, enter a "yes" response.

C2. C2 probes to determine whether or not the SP has received any treatment for anemia in the past three months. Anemia is a blood disorder which is sometimes referred to as "tired blood" or "low blood." Responses should include any treatment during the 3-month period whether or not the SP is currently receiving treatments for anemia. Treatments include those which can be self-administered on an ongoing basis (e.g., iron pills) and those which are obtained from a physician or other health professional or clinic.

C3. C3 is targeted toward the assessment of the frequency of viral and/or bacterial infections. The time period is limited to the past four weeks, and a calendar should be used to help the SP focus on this particular frame.

C4. Item C4 asks the SP to indicate the number of times that s/he donated blood in the past year. For those SP's who have not made a donation, you enter 0 and skip to C5.

C5. SP's who have donated blood in the previous year are asked how many months ago that the last blood donation occurred.

C6. Antihistamines are used most often to provide symptomatic relief of allergic symptoms cause by histamine release. For purposes of this survey, antihistamines include any generic or name-brand antihistamine which can be obtained without a prescription. Please notice that the time frame for this question is the past 2 days.

C7. The time frame for C7 changes to the past 24 hours. Note that only prescription medicines are included here.

2345-2\ADULT\alice brown\67\58

C8. Have you taken any vitamins or minerals during the last 24 hours?

1. Y
2. N

2345-2\ADULT\alice brown\67\59

D2. Please recall the short story I read you a few moments ago and tell me as much as you can remember of the story now.

INDICATE ONE OF THE DETAILS SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
1. THREE CHILDREN
2. HOUSE ON FIRE
3. FIREMAN CLIMBED IN
4. CHILDREN RESCUED
5. MINOR INJURIES
6. EVERYONE WELL
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
1. THREE CHILDREN
2. HOUSE ON FIRE
5. MINOR INJURIES
6. EVERYONE WELL
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

2345-2\ADULT\alice brown\63\66

INDICATE ONE ADDITIONAL DETAIL SP MENTIONS:

0. SP CANNOT RECALL ANY (MORE) OF THE DETAILS
1. THREE CHILDREN
2. HOUSE ON FIRE
6. EVERYONE WELL
9. SP REFUSES TO RELATE ANY (MORE) DETAILS

C8. As in C7, the time frame for C8 is the past 24 hours.

6.4 Section D: Cognitive Function - Part B

This section is for delayed recall of the story. As with the previous section regarding the story, this is a check item included only on the hard copy questionnaire. Like Section B, this section is only administered to SP's who are 60 years of age or older.

Record and score the delayed recall in a manner identical to the immediate recall (see Section 6.2).

6.5 Section E: Alcohol/Drug Use

This section obtains information on the use of alcohol and specific drugs. These questions will be asked of all SP's.

E1. A drink is essentially what the SP considered a "drink", for example, 1 glass or can of beer, a glass of wine, a shot of hard liquor, or a mixed drink.

Emphasize that this is asking for lifetime consumption. For example, someone who only drinks on special occasions would be included as long as he/she has had at least 12 drinks in his/her entire life.

If answer is no, skip to E9 for SP's who are less than 60 years of age. There will be no further questions in this section for SPs who are 60 years of age or older.

E2. If SP answers "yes", the next question will be E4. If "no", you will proceed to the next question. The time frame for E3 is the past 12 months. Again do not count small tastes.

E3. The time frame for E3 is past 12 months. IF the SP has difficulty, suggest he/she try to calculate on a drinks per month basis.

E4. Record the number of drinks that the SP has on the average on the days that s/he drank alcohol.

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E5. In the past 12 months, how many per week, month, or year did you have 5 or more drinks on a single day? Include all types.

(no.) OR 0 = none
OR d = DK

2345-2\ADULT\alice brown\67\

1. per week 2. per month 3. per year

2345-2\ADULT\alice brown\67\

E6. In the past 12 months, how many days per week, month, or year, did you have 5 or more drinks on a single day? Include all types. Include the 1 day per year you had 9 or more drinks?

(no.) OR 0 = none
OR d = DK

2345-2\ADULT\alice brown\67\77

E7. Was there ever a time or times in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

1. Y 2. N 3. d = DK

The next few questions are about your experience with drugs.

E9. Have you ever used marijuana?

1. Y 2. N

4765-8\ADULT\ted jones\59\80

E10. About how many times in your lifetime have you used marijuana?

1. 1 or 2 times
2. 3 to 10 times
3. 11 to 99 times
4. 100 or more times

4765-8\ADULT\ted jones\59\81

E11. During the past month, on how many days did you use marijuana?

(no. days) OR 0 = none in past month

#?

E5. Emphasize that we now want the number of days on which the SP had 9 or more drinks.

E6. Since the answer is cumulative, the amount must be equal to, or more than E5. Remember to insert the appropriate wording in the parentheses. If the SP answered "none" to E5, you will not read the last sentence of this question.

E7. Once this question has been answered, only SP's less than 60 years of age will continue with this section.

E8. This is a check item on the hard copy questionnaire. If the SP is 60 or more years of age, go to F1; otherwise, continue to E9.

E9-E11. These are specific to the use of marijuana. The definition of marijuana for purposes of this survey includes "hash," "pot," or "grass" or any other references to the cannabis plant. The phrase "used marijuana" refers to either smoking or eating marijuana.

In E10 and E11, do not read the response options. Classify the answer given by the SP into one of the four categories in item E10. However, if the SP has difficulty answering the question, probe to determine if the reason for the problem is that the SP is (was) so frequent a user that it is difficult for him/her to designate the total number of times that the substance was used. In this case, read the answer categories to the respondent.

For item E11, instruct the SP to refer to the calendar to help recall the number of days that marijuana was used during the past 30 days. If the SP is unable to remember exactly, ask for the "best estimate."

4765-8\ADULT\ted jones\59\82

E12. Have you ever used crack or cocaine in any form?

1. Y
2. N

4765-8\ADULT\ted jones\59\83

E13. About how many times in our lifetime have you used crack or cocaine (in any form)?

1. 1 or 2 times
2. 3 to 10 times
3. 11 to 99 times
4. 100 or more times

4765-8\ADULT\ted jones\59\84

E14. During the past month, on how many days did you use crack or cocaine (in any form)?

(no. days)

OR 0 = none in past month

#?

E12-E14. E12 through E14 refer only to the use of cocaine. Such terms as "crack" and "coke," as well as other slang expressions for cocaine, are included in the definition for this drug. The phrase "used cocaine" refers to sniffing, snorting, swallowing or drinking, injecting, smoking or free basing.

As a general rule, the response options in E13 and E14 are not read to the SP. Follow the same specifications given for items E10 and E11, and for items E13 and E14, respectively.

6.6 Section F: Reproductive Health

The major purpose of the section on Reproductive Health is to obtain information from women on menstrual history, reproductive-related problems and/or surgery, birth control practices, pregnancy and reproductive history, and breastfeeding practices. In addition, this section includes a series of questions for men less than 60 years of age to obtain information on sexual activities as well as the diagnosis of genital herpes.

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

Throughout this section, we are asking the SP for detailed information covering long periods of time. This section may require considerable probing. Some general guidelines for obtaining this information are as follows:

- If the SP has trouble remembering dates, probe by citing special historical or personal events.
- Obtain as complete and accurate information as possible. If exact dates or ages cannot be remembered, get as much information as you can.

F1. This is a check item. The first question asked in this section is determined by the age and the sex of the SP. If the SP is male and less than 60 years old, you will skip to Question F50. If the SP is female you will proceed to Question F2.

2345-2\ADULT\alice brown\67\152

F2. The next questions ask about your periods or menstrual cycle and about pregnancy history.

How old were you when your periods or menstrual cycles began?

2345-2\ADULT\alice brown\67\153

F3. Were you younger than 10, 10 to 12, 13 to 15, or 16 or over?

1. younger than 10
2. 10-12
3. 13-15
4. 16 +
5. DK

2345-2\ADULT\alice brown\67\154

F4. Have you ever been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, live births, and current pregnancy.

1. Y
2. N

2345-2\ADULT\alice brown\67\155

F5. How many times have you been pregnant? Again, be sure to count all your pregnancies whether they ended in miscarriage, stillbirth, tubal pregnancies, abortion, or live birth. (Include current pregnancy).

(no.)
#?

2345-2\ADULT\alice brown\67\156

F6. What is the total number of live births, live-born children you have had?

(no.)
#?

2345-2\ADULT\alice brown\67\157

F7. How old were you at the time of your first live birth?

(age)
#?

2345-2\ADULT\alice brown\67\158

F8. How old were you at the time of your last live birth?

(age)
#?

F2. Read the introduction to this section before asking Question F2. Although older SP's must think back many years, it is important to obtain as exact an age as possible. If she cannot recall her exact age, ask her to give you a "best estimate." The SP may recall a grade in school or some other event that occurred around that time which will help her remember. Some SP's may remember the age their menstrual periods started in terms of a year. When this occurs, ask her to convert the year to her age at the time her periods began.

Enter 0 if the SP has not yet started her period and skip to Question F49.

F3. If the SP does not know her age in F2, F3 offers age range answers from which she can choose.

F4. Question F4 includes all pregnancies regardless of the outcomes, i.e., live births, stillbirths, miscarriages, and abortions.

F5. Record the number of pregnancies regardless of outcome (i.e., multiple outcomes from one pregnancy should only be counted as one pregnancy).

F6. Live births are defined as those in which the baby is born with any signs of life. If the baby dies shortly after birth, this still should be counted as a live birth. In this question count all live births. Thus, if a pregnancy resulted in twins, count that as two live births.

F7-F8. Depending on the response to F6, you will ask F7 and F8. If the SP has reported one birth in F6, you will only ask F8; otherwise you will ask F7 and F8.

1679-1\ADULT\paula denston\27\159

F9. Did you breastfeed any of your children?

1. Y 2. N

1679-1\ADULT\paula denston\27\160

F10. How many of your children did you breastfeed for at least one month?

(no.)

#?

1679-1\ADULT\paula denston\27\162

F12. (ENTER IF KNOWN). Are you now pregnant?

1. Y 2. N OR d = DK

1679-1\ADULT\paula denston\27\163

F13. Which month of pregnancy are you in?

(no. month)

#?

F9-F10. If the SP reported live births in F6, you will ask whether or not baby was breastfed, and, if yes, how many of the children were breastfed, for at least one month.

F11. F11 is a check item. If the SP is 52 or more years of age, you go to F21. If this SP is 50-51 years, go to F14. If the SP is less than 50, you ask F12.

F12-F13. Questions F12 and F13 are only asked of SP's less than 50 years of age.

In question F13, we want the current month of pregnancy. For example, a woman in her fifth month of pregnancy (4-12 months pregnant) has completed her fourth month, but five is the correct response to the question. The number of months can be counted in different ways. If the SP asks, tell her to count the number of months since the beginning of her last normal menstrual period. A normal period is one which lasts approximately the same amount of time with the same amount of flow as usual. If the SP is unsure, use probes to help her differentiate the last normal period from periodic spotting or bleeding during the pregnancy. If the SP still is unsure, try to probe for which trimester she is in and indicate to the nearest month based on her response to the probe.

F14. Question F14 is a check item. If the SP has not been pregnant in the last two years, go to item F19. If the SP is currently pregnant and this is her only pregnancy in the first two years, go to item F16; otherwise, you will go to F15. F14 through F20 will only be asked of SP's who are less than 52 years of age.

F15. This is asked only of women who have been pregnant in the past 2 years.

F16-18. F16 through F18 pertain to the Women, Infants, and Children (WIC) program which provides benefits to single mothers and their children. If the SP answers "no" or "DK" to F16, you will skip to F19. If the SP says "yes" to F16 ask whether or not she is currently receiving benefits. In F18 be careful to indicate "months" or "years" after entering the number for total length of time during which benefits were received.

F19. This is a check item. If a woman has had no live births, go to F21. If a woman has had one or more live births, ask F20.

F20. Some women continue to breastfeed their infants beyond the time that solid foods are introduced. F20 should be coded "yes" for any woman who is still breastfeeding her infant on a regular basis, regardless of the number of feedings.

1679-1\ADULT\paula denston\27\171

F21. Have you had a period in the past 12 months?

1. Y 2. N OR d = DK

1679-1\ADULT\paula denston\27\172

F22. About how long ago was your last period?

1. having it now
2. less than 2 months ago
3. 2-3 months ago
4. 4-6 months ago
5. 7-9 months ago

345-2-\ADULT\alice brown\63\

Previous Response was: 173 :d

F23. About how old were you when you have your last period?

(age)

#?

345-2-\ADULT\alice brown\63\

F24. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?

1. younger than 20
2. 20-29
3. 30-39
4. 40-44
5. 45-49
6. 50-54
7. 55+

1679-1\ADULT\paula denston\27\175

F25. Have you had a hysterectomy? DEFINE IF NECESSARY: Has your uterus/womb been removed?

1. Y 2. N OR d = DK

F21. Probe to clarify whether or not the SP has had any bleeding or spotting in the last 12 months. We consider that women who report irregular bleeding or "spotting" have not completed menopause and should be coded "yes" in response to this question.

F22. Probe to obtain the number of days ago the SP's last period ended. Have the SP use the calendar to help count the days. It may be necessary to have the SP locate the first day of her last period on the calendar, then count through the last day for the SP. Enter "1" if the SP is currently having her period.

If the SP indicates that she is currently having her period, or if it ended less than two months ago, you will proceed to F27. However, if her period ended longer than two months ago, have the SP indicate the number of months and mark the corresponding response option. You will then skip to F25.

F23-F24. These questions are asked only of women whose periods have stopped entirely. Some SP's may remember this by a date or year. If this occurs, help the SP convert this to an age. If the SP cannot remember her exact age, obtain a "best estimate."

If the response to F23 is DK, ask F24 in an attempt to probe the response into an age range. Otherwise, skip to F25.

F25. If the SP is currently pregnant, you will not ask question F25. The surgical removal of the uterus or womb is called a hysterectomy. A tubal ligation would not be counted as a "yes" response to this question.

1679-1\ADULT\paula denston\27\176

F26. How old were you when you had your (hysterectomy/uterus/womb removed?)

(age)

#?

1679-1\ADULT\paula denston\27\177

F27. Have you had one or both of your ovaries removed either when you had your uterus removed or at another time?

1. Y 2. N OR d = DK

1679-1\ADULT\paula denston\27\178

F28. Were both ovaries removed or only one?

1. one 2. both OR d = DK

1679-1\ADULT\paula denston\27\179

F29. How old were you when you had your ovaries removed?

(IF BOTH OVARIES REMOVED, ASK IF REMOVED AT DIFFERENT AGES. RECORD AGE WHEN SECOND OVARY REMOVED).

(age)

OR d = DK

#?

1679-1\ADULT\paula denston\27\180

Now I'm going to ask you about your past and current use of female hormone pills, including birth control pills and estrogen pills.

F30. Have you ever taken birth control pills for any reason?

1. Y 2. N

1345-2\ADULT\alice brown\63\191

F31. How old were you when you began taking birth control pills?

(age)

#?

F26. Obtain as exact an age as possible. If the SP remembers the operation in terms of a year rather than her age, help her to convert the year to her age at the time she underwent her hysterectomy.

F27. An operation to remove the ovaries is called an oophorectomy. If the ovaries were removed at the same time as a hysterectomy (removal of the uterus) was performed, it would be called a total hysterectomy. It is possible to have both ovaries removed, only one ovary removed, or only part of an ovary removed. If only part of the ovary was removed, enter "no", and record this information in the comments. You will then skip to F30. The removal of one or both ovaries should be considered a "yes" answer.

F28. Question F28 asks the SP to report whether one or both ovaries were removed.

F29. Question F29 asks for the SP's age at time of that surgery. If both ovaries were removed, record the age of the SP at the time of the most recent surgery.

Questions F30 through F34 ask about the use of birth control pills. These items may be considered sensitive questions by some women. It may be necessary, therefore, to reiterate the confidentiality of their responses and the significance of the information to our research on health. These items are specific to birth control pills and exclude other forms of contraceptives. Again, both current and previous use are obtained.

F30. This is a screening question designed to determine whether or not a woman took birth control pills for any reason.

F31. Women may be advised to take birth control pills at different times in their lives. Item F31 clarifies when an SP first started taking birth control pills.

4345-2\ADULT\alice brown\63\182

F32. How long ago did you stop taking birth control pills or are you still taking them?

(no.) OR 0 = still taking

#?

4345-2\ADULT\alice brown\63\

1. days ago
2. weeks ago
3. months ago
4. years ago

4345-2\ADULT\alice brown\63\183

F33. Not counting any time when you stopped taking them, for how long altogether did you take birth controls pills?

(no.) OR 0 = less than one month

OR d = DK

#?

2879-1\ADULT\paula dentson\27\184b

SHOW SP BIRTH CONTROL PILL CHART: 1mOCm

F34. Please look at this chart and show me the brand of pills you use.

ENTER THREE-DIGIT CODE FOR ONE BRAND OF BIRTH CONTROL PILL.

(no. on chart) OR 0 = other

OR d = DK

#?

F32. F32 provides information on how recently the SP last took pills or whether she is currently taking them. Be sure to obtain accurate responses.

The normal cycle of birth control pill use is to take one pill per day for approximately 21 days, followed by 7 days when no pills are taken. It is possible that a woman in the "no pill" phase of this cycle would incorrectly report in C44 and C45 that she has stopped using birth control pills. However, this is a normal part of birth control pill use and she should be considered as currently using birth control pills.

It should be noted that some women take birth control pills after having a tubal ligation or hysterectomy. Birth control pills are also prescribed for hormone therapy or to regulate the menstrual cycle.

F33. In Question F33, encourage the SP to use the calendar as an aid in answering the question. If the SP has started and stopped using the pill several times, ask her to try to subtract out time periods when she did not use the pill so that her response reflects only the actual time of using oral contraceptives. Be sure to enter the number and to indicate whether it refers to months or years.

Q34. If more than one year has elapsed since the SP last took birth control pills, you will skip F34; otherwise, show the SP the Oral Contraceptive Chart and ask her to identify the brand of pills she is using.

This question asks for the current brand of pills for the current pill user. Instruct the SP to carefully and slowly review the Oral Contraceptives Chart. The chart shows most of the pill brands and dosages which are currently available. The numbers listed next to some pill names represent the estrogen dosage.

Since the names and appearance of these pills are, in some cases, very similar, it may be difficult for the SP to identify her brand of pill. Allow the SP sufficient time to be certain of her answer.

It is possible that some SP's may be taking birth control pills that are not shown on this chart. If so, record the name and dosage on the "Other specify" line.

2879-1\ADULT\paula dentson\27\184b

SHOW SP BIRTH CONTROL PILL CHART: 1mOCm

F34. Please look at this chart and show me the brand of pills you use.

ENTER THREE-DIGIT CODE FOR ONE BRAND OF BIRTH CONTROL PILL.

(no. on chart) OR O = Other

OR d = DK

#?

Notice that each type of pill shown on the chart has a number listed directly beneath it. When coding a response to F34, use this identifying number. Do not write in the name of the pill. For example, if a SP reports taking "NORINYL 2mg," C47 should be coded as "31". Likewise, a response of "OVULEN-28" is coded as "6".

F35. This a check item which appears only on the hard copy questionnaire. If a woman is currently pregnant, breastfeeding, or had a period in the last 2 months, you skip to F49. If a woman had a hysterectomy, you go to F37. Otherwise, ask F36.

F36. SP's may have already provided this information in response to previous questions. This question is only asked of SP's who have not had a period in the last 2 months and have not had a hysterectomy.

F37. This refers to the use of hormone pills (e.g. estrogen, premarin) prescribed by a doctor and taken orally to regulate the menstrual cycle.

F38. In F38 be sure the SP indicates the age when hormone pills were first taken, regardless of the reason for initiating hormone treatment.

F39. F39 obtains information on how recently the SP last took pills or whether she is currently taking them. Probe for as accurate information as possible.

F40. Give the SP time to reply and provide assistance in helping her add up periods of time during which she was taking hormone pills.

F41-F44. Questions F41 through F44 consist of a series of questions on the use of vaginal creams, suppositories, or injections. SP's who answer "no" or "DK" to item F41 are skipped out of this series to F45. If a number of years have elapsed since the SP stopped using the vaginal cream suppositories or injections, be sure to obtain the best estimate of the number of years since they were used. In F44, give the SP sufficient time to add up various periods of time during which the vaginal cream, suppositories or injections were used.

F45-F48. Questions F45 through F48 provide similar information on the use of female hormone patches. If the SP has never used patches or does not know, you will skip to F50.

F49. This is a check item which appears on the hard copy questionnaire only. If the SP is 60 or over, you skip to H1. Otherwise, ask F50.

765-8\ADULT\ ted jones\59\200

In order to get a more complete picture of the health of the population, we are asking about sexual experience. Please remember that your answers are strictly confidential.

F50. At what age did you first have sexual intercourse?

(age) OR 0 = has not had intercourse

765-8\ADULT\ ted jones\59\201

F51. With how many different partners have you ever had sexual intercourse?

(no.)

#?

765-8\ADULT\ ted jones\59\203

F53. Was this partner female or male?

1. female 2. male

765-8\ADULT\ ted jones\59\204

F54. How many partners have been female?

IF NO. OF FEMALE = 20, ENTER 1mam. IF ANSWER IS GREATER THAN 20, REMIND SP THAT TOTAL NO. OF PARTNERS HE REPORTED IS 20.

(no.) OR 0 = none

OR a = all

765-8\ADULT\ ted jones\59\205

F55. How many partners have been male?

(no.)

\$?

F50. Question F50 is the first item in the Reproductive Health section which is asked of male respondents. The introductory statement should be read both to males and to females. If the SP replies that s/he has not had sexual intercourse, then you will skip out of the remainder of this section entirely. If the SP answers with an age, you will continue with the items in this section.

F51. In F51, the SP is asked to indicate the total number of different partners with whom s/he has had sexual intercourse.

F52. This is a check item which appears only on the hard copy questionnaire.

- If the SP is female you go to F56.
- If a male SP has had 2 or more partners, you go to F54.
- If a male SP has had one partner, ask F53.

F53-F55. Questions F53 through F55 are asked only if the respondent is male. F53 is asked if the response to F51 is "one." F54 and F55 are asked if the response to F51 is more than one.

765-8\ADULT\ ted jones\59\206

F56. With how many different partners have you had sexual intercourse in the past year?

(no.)

OR 0 = none

#?

765-8\ADULT\ ted jones\59\207

F57. Have you ever had genital herpes?

1. Y

2. N

OR d = DK

F56. Question F56 refers specifically to sexual intercourse.

F57. The final question in this section asks about genital herpes.

6.7 Section G: DIS

Specifications for this section can be found in Section 5.7.

6.8 Section H: Respondent

Specifications for this section can be found in Section 5.8.

APPENDIX A

HARD COPY MEC QUESTIONNAIRES

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey
NHANES III

MEC PROXY QUESTIONNAIRE (AGES 2 MONTHS - 11 YEARS)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 442m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE NO	<table border="1"><tr><td>Stand No</td><td>Segment No</td><td>Serial No</td></tr></table>	Stand No	Segment No	Serial No
Stand No	Segment No	Serial No		
FAMILY NO				
SP NO	NAME (First, Middle, Last)			
SAMPLE NO	AGE 1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs. SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			
DECK NO:	TIME BEGAN 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon			
INTERVIEWER NO	TIME ENDED 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm 3 <input type="checkbox"/> noon			
DATE OF EXAMINATION MO DAY YR	LANGUAGE OF INTERVIEW 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other 4 _____ SPECIFY			

MEC PROXY QUESTIONNAIRE

AGE 2 MOS-11 YRS

<u>TOPIC</u>	<u>PAGE</u>
A. MEDICINE, VITAMIN, AND MINERAL USAGE	1
B. SELECTED CONDITIONS	2
C. INFANT FOOD FREQUENCY.....	3
D. RESPONDENT	4

READ INTRODUCTION TO PARENT OR GUARDIAN:

We are interested in asking you some questions about the health of your child.
(FILL IN NAME OF SP). All of your responses will be kept strictly confidential.

MEDICINE, VITAMIN, AND MINERAL USAGE (AGES 1-11 YEARS)

<p>A1. CHECK ITEM. REFER TO AGE OF SP.</p>	<p><input type="checkbox"/> LESS THAN 1 YEAR (B1) <input type="checkbox"/> 1-5 YEARS (A3) <input type="checkbox"/> 6+ YEARS (A2)</p>
<p>I would like to begin by asking you a few questions about your child's recent use of medicines, vitamins, and minerals.</p> <p>A2. Has - taken or used any antihistamine medicines in the past 2 days? (Antihistamines are medicines taken for symptoms like sneezing, and a runny or itchy nose.)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>A3. Has - taken any prescription medicines during the past 24 hours? These are medicines that cannot be obtained or purchased without a doctor's or dentist's prescription.</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>A4. Has - taken any vitamins or minerals during the past 24 hours?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>

SELECTED CONDITIONS (AGES 2 MOS - 11 YRS.)

<p>Now I would like to ask a few questions about -'s health.</p>	
<p>B1. Is - <u>now</u> or in the <u>past 3 months</u> has - been on treatment for anemia, sometimes called "tired blood" or "low blood"? (Include diet, iron pills, iron shots, and transfusion as treatment.)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>B2. How many infections such as colds, flu, diarrhea, vomiting, pneumonia, and ear infections has - had in the <u>past four weeks</u>?</p>	<p><input type="checkbox"/> none <u> </u> infections number</p>
<p>B3. CHECK ITEM. REFER TO AGE AND SEX OF SP.</p>	<p><input type="checkbox"/> FEMALE AGE 8 OR 9 YEARS (B4) <input type="checkbox"/> LESS THAN 6 YEARS OLD (B5) <input type="checkbox"/> OTHER (D1)</p>
<p>B4. How old was - when her periods or menstrual cycles started, or haven't they started yet?</p>	<p><input type="checkbox"/> haven't started yet <u> </u> age } (D1) <input type="checkbox"/> DK</p>
<p>Next are a few questions about the WIC program.</p>	
<p>B5. Did - receive benefits from WIC, that is, the Women, Infants, and Children Program, in the <u>past 12 months</u>?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C1) 9 <input type="checkbox"/> DK (C1)</p>
<p>B6. Is - <u>now</u> receiving benefits from the WIC program?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>B7. How long (did - receive/has - been receiving) benefits from the WIC program?</p>	<p><u> </u> number { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK</p>

INFANT FOOD FREQUENCY (AGES 2-11 MONTHS)	
C1. CHECK ITEM. REFER TO AGE OF SP.	<input type="checkbox"/> 1 YEAR OR OLDER (D1) <input type="checkbox"/> UNDER 1 YEAR
C2. In this last section, I would like to ask whether or not – has eaten certain foods or drunk certain beverages during the past month. In the <u>past month</u> did – eat or drink any of these foods or beverages? Include baby food as well as strained and regular table foods.	
a. Cereal	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
b. Fruit	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
c. Yellow and orange vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
d. Green vegetables	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
e. Meat	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
f. Egg yolk or eggs	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
g. Combination meat/vegetable dinners	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
h. Yogurt, cottage cheese and other cheeses	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
i. Bread, rolls, crackers, and biscuits	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
j. Desserts	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
k. Breastmilk	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
l. Formula	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
m. Cow's milk (regular milk)	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
n. Fruit juices such as apple juice and orange juice	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
o. Drinks such as Koolaid, fruit punch and Hi-C	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N

RESPONDENT (AGES 2 MONTHS - 11 YEARS)

D1. CHECK ITEM. MARK ONE BOX. INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP.	1 <input type="checkbox"/> MOTHER 2 <input type="checkbox"/> FATHER 3 <input type="checkbox"/> SISTER OR BROTHER 4 <input type="checkbox"/> GRANDPARENT 5 <input type="checkbox"/> OTHER 6 _____ SPECIFY
D2. QUALITY OF INTERVIEW	1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE
D3. COMMENTS.	_____ _____ _____ _____ _____

MEC YOUTH QUESTIONNAIRE

AGE 8-16 YEARS

<u>TOPIC</u>	<u>PAGE</u>
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READ INTRODUCTION TO ALL SPs:

During this interview, I would like to ask you a number of questions about your health. All of your answers will be kept strictly confidential.

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

MEC YOUTH QUESTIONNAIRE (AGES 8-16 YEARS)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE NO:

Stand No	Segment No	Serial No	

FAMILY NO:

SP NO:

SAMPLE NO:

DECK NO:

622 

NAME (First, Middle, Last)

AGE

SEX

1 Male
2 Female

TIME BEGAN

1 am
2 pm
3 noon

TIME ENDED

1 am
2 pm
3 noon

INTERVIEWER NO

DATE OF EXAMINATION

MO / DAY / YR

LANGUAGE OF INTERVIEW

- 1 English
2 Spanish
3 Other

4 _____
SPECIFY

ACTIVITY (8-16 YRS.)	
<p>First I'd like to ask you some questions about your activities.</p> <p>A1. How many times per week do you play or exercise enough to make you <u>sweat</u> and <u>breathe hard</u>?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> less than once per week <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three <input type="checkbox"/> four <input type="checkbox"/> five <input type="checkbox"/> six <input type="checkbox"/> seven <input type="checkbox"/> eight or more
<p>A2. In the past year, how many <u>sport teams or organized exercise programs</u> have you been involved in? Do <u>not</u> include physical education or gym classes.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> none <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three <input type="checkbox"/> four <input type="checkbox"/> five or more <input type="checkbox"/> DK
<p>A3. About how many hours did you watch TV yesterday?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> half hour or less <input type="checkbox"/> about one hour <input type="checkbox"/> about two hours <input type="checkbox"/> about three hours <input type="checkbox"/> about four hours <input type="checkbox"/> five hours or more

TOBACCO (8-16 YRS.)	
Now I'd like to ask you some questions about tobacco use.	
B1. Have you smoked at least 1 cigarette?	<input type="checkbox"/> Y <input type="checkbox"/> N (B15)
B2. At what age did you smoke your first cigarette?	_____ age <input type="checkbox"/> DK
B3. Have you smoked at least 100 cigarettes during your entire life (approximately 5 packs)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B11)
B4. How old were you when you <u>first</u> started smoking cigarettes fairly regularly?	_____ age or <input type="checkbox"/> never smoked regularly <input type="checkbox"/> DK
B5. Do you smoke cigarettes <u>now</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B12)
B6. About how many cigarettes do you smoke per day?	<input type="checkbox"/> less than 1 cig. per day _____ cigarettes number _____ packs number varies between ____ and ____ cigarettes
B7. For approximately how many years have you smoked this amount?	_____ years number
B8. Was there ever a period of a year or more when you smoked more than (NUMBER IN B6) cigarettes per day?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (B10)
B9. During the period when you were smoking the most, about how many cigarettes per day did you <u>usually</u> smoke?	_____ cigarettes number _____ packs number <input type="checkbox"/> varied
B10. Have you ever quit smoking for a period of <u>one year or longer</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
B11. How many cigarettes have you smoked in the past 5 days?	<input type="checkbox"/> none (B15) _____ cigarettes (B15) number
B12. About how old were you when you <u>last</u> smoked cigarettes (fairly regularly)? PROBE: How old were you when you quit smoking cigarettes?	_____ age <input type="checkbox"/> DK

B24. About how old were you when you [B1] used chewing tobacco or snuff (fairly regularly)? (IF BOTH USED, RECORD OLDEST AGE)	_____ age <input type="checkbox"/> DK
B25. Which did you use - chewing tobacco or snuff?	<input type="checkbox"/> chewing tobacco <input type="checkbox"/> snuff <input type="checkbox"/> both
B26. Did you quit using (chewing tobacco/snuff) because you had a health problem that was caused or made worse by using (it/them)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
B27. How many pipes and how many cigars have you smoked in the past 5 days?	<input type="checkbox"/> none _____ pipes and _____ cigars number number
B28. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> UNDER 12 YRS. (C1) 2 <input type="checkbox"/> 12+ YRS. (B28)
B29. How many pieces of nicotine gum have you chewed in the past 5 days? (Nicotine gum is a sugar-free flavored chewing gum prescribed by a doctor to help people stop smoking or chewing tobacco.)	<input type="checkbox"/> none _____ pieces number

REPRODUCTIVE HEALTH (BOYS 12+ YRS. AND GIRLS 10+ YRS.)	
C1. CHECK ITEM. REFER TO AGE AND SEX OF SP.	<input type="checkbox"/> FEMALE LESS THAN 10 YRS. (H1) <input type="checkbox"/> FEMALE 10+ YRS. (C2) <input type="checkbox"/> MALE LESS THAN 12 YRS. (H1) <input type="checkbox"/> MALE 12-14 YRS. (D1) <input type="checkbox"/> MALE 15-16 YRS. (C27)
<p>Now I would like to ask you a few questions about your periods or menstrual cycle.</p> C2. How old were you when your periods or menstrual cycles started?	<input type="checkbox"/> Haven't started yet (C26) _____ age <input type="checkbox"/> DK
C3. About how long ago was your last period?	1 <input type="checkbox"/> having it now 2 <input type="checkbox"/> less than 2 months ago 3 <input type="checkbox"/> 2-3 months ago 4 <input type="checkbox"/> 4-6 months ago 5 <input type="checkbox"/> 7-9 months ago 6 <input type="checkbox"/> 10-12 months ago 7 <input type="checkbox"/> more than 12 months ago
C4. CHECK ITEM. REFER TO AGE OF SP. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> LESS THAN 12 YRS. (H1) 2 <input type="checkbox"/> 12+ YRS. (C5)
<p>Next are questions about use of birth control pills and about pregnancy history. Your answers will be kept confidential.</p> C5. Have you <u>ever</u> taken birth control pills for any reason?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C10)
C6. How old were you when you began taking birth control pills?	_____ age
C7. How long ago did you stop taking birth control pills or are you still taking them?	<input type="checkbox"/> still taking now _____ number { <input type="checkbox"/> days ago <input type="checkbox"/> weeks ago <input type="checkbox"/> months ago <input type="checkbox"/> years ago
C8. Not counting any time when you stopped taking them, for how long <u>altogether</u> (have you taken/did you take) birth control pills?	<input type="checkbox"/> less than one month _____ number { <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> DK

<p>IF MORE THAN ONE YEAR AGO IN C7, GO TO C10. OTHERWISE SHOW ORAL CONTRACEPTIVES CHART AND ASK:</p> <p>C9. Please look at this chart and show me the brand of pills you (are/were) using.</p>	<p>_____ no. from card</p> <p>OR</p> <p><input type="checkbox"/> other _____ specify</p> <p><input type="checkbox"/> DK</p>
<p>C10. Have you <u>ever</u> been pregnant? Please include miscarriages, stillbirths, ectopic pregnancies, abortions, live births, and current pregnancy.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C26)</p>
<p>C11. How many times have you been pregnant? Again, be sure to count all your pregnancies, whether they ended in miscarriage, stillbirth, ectopic pregnancy, abortion, or live birth. (Include current pregnancy.)</p>	<p>_____ pregnancies number</p>
<p>C12. What is the total number of live births (live-born children) you have had?</p>	<p><input type="checkbox"/> none (C17)</p> <p><input type="checkbox"/> one live birth (C14)</p> <p>_____ live births number</p>
<p>C13. How old were you at the time of your <u>first</u> live birth?</p>	<p>_____ age</p>
<p>C14. How old were you at the time of your <u>last</u> live birth?</p>	<p>_____ age</p>
<p>C15. Did you breastfeed (your child/any of your children)?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C17)</p>
<p>C16. (Did you breastfeed your child/how many of your children did you breastfeed) for <u>at least one month</u>?</p>	<p><input type="checkbox"/> no children</p> <p><input type="checkbox"/> one child</p> <p>_____ children number</p>
<p>C17. MARK BOX IF KNOWN. Are you <u>now</u> pregnant?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C19) 9 <input type="checkbox"/> DK (C19)</p>
<p>C18. Which month of pregnancy are you in?</p>	<p>_____ month number</p>
<p>C19. MARK IF KNOWN. OTHERWISE, ASK. (Besides this pregnancy) have you been pregnant in the past 2 years?</p>	<p>1 <input type="checkbox"/> no. current pregnancy only (C21)</p> <p>2 <input type="checkbox"/> yes. has been pregnant in past 2 years - do not include current pregnancy (C20)</p> <p>3 <input type="checkbox"/> no. has not been pregnant in past 2 years (C24)</p>
<p>C20. How many months ago did your (last) pregnancy end?</p>	<p>1 <input type="checkbox"/> less than 4 mos. ago</p> <p>2 <input type="checkbox"/> 4 mos.-less than 7 mos. ago</p> <p>3 <input type="checkbox"/> 7 mos.-less than 10 mos. ago</p> <p>4 <input type="checkbox"/> 10-12 mos. ago</p> <p>5 <input type="checkbox"/> 13-24 mos. ago</p>

C21. Did you receive benefits from WIC, that is, the Women, Infants, and Children program, in the <u>past 12 months</u> ?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (C24) 9 <input type="checkbox"/> DK (C24)
C22. Are you <u>now</u> receiving benefits from the WIC program?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK
C23. How long (did you receive/have you been receiving) benefits from the WIC program?	<u> </u> number { <input type="checkbox"/> months <input type="checkbox"/> DK <input type="checkbox"/> years
C24. CHECK ITEM. REFER TO C12.	1 <input type="checkbox"/> "NONE" IN C12 (C26) 2 <input type="checkbox"/> 1 OR MORE LIVE BIRTHS IN C12
C25. Are you <u>now</u> breastfeeding a child?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
C26. CHECK ITEM. REFER TO AGE OF SP AND TO C10.	1 <input type="checkbox"/> LESS THAN 15 YRS. (D1) 2 <input type="checkbox"/> 15-18 YRS. AND "Y" IN C10 (C26) 3 <input type="checkbox"/> 15-18 YRS. AND "N" OR "OTHER" IN C10 (C27)
C27. In order to get a more complete picture of the health of the population, we are asking about sexual experience. As I mentioned, your answers are completely confidential. Have you <u>ever</u> had sexual intercourse?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (D1)
C28. At what age did you <u>first</u> have sexual intercourse?	<u> </u> age

SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE (12+ YRS.)

<p>Now I would like to ask you a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.</p>	
<p>D1. Are you <u>now</u> or in the <u>past 3 months</u> have you been on treatment for anemia, sometimes called "ired blood" or "low blood"? (Include diet, iron pills, iron shots, transfusions as treatment.)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>D2. How many colds, flu, diarrhea, vomiting, pneumonia, and ear infections have you had in the <u>past 4 weeks</u>?</p>	<p><input type="checkbox"/> none _____ infections number</p>
<p>D3. Have you taken or used any antihistamine medicines in the past two days? (Antihistamines are medicines taken for symptoms like sneezing, and a runny or itchy nose.)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>D4. Have you taken any prescription medicines during the past 24 hours? These are medicines that cannot be obtained without a doctor's or dentist's prescription.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>D5. Have you taken any vitamins or minerals during the past 24 hours?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

DIET (12+ YRS.)	
<p>Next I'm going to ask you some questions about your eating habits.</p> <p>E1. How often do you eat breakfast – every day, on some days, rarely, never, or on weekends only?</p>	<p>1 <input type="checkbox"/> every day</p> <p>2 <input type="checkbox"/> some days</p> <p>3 <input type="checkbox"/> rarely</p> <p>4 <input type="checkbox"/> never</p> <p>5 <input type="checkbox"/> weekends only</p>
<p>E2. Do you consider yourself to be overweight, underweight, or about the right weight?</p>	<p>1 <input type="checkbox"/> overweight</p> <p>2 <input type="checkbox"/> underweight</p> <p>3 <input type="checkbox"/> about the right weight</p>
<p>E3. Would you like to weigh more, less, or stay about the same?</p>	<p>1 <input type="checkbox"/> more</p> <p>2 <input type="checkbox"/> less</p> <p>3 <input type="checkbox"/> stay about the same</p>
<p>E4. During the <u>past 12 months</u> have you tried to lose weight?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E6)</p>
<p>E5. Are you <u>currently</u> trying to lose weight?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>E6. During the <u>past 12 months</u> have you changed what you eat or drink for any medical reason or health condition?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F1) 9 <input type="checkbox"/> DK (F1)</p>
<p>E7. What was the medical reason or health condition? Any others? MARK ALL THAT APPLY.</p>	<p>1 <input type="checkbox"/> OVERWEIGHT/OBESITY</p> <p>2 <input type="checkbox"/> HIGH BLOOD PRESSURE/HYPERTENSION</p> <p>3 <input type="checkbox"/> HIGH BLOOD CHOLESTEROL</p> <p>4 <input type="checkbox"/> HEART DISEASE</p> <p>5 <input type="checkbox"/> DIABETES</p> <p>6 <input type="checkbox"/> ALLERGIES</p> <p>7 <input type="checkbox"/> ULCER</p> <p>8 <input type="checkbox"/> CANCER</p> <p>9 <input type="checkbox"/> PREGNANCY</p> <p>10 <input type="checkbox"/> HEALTH IN GENERAL</p> <p>11 <input type="checkbox"/> OTHER _____</p> <p>99 <input type="checkbox"/> DK SPECIFY</p>

ALCOHOL/DRUG USE (12+ YRS.)	
<p>F1. These next questions are about drinking alcoholic beverages. Included are liquor, beer, wine, wine coolers, and any other type of alcoholic beverage.</p> <p>In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage? Do not count small tastes.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F7)</p>
<p>F2. In the <u>past 12 months</u> did you have <u>at least 12 drinks</u> of <u>any</u> kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Y (F4) 2 <input type="checkbox"/> N (F3)</p>
<p>F3. In the <u>past 12 months</u> about how many drinks of <u>any</u> kind of alcoholic beverage did you have?</p>	<p><input type="checkbox"/> none (F7)</p> <p>_____ drinks (F7) number</p> <p><input type="checkbox"/> DK</p>
<p>F4. During the past 12 months, in how many <u>months</u> did you have at least one drink of <u>any</u> alcoholic beverage? Include all types.</p>	<p>_____ months</p>
<p>F5. During (that month/these months), how many <u>days</u> did you have 9 or more drinks of <u>any</u> alcoholic beverage? Include all types.</p>	<p><input type="checkbox"/> none</p> <p>_____ days</p>
<p>F6. During (that month/these months), on how many <u>days</u> did you have 3 or more drinks of <u>any</u> alcoholic beverage? (Include the (NUMBER IN F5) days you had 9 or more drinks.)</p>	<p><input type="checkbox"/> none</p> <p>_____ days number</p>
<p>Now I would like to ask you a few questions about your experience with drugs.</p>	
<p>F7. Have you <u>ever</u> used marijuana?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F10)</p>
<p>F8. About how many times in your lifetime have you used marijuana?</p>	<p>1 <input type="checkbox"/> 1 or 2 times</p> <p>2 <input type="checkbox"/> 3 to 10 times</p> <p>3 <input type="checkbox"/> 11 to 99 times</p> <p>4 <input type="checkbox"/> 100 or more times</p>
<p>F9. During the past month, on how many days did you use marijuana?</p>	<p><input type="checkbox"/> none in past month</p> <p>_____ days number</p>
<p>F10. Have you <u>ever</u> used crack or cocaine in any form?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G1)</p>
<p>F11. About how many times in your lifetime have you used crack or cocaine (in any form)?</p>	<p>1 <input type="checkbox"/> 1 or 2 times</p> <p>2 <input type="checkbox"/> 3 to 10 times</p> <p>3 <input type="checkbox"/> 11 to 99 times</p> <p>4 <input type="checkbox"/> 100 or more times</p>
<p>F12. During the past month, on how many days did you use crack or cocaine (in any form)?</p>	<p><input type="checkbox"/> none in past month</p> <p>_____ days number</p>

DIS (15-16 YRS.)

<p>G1. CHECK ITEM. REFER TO AGE OF SP. Next I would like to ask you several questions about your feelings, thoughts, and moods.</p>	<p>1 <input type="checkbox"/> LESS THAN 15 YRS. (H1) 2 <input type="checkbox"/> 15-16 YRS.</p>
<p>G2. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G3. Have you had <u>two years</u> or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?</p>	<p>Y --> PROBE 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or OK</p>
<p>G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

ASK G5 - G20. OMIT WORDS IN []. CODE IN COLUMN I.		I EVER IN LIFETIME			II WCRS* PERIOD	
APPETITE	G5. Has there ever been a period of two weeks or longer when you lost [Did you lose] your appetite? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL. MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G6. Have you ever lost [Did you lose] weight without trying to—as much as two pounds a week for several weeks [or as much as 10 pounds altogether]? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G7. Have you ever had a period when your eating increased so much [Did your eating increase so much] that you gained as much as two pounds a week for several weeks [or 10 pounds altogether]? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
SLEEP	G8. Have you ever had a period of two weeks or more when you had [Did you have] trouble falling asleep, staying asleep, or with waking up too early? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G9. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
TIRED	G10. Has there ever been a period lasting two weeks or more when you felt [Did you feel] tired out all the time? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
SLOW RESTLESS	G11. Has there ever been a period of two weeks or more when you talked or moved [Did you talk or move] more slowly than is normal for you? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G12. Has there ever been a period of two weeks or more when you had [Did you have] to be moving all the time—that is, you couldn't sit still and paced up and down? MD: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

		I EVER IN LIFETIME	II WORST PERIOD	
L O S T - I N T E R E S T	G13. Was there ever a period of several weeks when your interest in sex was (Was your interest in sex) a lot less than usual? MO: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 6	Y → PROBE 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N	
	G14. Has there ever been a period of two weeks or more when you felt (Did you feel) worthless, sinful, or guilty? MO: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
W O R T H L E S S	G15. Has there ever been a period of two weeks or more when you had (Did you have) a lot more trouble concentrating than is normal for you? MO: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G16. Have you ever had a period of two weeks or more when your thoughts came (Did your thoughts come) much slower than usual or seemed mixed up? MO: _____ SELF: _____	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
T R O U B L E D I N T H I N K I N G	G17. Has there ever been a period of two weeks or more when you thought (Did you think) a lot about death—either your own, someone else's, or death in general?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G18. Has there ever been a period of two weeks or more when you felt (Did you feel) like you wanted to die?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G19. Have you ever felt (Did you feel) so low you thought of committing suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	G20. Have you ever attempted (Did you attempt) suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
T H O U G H T S O F D E A T H				

G21. CHECK ITEM: REFER TO G2 AND G5-G20.	1 <input type="checkbox"/> 'S' CODED IN 3 OR MORE BOXES IN G5-G2 AND 'Y' IN G2 (G22) 2 <input type="checkbox"/> 'S' CODED IN 3 OR MORE BOXES IN G5-G20 AND 'NO' IN G2 (G24) 3 <input type="checkbox"/> OTHER (G41)
G22. You said you've had a period of feeling (depressed/sad/blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL 'S' IN G5-G20). Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G23. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?	1 <input type="checkbox"/> never been a period (G41) 2 <input type="checkbox"/> has been a period (G26)
G24. You said you have had periods when (LIST ALL 'S' IN G5-G20). Was there ever a time when several of these problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G41)
G25. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?	1 <input type="checkbox"/> okay 2 <input type="checkbox"/> gloomy, low, etc.
G26. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time?	<input type="checkbox"/> less than 2 weeks (G41) <input type="checkbox"/> whole life _____ number { <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
G27. Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED 'S' IN G5-G20). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 98 SPELLS OR MORE, CODE 98.	_____ spells number
G28. Did you tell a doctor about (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G29. Did you tell any other professional about (it/any of them)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G30. Did you take medicine more than once because of (that spell/any of those spells)?	1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N
G31. Did (that spell/those spells) interfere with your life or activities a lot?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N
G32. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as (LIST 2 OR 3 'S' CODED IN G5-G20)?	_____ age
G33. Did (that spell/any of those spells) occur just after someone close to you died? IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G35)

<p>G34. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems such as (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20) at times when it wasn't due to a death?</p>	<p>1 <input type="checkbox"/> only due to death 2 <input type="checkbox"/> other times or not due to death</p>
<p>G35. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?</p>	<p>1 <input type="checkbox"/> Y (G38) 2 <input type="checkbox"/> N</p>
<p>G36. When did your last spell like that end? CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G37)</p> <p style="text-align: right;">(G38)</p>
<p>IF MORE THAN ONE YEAR AGO: G37. How old were you then?</p>	<p style="text-align: center;">_____ age</p>
<p>G38. CHECK ITEM. REFER TO G26 AND G27.</p>	<p>1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39) 2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G26 (G39) 3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G26 (G40)</p>
<p>G39. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick the bad spell.)</p>	<p style="text-align: center;">_____ age</p>
<p>G40. During that spell of (depression/OWN EQUIVALENT) which of these other problems did you have? For instance, during that spell (when you were (AGE IN G39) years old) (BEGINNING WITH WORDS IN [], READ EACH QUESTION CODED "5" IN G5-G20).</p> <p>IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "Y" IN COL. II. IF DID NOT OCCUR MARK "N" IN COL. II.</p>	

APPENDIX A (continued)

HARD COPY MEC QUESTIONNAIRES

		I EVER IN LIFETIME		II WCRS* PERIOD
G41.	Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
ASK G42-G48. OMIT WORDS IN []. CODE IN COLUMN I.				
G42.	Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
G43.	Has there ever been a period of a week or more when you went [Did you go] on spending sprees—spending so much money that it caused you or your family some financial trouble?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
G44.	Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
G45.	Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
G46.	Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

	I EVER IN LIFETIME	II WCRST PERIOD
<p>G47. Have you ever had a period of a week or more when you felt [Did you feel] that you had a special gift or special powers to do things others couldn't do or that you were a specially important person?</p> <p>ASK FOR EXAMPLE BEFORE PROBING:</p> <p>_____</p>	<p>Y → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>G48. Has there ever been a period of a week or more when you hardly slept [Did you hardly sleep] at all but still didn't feel tired or sleepy?</p>	<p>Y → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>G49. Was there ever a period of a week or more when you were [Were you] easily distracted so that any little interruption could get you off the track?</p>	<p>Y → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or DK</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>G50. CHECK ITEM. REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> 2 OR MORE "5'S" IN G42-G49, "5" IN G41 (G51)</p> <p>2 <input type="checkbox"/> 3 OR MORE "5'S" IN G42-G49, "1" OR "3" IN G41 (G53)</p> <p>3 <input type="checkbox"/> LESS THAN 3 "5'S" IN G42-G49 (H1)</p>	
<p>G51. You said you've had a period of feeling (very happy/excited/ manic/high/OWN EQUIVALENT/irritable) and also said you've had some problems like (LIST "5's" IN G42-G49). Has there ever been a time when the feelings of being excited or manic and some of these other problems occurred together—that is, within the same month?</p>	<p>1 <input type="checkbox"/> Y (G55) 2 <input type="checkbox"/> N</p>	
<p>G52. So there's never been a period when you felt very excited or manic at the same time you were having any of these other problems?</p>	<p>1 <input type="checkbox"/> never been a period (H1)</p> <p>2 <input type="checkbox"/> has been period (G55)</p>	
<p>G53. You said you had times when (LIST ALL 5's IN G50-G56). Was there ever a time when some of these problems occurred together—that is, within the same month?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)</p>	
<p>G54. When you were feeling that way, were you unusually irritable or likely to fight or argue?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)</p>	

<p>G55. What's the longest spell you've ever had when you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) for at least a week and had several of these other problems like (LIST 5's IN G42-G49)?</p>	<p>_____ number</p> <p> <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years </p>
<p>G56. In your lifetime, how many spells like that you have that lasted one week or more? IF 96 SPELLS OR MORE, ENTER 96.</p>	<p>_____ spells number</p>
<p>G57. Did you tell a doctor about (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G58. Did you tell any other professional about (it/any of them)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G59. Did you take medicine more than once because of (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G60. Did (that spell/any of those spells) interfere with your life or activities a lot?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G61. How old were you the first time you had a spell for one week or more where you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had some of these problems such as (LIST 2 OR 3 ITEMS CODED "5" IN G42-G49)?</p>	<p>_____ age</p>
<p>G62. Are you in one of these spells of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and having some of these problems now?</p>	<p><input type="checkbox"/> Y (G65) <input type="checkbox"/> N</p>
<p>G63. How long ago did your last period like that end? CODE MOST RECENT TIME POSSIBLE.</p>	<p> 1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G64) </p> <p style="text-align: right;">} (G65)</p>
<p>IF MORE THAN 1 YEAR AGO: G64. How old were you then?</p>	<p>_____ age</p>
<p>G65. CHECK ITEM. REFER TO G56.</p>	<p>1 <input type="checkbox"/> ONE SPELL IN G56 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56</p>
<p>G66. Now I'd like to know about the time when you were feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)</p>	<p>_____ age</p>

<p>G67. During that spell of being (very happy/excited/manic/high/ OWN EQUIVALENT/irrable), which of these problems did you have? For instance, during that spell (when you were AGE IN G66 years old). (BEGINNING WITH WORDS IN [], READ EACH Q. CODED 3 IN G42-G49).</p> <p>IF OCCURRED DURING THIS SPELL OF MANIA MARK "YES" IN COL II. IF DID NOT OCCUR MARK "N" IN COL II.</p>	
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RESPONDENT (AGES 8 - 16 YEARS)

<p>H1. CHECK ITEM. MARK ONE BOX. MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.</p>	<p>1 <input type="checkbox"/> SAMPLE PERSON (H4) 2 <input type="checkbox"/> MOTHER 3 <input type="checkbox"/> FATHER 4 <input type="checkbox"/> SISTER OR BROTHER 5 <input type="checkbox"/> GRANDPARENT 6 <input type="checkbox"/> OTHER 7 _____ SPECIFY</p>
<p>H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.</p>	<p>_____ REASON</p>
<p>H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>H4. QUALITY OF INTERVIEW.</p>	<p>1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE</p>
<p>H5. COMMENTS.</p>	<p>_____ _____ _____ _____ _____</p>

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

MEC ADULT QUESTIONNAIRE (AGES 17 + YEARS)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CASE NO:

Stand No	Segment No	Serial No		

FAMILY NO:

SP NO:

SAMPLE NO:

DECK NO:

620	
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INTERVIEWER NO:

DATE OF EXAMINATION

MO / DAY / YR

NAME (First, Middle, Last)

AGE

SEX

1 Male
2 Female

TIME BEGAN

1 am
2 pm
3 noon

TIME ENDED

1 am
2 pm
3 noon

LANGUAGE OF INTERVIEW

1 English
2 Spanish
3 Other
4 _____
SPECIFY

**MEC ADULT QUESTIONNAIRE
AGES 17+ YEARS**

<u>TOPIC</u>	<u>PAGE</u>
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READ INTRODUCTION TO ALL SPs:

This interview includes questions covering a number of health-related practices, behaviors, and experiences. All of your responses will be kept strictly confidential.

COGNITIVE FUNCTION - PART A (60+ YRS.)

B1. CHECK ITEM. REFER TO AGE OF SP.

- 1 LESS THAN 60 YRS. (C1)
 2 60+ YRS.

B2. Now I'm going to read you a short story and when I'm through I'm going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is: SLOWLY

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.

PAUSE FOR A FEW SECONDS.

Please tell me the story.

IDEAS PRESENT IN ANSWER

- THREE CHILDREN - PRESENT ABSENT
 HOUSE ON FIRE - PRESENT ABSENT
 FIREMAN CLIMBED IN - PRESENT ABSENT
 CHILDREN RESCUED - PRESENT ABSENT
 MINOR INJURIES - PRESENT ABSENT
 EVERYONE WELL - PRESENT ABSENT

SELECTED CONDITIONS/MEDICINE, VITAMIN, AND MINERAL USAGE (17+ YRS.)

<p>Next are a few questions about selected health problems and your recent use of medicines, vitamins, and minerals.</p>	
<p>C1. Are you <u>currently</u> trying to lose weight?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>C2. Are you <u>now</u> or in the <u>past 3 months</u> have you been on treatment for anemia? (include diet, iron pills, iron shots, transfusions as treatment)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> DK</p>
<p>C3. How many colds, flu, diarrhea, vomiting, pneumonia and ear infections have you had in the <u>past 4 weeks</u>?</p>	<p><input type="checkbox"/> none _____ infections number</p>
<p>C4. How many times have you donated blood in the <u>past 12 months</u>?</p>	<p><input type="checkbox"/> none (C8) _____ times number</p>
<p>C5. How long ago was your last blood donation?</p>	<p><input type="checkbox"/> less than one month ago _____ months ago number</p>
<p>C6. Have you taken or used any antihistamine medicines in the past 2 days? (Antihistamines are medicines taken for symptoms like sneezing and a runny or itchy nose.)</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>C7. Have you taken any prescription medicines during the past 24 hours? These are medicines that cannot be obtained without a doctor's or dentist's prescription.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>C8. Have you taken any vitamins or minerals during the past 24 hours?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

COGNITIVE FUNCTION - PART B (60+ YRS.)	
D1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> LESS THAN 60 YRS. (E1) 2 <input type="checkbox"/> 60+ YRS.
D2. Please recall the short story I read you a few moments ago and tell me as much as you can remember of the story now.	IDEAS PRESENT IN ANSWER THREE CHILDREN - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT HOUSE ON FIRE - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT FIREMAN CLIMBED IN - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT CHILDREN RESCUED - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT MINOR INJURIES - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT EVERYONE WELL - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT

ALCOHOL/DRUG USE (17+ YRS.)

<p>E1. These next questions are about drinking alcoholic beverages. Included are liquor, beer, wine, and any other type of alcoholic beverage.</p> <p>In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage? Do not count small tastes.</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E8)</p>
<p>E2. In the <u>past 12 months</u> did you have at least 12 drinks of <u>any</u> kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Y (E4) 2 <input type="checkbox"/> N (E3)</p>
<p>E3. In the <u>pas. 12 months</u> about how many drinks of <u>any</u> kind of alcoholic beverage did you have?</p>	<p><input type="checkbox"/> none (E7)</p> <p>_____ drinks (E7)</p> <p>number</p> <p><input type="checkbox"/> OK</p>
<p>E4. During the past 12 months, in how many <u>months</u> did you have at least one drink of <u>any</u> kind of alcoholic beverage? Include all types.</p>	<p>_____ months</p> <p>number</p>
<p>E5. During (that month/these months), on how many <u>days</u> did you have 9 or more drinks of <u>any</u> alcoholic beverage? Include all types.</p>	<p><input type="checkbox"/> none</p> <p>_____ days</p> <p>number</p>
<p>E6. During (that month/these months), on how many <u>days</u> did you have 5 or more drinks of <u>any</u> alcoholic beverage? (Include the (NUMBER IN E5) days you had 9 or more drinks.)</p>	<p><input type="checkbox"/> none</p> <p>_____ days</p> <p>number</p>
<p>E7. Was there ever a time or times in your life when you <u>drank 5 or more drinks</u> of any kind of alcoholic beverage <u>almost every day</u>?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 9 <input type="checkbox"/> OK</p>
<p>E8. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 60+ YRS. (F1)</p> <p>2 <input type="checkbox"/> LESS THAN 60 YRS.</p>
<p>The next few questions are about your experience with drugs.</p>	
<p>E9. Have you <u>ever</u> used marijuana?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (E12)</p>
<p>E10. About how many times in your lifetime have you used marijuana?</p>	<p>1 <input type="checkbox"/> 1 or 2 times</p> <p>2 <input type="checkbox"/> 3 to 10 times</p> <p>3 <input type="checkbox"/> 11 to 99 times</p> <p>4 <input type="checkbox"/> 100 or more times</p>
<p>E11. During the <u>past month</u>, on how many days did you use marijuana?</p>	<p><input type="checkbox"/> none in past month</p> <p>_____ days</p> <p>number</p>
<p>E12. Have you <u>ever</u> used crack or cocaine in any form?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F1)</p>

<p>E13. About how many times in your lifetime have you used crack or cocaine (in any form)?</p>	<p>1 <input type="checkbox"/> 1 or 2 times 2 <input type="checkbox"/> 3 to 10 times 3 <input type="checkbox"/> 11 to 99 times 4 <input type="checkbox"/> 100 or more times</p>
<p>E14. During the past month, on how many days did you use crack or cocaine (in any form)?</p>	<p><input type="checkbox"/> none in past month _____ days number</p> <p>} (F1)</p>

REPRODUCTIVE HEALTH (17+ YRS.)	
F1. CHECK ITEM REFER TO AGE AND SEX OF SP.	1 <input type="checkbox"/> MALE 60+ YRS. (M1) 2 <input type="checkbox"/> MALE LESS THAN 60 YRS. (F50) 3 <input type="checkbox"/> FEMALE
F2. The next questions ask about your periods or menstrual cycle and about pregnancy history How old were you when your periods or menstrual cycles started?	<input type="checkbox"/> haven't started yet (F49) _____ (F4) age <input type="checkbox"/> OK (F3)
F3. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older?	1 <input type="checkbox"/> younger than 10 2 <input type="checkbox"/> 10-12 3 <input type="checkbox"/> 13-15 4 <input type="checkbox"/> 16+ 9 <input type="checkbox"/> OK
F4. Have you <u>ever</u> been pregnant? Please include miscarriages, stillbirths, ectopic pregnancies, abortions, live births, and current pregnancy.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F21)
F5. How many times have you been pregnant? Again, be sure to count all your pregnancies whether they ended in miscarriage, stillbirth, ectopic pregnancy, abortion, or live birth. (include current pregnancy.)	_____ pregnancies number
F6. What is the total number of live births (live-born children) you have had?	<input type="checkbox"/> none (F11) <input type="checkbox"/> one live birth (F8) _____ live births number
F7. How old were you at the time of your <u>first</u> live birth?	_____ age
F8. How old were you at the time of your <u>last</u> live birth?	_____ age
F9. Did you breastfeed (your child/any of your children)?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F11)
F10. (Did you breastfeed your child/how many of your children did you breastfeed) for <u>at least one month</u> ?	<input type="checkbox"/> no children <input type="checkbox"/> one child _____ children number

<p>F23. About how old were you when you had your last period?</p>	<p>_____ (F23) age</p> <p><input type="checkbox"/> DK (F24)</p>
<p>F24. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?</p>	<p>1 <input type="checkbox"/> younger than 20</p> <p>2 <input type="checkbox"/> 20-29</p> <p>3 <input type="checkbox"/> 30-39</p> <p>4 <input type="checkbox"/> 40-44</p> <p>5 <input type="checkbox"/> 45-49</p> <p>6 <input type="checkbox"/> 50-54</p> <p>7 <input type="checkbox"/> 55+</p> <p>9 <input type="checkbox"/> DK</p>
<p>IF SP IS CURRENTLY PREGNANT, GO TO F27. OTHERWISE ASK.</p>	
<p>F25. Have you had a hysterectomy? DEFINE IF NECESSARY: Has your uterus/womb been removed?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F27) 9 <input type="checkbox"/> DK (F27)</p>
<p>F26. How old were you when you had your (hysterectomy/uterus/womb removed)?</p>	<p>_____</p> <p>age</p>
<p>F27. Have you had one or both of your ovaries removed (either when you had your uterus removed or at another time)?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F30) 9 <input type="checkbox"/> DK (F30)</p>
<p>F28. Were both ovaries removed or only one?</p>	<p>1 <input type="checkbox"/> both</p> <p>2 <input type="checkbox"/> one</p> <p>9 <input type="checkbox"/> DK</p>
<p>F29. How old were you when you had your (ovary/ovaries) removed? IF BOTH OVARIES REMOVED, ASK IF REMOVED AT DIFFERENT AGES. RECORD AGE WHEN SECOND OVARY REMOVED.</p>	<p>_____</p> <p>age</p> <p><input type="checkbox"/> DK</p>
<p>Now I'm going to ask you about your past and current use of female hormone pills, including birth control pills and estrogen pills.</p>	
<p>F30. Have you ever taken birth control pills for any reason?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F35)</p>
<p>F31. How old were you when you began taking birth control pills?</p>	<p>_____</p> <p>age</p>
<p>F32. How long ago did you stop taking birth control pills or are you still taking them?</p>	<p><input type="checkbox"/> still taking now</p> <p>_____</p> <p>number</p> <p>1 <input type="checkbox"/> days</p> <p>2 <input type="checkbox"/> weeks</p> <p>3 <input type="checkbox"/> months</p> <p>4 <input type="checkbox"/> years</p>

<p>F43. How long ago did you stop using the vaginal cream, suppository, or injection or are you still using them?</p>	<p><input type="checkbox"/> still using</p> <p><input type="checkbox"/> less than 1 month ago</p> <p>_____ number { <input type="checkbox"/> months ago <input type="checkbox"/> years ago</p>
<p>F44. Not counting any time when you stopped using the vaginal cream, suppository, or injection, for how many years <u>altogether</u> have you used them?</p>	<p><input type="checkbox"/> less than 1 year</p> <p>_____ years number</p> <p><input type="checkbox"/> DK</p>
<p>F45. Have you <u>ever</u> used female hormones in the form of patches that are placed on the skin?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (F46) 3 <input type="checkbox"/> DK (F49)</p>
<p>F46. How old were you when you <u>first</u> used the hormone patches?</p>	<p>_____ age</p> <p><input type="checkbox"/> DK</p>
<p>F47. How long ago did you stop using the hormone patches or are you still using them?</p>	<p><input type="checkbox"/> still using</p> <p><input type="checkbox"/> less than 1 month ago</p> <p>_____ number { <input type="checkbox"/> months ago <input type="checkbox"/> years ago</p> <p><input type="checkbox"/> DK</p>
<p>F48. Not counting any time when you stopped using the female hormone patches, for how many years <u>altogether</u> have you used them?</p>	<p><input type="checkbox"/> less than 1 year</p> <p>_____ years number</p>
<p>F49. CHECK ITEM. REFER TO AGE OF SP</p>	<p><input type="checkbox"/> 60+ YRS. (H1)</p> <p><input type="checkbox"/> LESS THAN 60 YRS. (F50)</p>
<p>In order to get a more complete picture of the health of the population, we are asking about sexual experience. Please remember that your answers are strictly confidential.</p> <p>F50. At what age did you first have sexual intercourse?</p>	<p><input type="checkbox"/> has not had intercourse (G1)</p> <p>_____ age</p>
<p>F51. With how many different partners have you ever had sexual intercourse?</p>	<p>_____ partners number</p>
<p>F52. CHECK ITEM. REFER TO SEX OF SP AND TO F51. MARK FIRST APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> SP IS FEMALE (F56)</p> <p>2 <input type="checkbox"/> 2+ PARTNERS IN F51 (F54)</p> <p>3 <input type="checkbox"/> 1 PARTNER IN F51 (F53)</p>
<p>F53. Was this partner female or male?</p>	<p>1 <input type="checkbox"/> female } (F56) 2 <input type="checkbox"/> male }</p>

<p>F54. How many partners have been female? IF NO. OF FEMALES EQUALS NO. OF PARTNERS REPORTED IN F51, MARK "ALL"</p>	<input type="checkbox"/> all <input type="checkbox"/> none } (F56) _____ females number
<p>F55. How many partners have been male?</p>	_____ males number
<p>F56. With how many (different) partners have you had sexual intercourse in the <u>PAST YEAR</u>?</p>	<input type="checkbox"/> none in past year _____ partners number
<p>F57. Have you <u>ever</u> had genital herpes?</p>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> OK

DIS (17-39 YRS.)

<p>G1. CHECK ITEM. REFER TO AGE OF SP. Next I would like to ask you several questions about your feelings, thoughts, and moods.</p>	<p>1 <input type="checkbox"/> 40+ YRS. (H1) 2 <input type="checkbox"/> LESS THAN 40 YRS.</p>
<p>G2. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G3. Have you had <u>two years</u> or more in your life when you felt depressed or sad almost all the time, even if you felt OK sometimes?</p>	<p>Y → PROBE 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK</p>
<p>G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>

ASK G5 - G20. OMIT WORDS IN { }. CODE IN COLUMN 1.		I EVER IN LIFETIME			II WORST PERIOD		
A P P E T I T E	G5. Has there ever been a period of two weeks or longer when you lost (Did you lose) your appetite? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				
	G6. Have you ever lost (Did you lose) weight without trying to—as much as two pounds a week for several weeks (or as much as 10 pounds altogether)? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				
	G7. Have you ever had a period when your eating increased so much (Did your eating increase so much) that you gained as much as ten pounds a week for several weeks (or 10 pounds altogether)? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				

S L E E P I N G	G8. Have you ever had a period of two weeks or more when you had (Did you have) trouble falling asleep, staying asleep, or with waking up too early? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				
	G9. Have you ever had a period of two weeks or longer when you were (Were you) sleeping too much? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				

T I R E D	G10. Has there ever been a period lasting two weeks or more when you felt (Did you feel) tired out all the time? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				

S L O W R E S T L E S S	G11. Has there ever been a period of two weeks or more when you talked or moved (Did you talk or move) more slowly than is normal for you? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				
	G12. Has there ever been a period of two weeks or more when you had (Did you have) to be moving all the time—that is, you couldn't sit still and paced up and down? MD: _____ SELF: _____	Y <input type="checkbox"/> →	PROBE	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/>	N or DK				

		I EVER IN LIFETIME	II WCRST PERIOD
L O S T I N T E R E S T	G13. Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?	Y → PROBE 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 6		

W O R T H L E S S	G14. Has there ever been a period of two weeks or more when you felt [Did you feel] worthless, sinful, or guilty?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N

T R O U B L E T H I N K I N G	G15. Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		
	G16. Have you ever had a period of two weeks or more when your thoughts came [Did your thoughts come] much slower than usual or seemed mixed up?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		

T H O U G H T O F D E A T H	G17. Has there ever been a period of two weeks or more when you thought [Did you think] a lot about death—either your own, someone else's, or death in general?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	G18. Has there ever been a period of two weeks or more when you felt [Did you feel] like you wanted to die?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	G19. Have you ever felt [Did you feel] so low you thought of committing suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	G20. Have you ever attempted [Did you attempt] suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N

		I EVER IN LIFETIME	II WCRST PERIOD
L O S T I N T E R E S T	G13. Was there ever a period of several weeks when your interest in sex was (Was your interest in sex) a lot less than usual?	Y → PROBE 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or DK	<input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 6		

N O I N T E R E S T	G14. Has there ever been a period of two weeks or more when you felt (Did you feel) worthless, sinful, or guilty?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N

I N T E R E S T	G15. Has there ever been a period of two weeks or more when you had (Did you have) a lot more trouble concentrating than is normal for you?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		
I N T E R E S T	G16. Have you ever had a period of two weeks or more when your thoughts came (Did your thoughts come) much slower than usual or seemed mixed up?	Y → PROBE 1 <input type="checkbox"/> N or DK	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
	MD: _____ SELF: _____		

I N T E R E S T	G17. Has there ever been a period of two weeks or more when you thought (Did you think) a lot about death—either your own, someone else's, or death in general?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
I N T E R E S T	G18. Has there ever been a period of two weeks or more when you felt (Did you feel) like you wanted to die?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
I N T E R E S T	G19. Have you ever felt (Did you feel) so low you thought of committing suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N
I N T E R E S T	G20. Have you ever attempted (Did you attempt) suicide?	Y → PROBE 1 <input type="checkbox"/> N or DK	5 <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N

<p>G21 CHECK ITEM. REFER TO G2 AND G5-G20.</p>	<p>1 <input type="checkbox"/> 'S'S' CODED IN 3 OR MORE BOXES IN G5-G20 AND 'Y' IN G2 (G22)</p> <p>2 <input type="checkbox"/> 'S'S' CODED IN 3 OR MORE BOXES IN G5-G20 AND 'NO' IN G2 (G24)</p> <p>3 <input type="checkbox"/> OTHER (G41)</p>
<p>G22. You said you've had a period of feeling (depressed/sad/blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL 'S's IN G5-G20). Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G23. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?</p>	<p>1 <input type="checkbox"/> never been a period (G41)</p> <p>2 <input type="checkbox"/> has been a period (G28)</p>
<p>G24. You said you have had periods when (LIST ALL 'S's IN G5-G20). Was there ever a time when several of these problems occurred together—that is, within the same month?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G41)</p>
<p>G25. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?</p>	<p><input type="checkbox"/> okay <input type="checkbox"/> gloomy, low, etc.</p>
<p>G26. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time?</p>	<p><input type="checkbox"/> less than 2 weeks (G41)</p> <p><input type="checkbox"/> whole life</p> <p>_____ } <input type="checkbox"/> weeks</p> <p>number } <input type="checkbox"/> months</p> <p> } <input type="checkbox"/> years</p>
<p>G27. Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED 'S' IN G5-G20). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 98 SPELLS OR MORE, CODE 98.</p>	<p>_____ spells</p> <p>number</p>
<p>G28. Did you tell a doctor about (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N</p>
<p>G29. Did you tell any other professional about (it/any of them)?</p>	<p>1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N</p>
<p>G30. Did you take medicine more than once because of (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G32) 2 <input type="checkbox"/> N</p>
<p>G31. Did (that spell/those spells) interfere with your life or activities a lot?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G32. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as (LIST 2 OR 3 'S's CODED IN G5-G20)?</p>	<p>_____</p> <p>age</p>
<p>G33. Did (that spell/any of those spells) occur just after someone close to you died?</p> <p>IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (G35)</p>

<p>G34. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems such as (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20) at times when it wasn't due to a death?</p>	<p>1 <input type="checkbox"/> only due to death 2 <input type="checkbox"/> other times or not due to death</p>
<p>G35. Are you in one of these spells of feeling low or disinterested and having some of these other problems now?</p>	<p>1 <input type="checkbox"/> Y (G36) 2 <input type="checkbox"/> N</p>
<p>G36. When did your last spell like that end? CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G37)</p> <p style="text-align: right;">} (G38)</p>
<p>IF MORE THAN ONE YEAR AGO: G37. How old were you then?</p>	<p style="text-align: center;">_____ age</p>
<p>G38. CHECK ITEM. REFER TO G26 AND G27.</p>	<p>1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39) 2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G26 (G39) 3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G26 (G40)</p>
<p>G39. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE, Then pick one bad spell.)</p>	<p style="text-align: center;">_____ age</p>
<p>G40. During that spell of (depression/OWN EQUIVALENT) which of these other problems did you have? For instance, during that spell (when you were (AGE IN G39) years old) (BEGINNING WITH WORDS IN []), READ EACH QUESTION CODED "5" IN G5-G20). IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "Y" IN COL. II. IF DID NOT OCCUR MARK "N" IN COL. II.</p>	

		I EVER IN LIFETIME		IF WORST PERIOD	
G41.	Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
	ASK G42-G49. OMIT WORDS IN []. CODE IN COLUMN 1.				
G42.	Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G43.	Has there ever been a period of a week or more when you went [Did you go] on spending sprees—spending so much money that it caused you or your family some financial trouble?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G44.	Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G45.	Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G46.	Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them?	Y <input type="checkbox"/> → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			

		I EVER IN LIFETIME		II WORST PERIOD	
G47.	Have you ever had a period of a week or more when you felt (Did you feel) that you had a special gift or special powers to do things others couldn't do or that you were a specially important person? ASK FOR EXAMPLE BEFORE PROBING: _____	Y → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G48.	Has there ever been a period of a week or more when you hardly slept (Did you hardly sleep) at all but still didn't feel tired or sleepy?	Y → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G49.	Was there ever a period of a week or more when you were (Were you) really distracted so that any little interruption could get you off the track?	Y → PROBE	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		1 <input type="checkbox"/> N or DK			
G50.	CHECK ITEM REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.	1 <input type="checkbox"/> 2 OR MORE "5'S" IN G42-G49. "5" IN G41 (G51) 2 <input type="checkbox"/> 3 OR MORE "3'S" IN G42-G49. "1" OR "3" IN G41 (G53) 3 <input type="checkbox"/> LESS THAN 3 "5'S" IN G42-G49 (H1)			
G51.	You said you've had a period of feeling (very happy/excited/ manic/high/OWN EQUIVALENT/irritable) and also said you've had some problems like (LIST "5's" IN G42-G49). Has there ever been a time when the feelings of being excited or manic <u>and</u> some of these other problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y (G55) 2 <input type="checkbox"/> N			
G52.	So there's never been a period when you felt very excited or manic at the same time you were having any of these other problems?	1 <input type="checkbox"/> never been a period (H1) 2 <input type="checkbox"/> has been period (G55)			
G53.	You said you had times when (LIST ALL 5's IN G50-G55). Was there ever a time when some of these problems occurred together—that is, within the same month?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)			
G54.	When you were feeling that way, were you unusually irritable or likely to fight or argue?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (H1)			

<p>G55. What's the longest spell you've ever had when you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) for at least a week and had several of these other problems like (LIST 5's IN G42-G49)?</p>	<p>_____</p> <p>number } <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years</p>
<p>G56. In your lifetime, how many spells like that you have that lasted one week or more? IF 98 SPELLS OR MORE, ENTER 98.</p>	<p>_____ spells number</p>
<p>G57. Did you tell a doctor about (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G58. Did you tell any other professional about (it/any of them)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G59. Did you take medicine more than once because of (that spell/any of those spells)?</p>	<p>1 <input type="checkbox"/> Y (G61) 2 <input type="checkbox"/> N</p>
<p>G60. Did (that spell/any of those spells) interfere with your life or activities a lot?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>G61. How old were you the first time you had a spell for one week or more where you felt (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had some of these problems such as (LIST 2 OR 3 ITEMS CODED "5" IN G42-G49)?</p>	<p>_____ age</p>
<p>G62. Are you in one of these spells of feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and having some of these problems now?</p>	<p>1 <input type="checkbox"/> Y (G65) 2 <input type="checkbox"/> N</p>
<p>G63. How long ago did your last period like that end? CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> within last 2 weeks 2 <input type="checkbox"/> within last month 3 <input type="checkbox"/> within last 6 months 4 <input type="checkbox"/> within last year 5 <input type="checkbox"/> more than 1 year ago (G64)</p> <p>} (G65)</p>
<p>IF MORE THAN 1 YEAR AGO: G64. How old were you then?</p>	<p>_____ age</p>
<p>G65. CHECK ITEM. REFER TO G56.</p>	<p>1 <input type="checkbox"/> ONE SPELL IN G66 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56</p>
<p>G66. Now I'd like to know about the time when you were feeling (very happy/excited/manic/high/OWN EQUIVALENT/irritable) and had the largest number of these other problems at the same time. How old were you at that time? (IF CANT CHOOSE, Then pick one bad spell.)</p>	<p>_____ age</p>

G67 During that spell of being (very happy/excited/manic/high/
OWN EQUIVALENT/irritable), which of these problems did you
have? For instance, during that spell (when you were AGE IN
G68 years old) (BEGINNING WITH WORDS IN [], READ EACH
Q. CODED S IN G42-G48).

IF OCCURRED DURING THIS SPELL OF MANIA MARK 'YES' IN
COL. II.
IF DID NOT OCCUR MARK 'N' IN COL. II.

RESPONDENT (AGES 17+ YEARS)	
<p>H1. CHECK ITEM. MARK ONE BOX.</p> <p>MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.</p>	<p>1 <input type="checkbox"/> SAMPLE PERSON (H4)</p> <p>2 <input type="checkbox"/> MOTHER</p> <p>3 <input type="checkbox"/> FATHER</p> <p>4 <input type="checkbox"/> SPOUSE</p> <p>5 <input type="checkbox"/> OTHER</p> <p>6 _____ SPECIFY</p>
<p>H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.</p>	<p>_____</p> <p>REASON</p>
<p>H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>H4. QUALITY OF INTERVIEW.</p>	<p>1 <input type="checkbox"/> RELIABLE</p> <p>2 <input type="checkbox"/> UNRELIABLE</p>
<p>H5. COMMENTS.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics</p> <p>MEC ADULT QUESTIONNAIRE (Ages 17+ Years)</p> <p>NHANES III</p> <p>Third National Health and Nutrition Examination Survey</p>	<p>NOTICE: La información contenida en este formulario que permitiría identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad, será usada sólo para los propósitos establecidos para este estudio y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la sección 308(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242 m).</p>
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WESTAT ID NO:

STAND NO.	SEGMENT NO.	SERIAL NO.	FAMILY NO.	SP NO.
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NCHS ID NO:

NAME (FIRST, MIDDLE, LAST)	SEX	AGE
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

INTERVIEWER NAME	NO.	REVIEWER NAME:	NO.
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LANGUAGE OF INTERVIEW

ENGLISH

SPANISH

OTHER _____
SPECIFY

TIME BEGAN

____:____

NOON
 AM
 PM

DATE OF INTERVIEW

____/____/____

MONTH DAY YEAR

TIME ENDED

____:____

NOON
 AM
 PM

MEC ADULT QUESTIONNAIRE
AGES 17+ YEARS

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READ INTRODUCTION TO ALL SPs:

Esta entrevista incluye preguntas sobre unas cuantas costumbres, comportamientos, y experiencias relacionadas con la salud. Todas sus respuestas serán mantenidas estrictamente confidencial.

TABACO (17+ AÑOS)

<p>Primero quisiera hacerle unas cuantas preguntas sobre uso de tabaco.</p> <p>A1. ¿Cuántos cigarrillos ha fumado en los 5 días pasados?</p>	<p><input type="checkbox"/> ninguno</p> <p>_____ cigarrillos numero</p>
<p>A2. ¿Cuántas pipas y cuántos (puros/cigarros/tabacos) ha fumado en los 5 días pasados?</p>	<p><input type="checkbox"/> ninguno</p> <p>_____ pipas y _____ (puros/cigarros/ numero numero tabacos)</p>
<p>A3. ¿Cuántos envases de tabaco de mascar o (rapé/"snuff") ha usado en los 5 días pasados? (IF BOTH USED, ENTER TOTAL NUMBER.)</p>	<p><input type="checkbox"/> ninguno</p> <p><input type="checkbox"/> menos de 1 envase/paquete</p> <p>_____ envases/paquetes numero</p>
<p>A4. ¿Cuántos pedazos de chicle de nicotina ha masticado en los 5 días pasados? (Chicle de nicotina es chicle de masticar sin azúcar y con sabor recetado por un médico para ayudar a las personas a dejar de fumar o masticar tabaco.)</p>	<p><input type="checkbox"/> ninguno</p> <p>_____ pedazos numero</p>

FUNCION COGNOSCITIVA - PARTE A (60+ AÑOS)

<p>B1. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> LESS THAN 60 YEARS (C1) 2 <input type="checkbox"/> 60+ YEARS</p>
<p>B2. Ahora voy a leerle un cuento breve y cuando termine voy a esperar unos segundos y luego le voy a pedir que me cuente tanto como pueda recordar.</p> <p>El cuento es así: SLOWLY Tres niños estaban solos en la casa y la casa se incendió. Un valiente bombero consiguió entrar por una ventana de atrás y los puso a salvo. Aparte de unas leves cortaduras y (golpes/moretos), todos estaban bien.</p> <p>PAUSE FOR A FEW SECONDS.</p> <p>Por favor cuéntame la historia.</p>	<p style="text-align: center;">IDEAS PRESENT IN ANSWER</p> <p>TRES NIÑOS - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT CASA INCENDIADA - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT BOMBERO ENTRO - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT NIÑOS SALVADOS - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT LESIONES LEVES - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT TODOS BIEN - <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT</p>

CONDICIONES SELECCIONADAS/USO DE MEDICINAS, VITAMINAS, Y MINERALES (17+ AÑOS)	
Ahora seguimos con unas cuantas preguntas sobre problemas seleccionados de salud y su uso reciente de medicinas, vitaminas, y minerales.	
C1. <u>Actualmente</u> , ¿está tratando de perder peso?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
C2. <u>Ahora</u> o en los <u>3 meses</u> pasados, ¿ha estado bajo tratamiento por anemia llamada a veces "sangre cansada" o "sangre pobre"? (Incluya como tratamiento dieta, píldoras de hierro, inyecciones de hierro, y transfusiones.)	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS
C3. ¿Cuántos resfriados, "flu," diarreas, vómitos, pulmonía e infecciones de oídos ha tenido en las <u>4 semanas pasadas</u> ?	<input type="checkbox"/> ninguna _____ infecciones número
C4. ¿Cuántas veces ha donado sangre en los <u>12 meses pasados</u> ?	<input type="checkbox"/> nunca (C6) _____ veces número
C5. ¿Hace cuánto tiempo fué su última donación de sangre?	<input type="checkbox"/> hace menos de un mes _____ meses atrás número
C6. ¿Ha tomado o usado algunas medicinas con antihistamínicos en los <u>2 días pasados</u> ? (Antihistamínicos son medicinas que se toman para síntomas como estornudos, y narices corrientes o picazones de nariz.)	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
C7. Medicinas recetadas son medicinas que no se pueden obtener sin una receta de un médico o dentista. ¿Ha tomado algunas medicinas con receta durante las 24 horas pasadas?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
C8. ¿Ha tomado algunas vitaminas o minerales durante las 24 horas pasadas?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N

FUNCION COGNOSCITIVA - PARTE B (60+ AÑOS)

D1. CHECK ITEM. REFER TO AGE OF SP.

1 LESS THAN 60 YEARS (E1)

2 60+ YEARS

D2. Por favor acuérdesa del cuento breve que le leí hace unos momentos y dígame todo cuanto pueda recordar ahora de la historia.

IDEAS PRESENT IN ANSWER

TRES NIÑOS - PRESENT ABSENT

CASA INCENDIADA - PRESENT ABSENT

BOMBERO ENTRO - PRESENT ABSENT

NIÑOS SALVADOS - PRESENT ABSENT

LESIONES LEVES - PRESENT ABSENT

TODOS BIEN - PRESENT ABSENT

USO DE ALCOHOL/DROGAS (17+ AÑOS)	
<p>E1. Las siguientes preguntas son acerca del consumo de bebidas alcohólicas. Bebidas alcohólicas incluyen cerveza, "ale," vino, "wine coolers," licor tal como wiskey, ginebra, ron, vodka, y "cocktails" y tragos mezclados que contienen licor.</p> <p>En toda su vida, ¿ha tomado al menos 12 (tragos/palos) de cualquier clase de bebida alcohólica? No cuente pequeñas pruebas.</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (E8)</p>
<p>E2. En los <u>12 meses pasados</u> ¿tomó usted al menos 12 (tragos/palos) de <u>cualquier</u> tipo de bebida alcohólica?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (E7)</p>
<p>E3. En los <u>12 meses pasados</u>, en promedio, ¿cuántos días por semana, mes, o año tomó <u>alguna</u> bebida alcohólica?</p>	<p>_____ días por { <input type="checkbox"/> semana <input type="checkbox"/> mes <input type="checkbox"/> año</p> <p>_____ número</p> <p><input type="checkbox"/> NS</p>
<p>E4. Como promedio, en los días en que tomó alcohol, ¿cuántos (tragos/palos) tomó al día? [Por un (trago/palo)] quiero decir una cerveza de 12 oz. un vaso de vino de 4 oz., o una oz. de licor.</p>	<p>_____ (tragos/palos) por día</p> <p>_____ número</p> <p><input type="checkbox"/> NS</p>
<p>E5. En los 12 meses pasados, ¿cuántos días por semana, mes o año tomó 9 o mas (tragos/palos) en un sólo día? Incluya todo tipo.</p>	<p><input type="checkbox"/> ninguno</p> <p>_____ días por { <input type="checkbox"/> semana <input type="checkbox"/> mes <input type="checkbox"/> año</p> <p>_____ número</p> <p><input type="checkbox"/> NS</p>
<p>E6. En los 12 meses pasados, ¿cuántos días por semana, mes o año tomó 5 o mas (tragos/palos) en un sólo día? Incluya todo tipo. [Incluya los (NUMBER IN ES) días en que tomó 9 o más (tragos/palos).]</p>	<p><input type="checkbox"/> ninguno</p> <p>_____ días por { <input type="checkbox"/> semana <input type="checkbox"/> mes <input type="checkbox"/> año</p> <p>_____ número</p> <p><input type="checkbox"/> NS</p>
<p>E7. ¿Hubo algún periodo o periodos en su vida en que tomó <u>5 o más (tragos/palos)</u> de cualquier tipo de bebida alcohólica <u>casi todos los días</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>E8. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 60+ YEARS (F1)</p> <p>2 <input type="checkbox"/> LESS THAN 60 YEARS</p>
<p>Las siguientes preguntas se tratan de su experiencia con drogas.</p> <p>E9. ¿Ha usado <u>alguna vez</u> marihuana?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (E12)</p>

<p>E10. Más o menos, ¿cuántas veces ha usado marihuana en su vida?</p>	<p>1 <input type="checkbox"/> 1 o 2 veces 2 <input type="checkbox"/> 3 a 10 veces 3 <input type="checkbox"/> 11 a 99 veces 4 <input type="checkbox"/> 100 o más veces</p>
<p>E11. Durante el mes pasado, ¿cuántos días ha usado marihuana?</p>	<p><input type="checkbox"/> ninguno durante el mes pasado _____ días número</p>
<p>E12. ¿Ha usado <u>alguna vez</u> (cristales de cocaína/"crack") o cocaína en cualquier forma?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F1)</p>
<p>E13. Más o menos, ¿cuántas veces en su vida ha usado (cristales de cocaína/"crack") o cocaína (en cualquier forma)?</p>	<p>1 <input type="checkbox"/> 1 o 2 veces 2 <input type="checkbox"/> 3 a 10 veces 3 <input type="checkbox"/> 11 a 99 veces 4 <input type="checkbox"/> 100 o más veces</p>
<p>E14. Durante el mes pasado, ¿cuántos días ha usado (cristales de cocaína/"crack") o cocaína (en cualquier forma)?</p>	<p><input type="checkbox"/> ninguno durante el mes pasado } (F1) _____ días número</p>

<p>F11. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 52+ YEARS (F21) 2 <input type="checkbox"/> 50-51 YEARS (F14) 3 <input type="checkbox"/> LESS THAN 50 YEARS (F12)</p>
<p>F12. (MARK BOX IF KNOWN) ¿Está usted (embarazada/encinta) <u>ahora</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F14) 9 <input type="checkbox"/> NS (F14)</p>
<p>F13. ¿En que mes de embarazo está?</p>	<p>_____ mes numero</p>
<p>F14. MARK IF KNOWN. OTHERWISE ASK: (Además de este embarazo) ¿ha estado embarazada en los 2 años pasados?</p>	<p>1 <input type="checkbox"/> no, sólo embarazo actual (F16) 2 <input type="checkbox"/> sí, ha estado (embarazada/encinta) en los 2 años pasados, no incluya embarazo actual (F15) 3 <input type="checkbox"/> no, no ha estado (embarazada/encinta) en los años pasados (F19)</p>
<p>F15. ¿Cuántos meses hace que terminó su (último) embarazo?</p>	<p>1 <input type="checkbox"/> hace menos de 4 meses 2 <input type="checkbox"/> hace 4 meses - menos de 7 meses 3 <input type="checkbox"/> hace 7 meses - menos de 10 meses 4 <input type="checkbox"/> hace 10-12 meses 5 <input type="checkbox"/> hace 13-24 meses</p>
<p>F16. ¿Recibió beneficios del programa "WIC," eso es el programa de Mujeres, Infantes y Niños, en los <u>pasados 12 meses</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F19) 9 <input type="checkbox"/> NS (F19)</p>
<p>F17. ¿Está recibiendo <u>ahora</u> beneficios del programa "WIC"?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>F18. ¿Por cuánto tiempo (recibió/ha estado recibiendo) beneficios del programa "WIC"?</p>	<p>_____ { <input type="checkbox"/> meses numero <input type="checkbox"/> años 9 <input type="checkbox"/> NS</p>
<p>F19. CHECK ITEM. REFER TO F6.</p>	<p>1 <input type="checkbox"/> 'NONE' IN F6 (F21) 2 <input type="checkbox"/> 1 OR MORE LIVE BIRTHS IN F6</p>
<p>F20. ¿Está <u>ahora</u> (amamantando/dando pecho) a un niño?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>F21. ¿Ha tenido un período en los <u>12 meses pasados</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F23) 9 <input type="checkbox"/> NS (F23)</p>
<p>F22. Más o menos, ¿cuánto tiempo hace que tuvo su último período?</p>	<p>1 <input type="checkbox"/> lo tengo ahora (F27) 2 <input type="checkbox"/> hace menos de 2 meses (F27) 3 <input type="checkbox"/> 2-3 meses 4 <input type="checkbox"/> 4-6 meses 5 <input type="checkbox"/> 7-9 meses 6 <input type="checkbox"/> 10-12 meses</p> <p style="text-align: right;">} (F25)</p>

<p>F23. Más o menos ¿que edad tenía cuando tuvo su último periodo?</p>	<p>_____ (F25) edad</p> <p><input type="checkbox"/> NS (F24)</p>
<p>F24. ¿Era menor de 20 años, 20 a 29, 30 a 39, 40 a 44, 45 a 49, 50 a 54, o 55 o más?</p>	<p>1 <input type="checkbox"/> menor de 20</p> <p>2 <input type="checkbox"/> 20-29</p> <p>3 <input type="checkbox"/> 30-39</p> <p>4 <input type="checkbox"/> 40-44</p> <p>5 <input type="checkbox"/> 45-49</p> <p>6 <input type="checkbox"/> 50-54</p> <p>7 <input type="checkbox"/> 55+</p> <p>9 <input type="checkbox"/> NS</p>
<p>IF SP IS CURRENTLY PREGNANT, GO TO F27. OTHERWISE ASK:</p>	
<p>F25. ¿Le han hecho una histerectomía? DEFINE IF NECESSARY: ¿Le sacaron el útero/la matriz?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F27) 9 <input type="checkbox"/> NS (F27)</p>
<p>F26. ¿Qué edad tenía cuando [le hicieron su histerectomía/le sacaron el útero/la matriz]?</p>	<p>_____ edad</p>
<p>F27. ¿Le han sacado uno o ambos ovarios [ya sea cuando le sacaron (el útero/la matriz) o en otra ocasión]?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F30) 9 <input type="checkbox"/> NS (F30)</p>
<p>F28. ¿Le sacaron los dos ovarios o sólo uno?</p>	<p>1 <input type="checkbox"/> ambos</p> <p>2 <input type="checkbox"/> uno</p> <p>9 <input type="checkbox"/> NS</p>
<p>F29. ¿Qué edad tenía cuando le sacaron (el ovario/los ovarios)?</p> <p>IF BOTH OVARIES REMOVED, ASK IF REMOVED AT DIFFERENT AGES. RECORD AGE WHEN SECOND OVARY REMOVED.</p>	<p>_____ edad</p> <p><input type="checkbox"/> NS</p>
<p>Ahora voy a preguntarle sobre su uso pasado y uso actual de píldoras de hormonas femeninas, incluyendo píldoras (para control de la natalidad/anticonceptivas) y píldoras de estrógeno.</p>	
<p>F30. ¿Ha tomado alguna vez píldoras (para el control de la natalidad/anticonceptivas) por cualquier razón?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F35)</p>
<p>F31. ¿Qué edad tenía cuando empezó a tomar píldoras (para el control de la natalidad/anticonceptivas)?</p>	<p>_____ edad</p>
<p>F32. ¿Cuánto tiempo hace que dejó de tomar píldoras (para el control de la natalidad/anticonceptivas) o aún las está tomando?</p>	<p><input type="checkbox"/> aún las está tomando</p> <p>_____ número</p> <p>1 <input type="checkbox"/> días</p> <p>2 <input type="checkbox"/> semanas</p> <p>3 <input type="checkbox"/> meses</p> <p>4 <input type="checkbox"/> años</p>

<p>F56. ¿Con cuántos (diferentes) compañeros - compañeras ha tenido relaciones sexuales durante el <u>año pasado</u>?</p>	<p><input type="checkbox"/> ninguno en el año pasado</p> <p>_____ compañeros - compañeras numero</p>
<p>F57. ¿Ha tenido <u>alguna vez</u> herpes genital?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>

DIS (17-39 AÑOS)

<p>G1. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> 40+ YEARS (H1) 2 <input type="checkbox"/> LESS THAN 40 YEARS</p>
<p>A continuación, quisiera hacerle unas cuantas preguntas sobre sus sentimientos, pensamientos, y estados de ánimo.</p> <p>G2. Durante su vida, ¿ha tenido alguna vez dos semanas o más en las que se sintió triste, melancólico, deprimido, o perdió todo el interés y el gusto en cosas que normalmente le interesaban o le agradaban?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>G3. ¿Ha tenido <u>dos años</u> o más en su vida en los que se sentía triste o deprimido casi todo el tiempo, aunque a veces se sintiera bien?</p>	<p>S → PROBE 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS</p>
<p>G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>

ASK G5 - G20. OMIT WORDS IN []. CODE IN COLUMN I.

		I ALGUNA VEZ EN LA VIDA			II PERIODIC	
A P P E T I T E	G5. ¿Ha habido alguna vez un período de dos semanas o más en que <u>perdiera</u> (Perdió usted) el <u>apetito</u> ? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL. MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
	G6. ¿Ha <u>perdido</u> alguna vez (Perdió usted) <u>peso</u> sin tratar - tanto como dos libras por semana durante varias semanas (o tanto como 10 libras en total)? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
	G7. ¿Ha tenido alguna vez un período en que comiera tanto más (Comió tanto más) que <u>aumentó tanto como dos libras por semana</u> por varias semanas (o 10 libras en total)? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
S L E E P	G8. ¿Ha tenido alguna vez un período de dos semanas o más en que tuviera (Tuvo usted) <u>dificultad en quedarse dormido, en permanecer dormido, o despertándose demasiado temprano</u> ? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
	G9. ¿Ha tenido alguna vez un período de dos semanas o más en que estuviese (Estaba usted) <u>durmiendo demasiado</u> ? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
T I R E D	G10. ¿Ha habido alguna vez un período que durara dos semanas o más en que se sintiera (Se sentía usted) <u>cansado todo el tiempo</u> ? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
S L O W R E S T L E S S	G11. ¿Ha habido alguna vez un período de dos semanas o más en que <u>hablara o se moviera</u> (Habló o se movió) más <u>lentamente</u> de lo que es normal para usted? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
	G12. ¿Ha habido alguna vez un período de dos semanas o más en que tuviese (Tuvo) que estar <u>moviéndose todo el tiempo</u> es decir, no podía sentarse y quedarse quieto y tenía que andar de un lado para otro? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N

		I ALGUNA VEZ EN LA VIDA	II PEOR PERIODO
L O S T I N T E R E S T	G13. ¿Hubo alguna vez un período de varias semanas cuando su <u>interés en el sexo</u> fuera (Su interés en el sexo fue) mucho <u>menos</u> que lo usual? MD: _____ SELF: _____ IF VOLUNTEERS NO INTEREST EVER: MARK BOX 8	S → PROBE 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
W O R T H L E S S	G14. ¿Ha habido alguna vez un período de dos semanas o más en que se sintiera (Se sintió usted) que <u>no valía nada</u> , pecador, o culpable? MD: _____ SELF: _____	S → PROBE 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
T R O U B L E M E	G15. ¿Ha habido alguna vez un período de dos semanas o más en que haya tenido (Tuvo usted) mucha más <u>dificultad concentrándose</u> de lo que es normal para usted? MD: _____ SELF: _____	S → PROBE 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
T H I N K I N G	G16. ¿Ha habido alguna vez un período de dos semanas o más en que sus <u>pensamientos vinieran</u> (Le vinieron sus pensamientos) mucho más <u>lento</u> que lo usual o parecían confusos? MD: _____ SELF: _____	S → PROBE 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
T H O U G H T O F D E A T H	G17. ¿Ha habido alguna vez un período de dos semanas o más en que <u>pensara</u> (Pensó usted) mucho sobre <u>la muerte</u> —ya sea en la suya, en la de alguien más, o en la muerte en general? MD: _____ SELF: _____	S → PROBE 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
	G18. ¿Ha habido alguna vez un período de dos semanas o más en que sintiera (Sintió usted) que <u>quería morir</u> ? MD: _____ SELF: _____	S → PROBE 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
	G19. ¿Se ha sentido alguna vez (Se sintió) tan deprimido que <u>pensara suicidarse</u> ? MD: _____ SELF: _____	S → PROBE 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N
	G20. ¿Ha <u>intentado</u> alguna vez (intentó usted) <u>suicidarse</u> ? MD: _____ SELF: _____	S → PROBE 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS	<input type="checkbox"/> S <input type="checkbox"/> N

<p>G21. CHECK ITEM: REFER TO G2 AND G5-G20.</p>	<p>1 <input type="checkbox"/> "S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "Y" IN G2 (G22)</p> <p>2 <input type="checkbox"/> "S" CODED IN 3 OR MORE BOXES IN G5-G20 AND "NO" IN G2 (G24)</p> <p>3 <input type="checkbox"/> OTHER (G41)</p>
<p>G22. Usted dijo que ha tenido un período en que se sentía (deprimido, triste, melancólico/<u>OWN EQUIVALENT</u>) y también dijo que había tenido otros problemas tales como (<u>LIST ALL "S" IN G5-G20</u>). ¿Ha habido alguna vez un tiempo en que los sentimientos de depresión y algunos de estos otros problemas le ocurrieron juntos—es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S (G26) 2 <input type="checkbox"/> N</p>
<p>G23. ¿Así es que nunca ha habido un período en que se sintiera triste, melancólico, o deprimido y al mismo tiempo estuviera teniendo algunos de estos otros problemas?</p>	<p>1 <input type="checkbox"/> nunca ha habido un período (G41)</p> <p>2 <input type="checkbox"/> ha habido un período (G26)</p>
<p>G24. Usted dijo que ha tenido períodos en que tenía a (<u>LIST ALL "S" IN G5-G20</u>). ¿Hubo alguna vez una ocasión en que varios de estos problemas le ocurrieron juntos—es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (G41)</p>
<p>G25. Cuando estaba teniendo algunos de estos problemas, más o menos al mismo tiempo, ¿se estaba sintiendo bien, o se estaba sintiendo decaído, triste, melancólico o desinteresado en todo?</p>	<p>1 <input type="checkbox"/> bien (G41) 2 <input type="checkbox"/> decaído, triste, etc.</p>
<p>G26. ¿Cuál es el episodio más largo en que alguna vez se ha sentido melancólico y ha tenido varios de estos otros problemas al mismo tiempo?</p>	<p><input type="checkbox"/> menos de 2 semanas (G41)</p> <p><input type="checkbox"/> toda la vida</p> <p>_____ número { <input type="checkbox"/> semanas</p> <p><input type="checkbox"/> meses</p> <p><input type="checkbox"/> años</p>
<p>G27. Ahora quisiera preguntarle acerca de episodios en que sentía ambas cosas (deprimido/<u>OWN EQUIVALENT</u>) y tenía algunos de estos otros problemas tales como (<u>LIST 2 OR 3 ITEMS CODED "S" IN G5-G20</u>). En su vida, ¿cuántos períodos como ese ha tenido que hayan durado dos semanas o más? IF 96 SPELLS OR MORE, CODE 96.</p>	<p>_____ episodios</p> <p>_____ número</p>
<p>G28. ¿Habló con un médico acerca de (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G32) 2 <input type="checkbox"/> N</p>
<p>G29. ¿Habló con cualquier otro profesional acerca de (ese/cualquiera de ellos)?</p>	<p>1 <input type="checkbox"/> S (G32) 2 <input type="checkbox"/> N</p>
<p>G30. ¿Tomó medicina más de una vez a causa de (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G32) 2 <input type="checkbox"/> N</p>
<p>G31. ¿(Interfirió/interfirieron) mucho (ese episodio/esos episodios) con su vida o actividades?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>G32. ¿Qué edad tenía la primera vez que tuvo un episodio por dos semanas o más en que se sentía triste y tenía algunos de estos otros problemas tales como (<u>LIST 2 OR 3 "S" CODED IN G5-G20</u>)?</p>	<p>_____ edad</p>

<p>G33. ¿(Este episodio/cualquier de estos episodios) (ocurrió/ocurrirón)) exactamente después de que alguien cercano a usted murió?</p> <p>IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (G35)</p>
<p>G34. ¿Ha tenido algún episodio de (depresión/<u>OWN EQUIVALENT</u>) el mismo tiempo que tenía estos otros problemas tales como (LIST 2 OR 3 ITEMS CODED "5" IN G5-G20) en ocasiones en que no fue debido a una muerte?</p>	<p>1 <input type="checkbox"/> sólo debido a muerte 2 <input type="checkbox"/> otras ocasiones no debidas a muerte</p>
<p>G35. ¿Está en uno de estos episodios en que se siente deprimido o desinteresado y teniendo algunos de estos otros problemas ahora?</p>	<p>1 <input type="checkbox"/> S (G38) 2 <input type="checkbox"/> N</p>
<p>G36. ¿Cuándo terminó su último episodio como ése? CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> dentro de las 2 últimas semanas 2 <input type="checkbox"/> dentro del último mes 3 <input type="checkbox"/> dentro de los últimos 6 meses 4 <input type="checkbox"/> dentro del último año 5 <input type="checkbox"/> hace más de un año (G37)</p> <p style="text-align: right;">} (G38)</p>
<p>IF MORE THAN ONE YEAR AGO: G37. ¿Qué edad tenía entonces?</p>	<p><u>edad</u></p>
<p>G38. CHECK ITEM. REFER TO G26 AND G27.</p>	<p>1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39) 2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G28 (G39) 3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G28 (G40)</p>
<p>G39. Ahora quisiera saber acerca del tiempo en que se estaba sintiendo (deprimido/<u>OWN EQUIVALENT</u>) por lo menos dos semanas y tenía el mayor número de estos otros problemas al mismo tiempo. ¿Qué edad tenía en ese tiempo? (IF CAN'T CHOOSE: Entonces escoja un episodio malo).</p>	<p><u>edad</u></p>
<p>G40. Durante ese episodio de (depresión/<u>OWN EQUIVALENT</u>) ¿cuáles de estos otros problemas tenía? Por ejemplo, durante ese episodio (cuando tenía (AGE IN G39) años) (BEGINNING WITH WORDS IN [], READ EACH QUESTION CODED "5" IN G5-G20).</p> <p>IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "S" IN COL II. IF DID NOT OCCUR MARK "N" IN COL II.</p>	

		I ALGUNA VEZ EN LA VIDA		II PEOR PERIOD	
G41. ¿Ha habido alguna vez un período de una semana o más en que se sintiera tan feliz, excitado o <u>exaltado</u> que tuviera dificultades o su familia o amigos se preocuparan acerca de esto, o un médico dijera que era maniaco?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>		
ASK G42-G49. OMIT WORDS IN []. CODE IN COLUMN I.					
G42. ¿Ha habido alguna vez un período de una semana o más en que estuviese [Estuvo] mucho <u>más activo, que lo usual</u> tanto que su familia o sus amigos estuvieran preocupados acerca de esto?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S	<input type="checkbox"/> N
G43. ¿Ha habido alguna vez un período de una semana o más en que hiciera [hizo] <u>demasiadas compras</u> , gastando tanto dinero que causó algunos problemas financieros a usted o a su familia?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S	<input type="checkbox"/> N
G44. ¿Ha tenido alguna vez un período de una semana o más en que su <u>interés en el sexo</u> fuese [En ese tiempo su interés en el sexo fue] tanto más fuerte que lo típico para usted que usted quería tener sexo mucho más frecuentemente que lo normal para usted o con personas en quienes normalmente usted no estaría interesado?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S	<input type="checkbox"/>
G45. ¿Ha habido alguna vez, un período de una semana o más en que <u>hablara</u> [Habló] tan <u>rápido</u> que la gente decía que no podía entenderle?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S	<input type="checkbox"/> N
G46. ¿Ha habido alguna vez un período de una semana o más en que los <u>pensamientos le pasaran</u> [Le pasaron] tan rápido a través de la cabeza que no podía seguirlos?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S	<input type="checkbox"/> N

	I ALGUNA VEZ EN LA VIDA	II PEOR PERIODO
<p>G47. ¿Ha tenido alguna vez, un período de una semana o más en que sintiera [Síntó] que tenía <u>poderes</u> o <u>privilegios especiales</u> para hacer cosas que otros no podían hacer o que usted era una persona especialmente importante?</p> <p>ASK FOR EXAMPLE BEFORE PROBING:</p> <p>_____</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G48. ¿Ha habido alguna vez un período de una semana o más en que <u>casí no durmiera</u> [Casí no durmió] pero aún así no se sintiera ni cansado ni con sueño?</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G49. ¿Ha habido alguna vez un período de una semana o más en que se <u>distrajera fácilmente</u> [Se distrajo fácilmente] de manera que cualquier pequeña interrupción le hacía perder la concentración?</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G50. CHECK ITEM. REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> 2 OR MORE "S'S" IN G42-G49, "5" IN G41 (G51)</p> <p>2 <input type="checkbox"/> 3 OR MORE "S'S" IN G42-G49, "1" OR "3" IN G41 (G53)</p> <p>3 <input type="checkbox"/> LESS THAN 3 "S'S" IN G42-G49 (H1)</p>	
<p>G51. Usted dijo que ha tenido un período en que se sentía (muy feliz/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y también dijo que había tenido algunos problemas tales como (<u>LIST "5's" IN G42-G49</u>). ¿Ha habido alguna vez una ocasión en que los sentimientos de estar excitado y maníaco y algunos de estos otros sentimientos o experiencias ocurrieron juntos - es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S (G55) 2 <input type="checkbox"/> N</p>	
<p>G52. ¿Así es que nunca ha habido un período en que se sintiera muy excitado o maníaco y al mismo tiempo estuviera teniendo algunos de estas otras experiencias?</p>	<p>1 <input type="checkbox"/> nunca ha habido un período (H1)</p> <p>2 <input type="checkbox"/> ha habido un período (G55)</p>	
<p>G53. Usted dijo que había tenido ocasiones en que tendía a (<u>LIST ALL 5's IN G42-G49</u>). ¿Ha habido alguna vez una ocasión en que algunos de estos sentimientos o experiencias ocurrieron juntos—es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (H1)</p>	
<p>G54. Cuando usted se estaba sintiendo de esa manera, ¿estaba irritable o excepcionalmente deseoso de pelear o de discutir?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (H1)</p>	

<p>G55. ¿Cuál es el episodio más largo que ha tenido alguna vez en que se sintió (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) por lo menos una semana y tuvo varias de estas otras experiencias tales como (LIST 5's IN G42-G49)?</p>	<p>_____ número</p> <p> <input type="checkbox"/> 1 semanas <input type="checkbox"/> 2 meses <input type="checkbox"/> 3 años </p>
<p>G56. En toda su vida, ¿cuántos episodios como éste ha tenido que le hayan durado <u>una</u> semana o más? IF 96 SPELLS OR MORE, ENTER 96.</p>	<p>_____ episodios número</p>
<p>G57. ¿Habló con un médico acerca de (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G58. ¿Habló con algún otro profesional acerca de (ese/cualquiera de ellos)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G59. ¿Tomó medicina más de una vez debido a (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G60. ¿Interfirió/Interfirieron mucho (ese episodio/cualquiera de esos episodios) con su vida o actividades?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>G61. ¿Qué edad tenía usted <u>la primera vez</u> que tuvo un episodio por una semana o más en el que se sintiera (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y algunas de estas otras experiencias tales como (LIST 2 OR 3 ITEMS CODED "S" IN G42-G49)?</p>	<p>_____ edad</p>
<p>G62. ¿Está pasando por uno de esos episodios de sentirse (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y teniendo algunas de estas experiencias ahora?</p>	<p>1 <input type="checkbox"/> S (G65) 2 <input type="checkbox"/> N</p>
<p>G63. ¿Cuánto tiempo hace que terminó su último periodo como éste? CODE MOST RECENT TIME POSSIBLE.</p>	<p> 1 <input type="checkbox"/> dentro de las 2 últimas semanas 2 <input type="checkbox"/> dentro del último mes 3 <input type="checkbox"/> dentro de los últimos 6 meses 4 <input type="checkbox"/> dentro del último año 5 <input type="checkbox"/> hace más de un año (G64) </p> <p style="text-align: right;">} (G65)</p>
<p>IF MORE THAN 1 YEAR AGO: G64. ¿Qué edad tenía usted entonces?</p>	<p>_____ edad</p>
<p>G65. CHECK ITEM. REFER TO G56.</p>	<p>1 <input type="checkbox"/> ONE SPELL IN G56 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56</p>
<p>G66. Ahora quisiera saber sobre el tiempo en que se estaba sintiendo (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y tenía el mayor número de estas otras experiencias al mismo tiempo. ¿Qué edad tenía entonces? (IF CANT CHOOSE: Entonces escoja un episodio malo.)</p>	<p>_____ edad</p>

<p>G67. Durante ese episodio en que estaba (muy contento/ excitado/maniaco/exaltado/<u>OWN EQUIVALENT</u>/irritable), ¿cuál de estas experiencias tenía? Por ejemplo, durante ese episodio (cuando tenía AGE IN G66 años de edad). (BEGINNING WITH WORDS IN [], READ EACH Q. CODED 3 IN G42-G49).</p> <p>IF OCCURRED DURING THIS SPELL OF MANIA MARK "S" IN COL II. IF DID NOT OCCUR MARK "N" IN COL. II.</p>	
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RESPONDENT (17+ YEARS)	
<p>H1. CHECK ITEM. MARK ONE BOX. MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.</p>	<p>1 <input type="checkbox"/> SAMPLE PERSON (H4) 2 <input type="checkbox"/> MOTHER 3 <input type="checkbox"/> FATHER 4 <input type="checkbox"/> SPOUSE 5 <input type="checkbox"/> OTHER (SPECIFY) 6 _____</p>
<p>H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.</p>	<p>_____ SPECIFY</p>
<p>H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>H4. QUALITY OF INTERVIEW.</p>	<p>1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE</p>
<p>H5. COMMENTS.</p>	<p>1 _____ _____ _____ _____ _____</p>

<p>Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics</p> <p>MEC YOUTH QUESTIONNAIRE (Ages 8-16 Years)</p> <p>NHANES III</p> <p>Third National Health and Nutrition Examination Survey</p>	<p>NOTICE: La información contenida en este formulario que permitiría identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad, será usada sólo para los propósitos establecidos para este estudio y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la sección 308(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242 m).</p>
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<p>WESTAT ID NO:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">STAND NO.</td> <td style="text-align: center;">SEGMENT NO.</td> <td style="text-align: center;">SERIAL NO.</td> </tr> </table>	_____	_____	_____	STAND NO.	SEGMENT NO.	SERIAL NO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">FAMILY NO.</td> </tr> </table>	_____	FAMILY NO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">SP NO.</td> </tr> </table>	_____	SP NO.
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<p>NAME (FIRST, MIDDLE, LAST)</p>	<p>SEX</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>	<p>AGE</p>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">INTERVIEWER NAME</td> <td style="width: 30%;">NO.</td> </tr> </table>	INTERVIEWER NAME	NO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">REVIEWER NAME:</td> <td style="width: 30%;">NO.</td> </tr> </table>	REVIEWER NAME:	NO.
INTERVIEWER NAME	NO.				
REVIEWER NAME:	NO.				

<p>LANGUAGE OF INTERVIEW</p> <p><input type="checkbox"/> ENGLISH</p> <p><input type="checkbox"/> SPANISH</p> <p><input type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>

<p>TIME BEGAN</p> <p>____ : ____</p> <p><input type="checkbox"/> NOON</p> <p><input type="checkbox"/> AM</p> <p><input type="checkbox"/> PM</p>

<p>DATE OF INTERVIEW</p> <p>____ / ____ / ____</p> <p style="text-align: center;">MONTH DAY YEAR</p>
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<p>TIME ENDED</p> <p>____ : ____</p> <p><input type="checkbox"/> NOON</p> <p><input type="checkbox"/> AM</p> <p><input type="checkbox"/> PM</p>

MEC YOUTH QUESTIONNAIRE

AGE 8-16 YEARS

<u>TOPIC</u>	<u>PAGE</u>
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E. DIETA	9
F. ALCOHOL/USO DE DROGAS	10
G. DIS	11
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READ INTRODUCTION TO ALL SPs:

Durante esta entrevista, quisiera hacerle algunas preguntas acerca de su salud. Todas sus respuestas serán mantenidas estrictamente confidencial.

ACTIVIDAD (8-16 AÑOS)

<p>Primero quisiera hacerle algunas preguntas acerca de sus actividades.</p> <p>A1. ¿Cuántas veces por semana, juega, o hace ejercicio suficientemente fuerte que lo hagan <u>sudar</u> y <u>respirar profundamente</u>?</p>	<p><input type="checkbox"/> menos de una vez por semana</p> <p><input type="checkbox"/> una</p> <p><input type="checkbox"/> dos</p> <p><input type="checkbox"/> tres</p> <p><input type="checkbox"/> cuatro</p> <p><input type="checkbox"/> cinco</p> <p><input type="checkbox"/> seis</p> <p><input type="checkbox"/> siete</p> <p><input type="checkbox"/> ocho o más</p>
<p>A2. Durante el año pasado, ¿en cuántos <u>equipos de deporte o programas de ejercicios organizados</u> ha estado usted participando? <u>No</u> incluya educación física ni clases de gimnasia.</p>	<p><input type="checkbox"/> ninguno</p> <p><input type="checkbox"/> uno</p> <p><input type="checkbox"/> dos</p> <p><input type="checkbox"/> tres</p> <p><input type="checkbox"/> cuatro</p> <p><input type="checkbox"/> cinco o más</p> <p><input type="checkbox"/> NS</p>
<p>A3. Más o menos, ¿cuántas horas de "televisión" vió ayer?</p>	<p><input type="checkbox"/> NINGUNA</p> <p><input type="checkbox"/> media hora o menos</p> <p><input type="checkbox"/> más o menos una hora</p> <p><input type="checkbox"/> más o menos dos horas</p> <p><input type="checkbox"/> más o menos tres horas</p> <p><input type="checkbox"/> más o menos cuatro horas</p> <p><input type="checkbox"/> cinco horas o más</p>

TABACO (8-16 AÑOS)

<p>Ahora me gustaría empezar haciéndole algunas preguntas acerca de uso de tabaco.</p>	
B1. ¿Ha fumado alguna vez al menos 1 cigarrillo?	<input type="checkbox"/> S <input type="checkbox"/> N (B15)
B2. ¿A que edad fumó su primer cigarrillo?	<u> </u> edad <input type="checkbox"/> NS
B3. ¿Ha fumado usted al menos 100 cigarrillos en toda su vida (aproximadamente 5 cajetillas)?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (B11)
B4. ¿Que edad tenía cuando empezó por <u>primera</u> vez a fumar cigarrillos bastante regularmente?	<u> </u> edad o <input type="checkbox"/> nunca fumó regularmente <input type="checkbox"/> NS
B5. ¿Fuma cigarrillos <u>ahora</u> ?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (B12)
B6. Más o menos, ¿cuántos cigarrillos por día fuma?	<input type="checkbox"/> menos de 1 cigarrillo por día <u> </u> cigarrillos número <u> </u> cajetillas número varía entre <u> </u> y <u> </u> cigarrillos
B7. Aproximadamente, ¿por cuántos años ha fumado esta cantidad?	<u> </u> años número
B8. ¿Hubo alguna vez un período de un año o más en que fumó más de (NUMBER IN B6) cigarrillos por día?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (B10)
B9. Durante el tiempo en que fumaba más, más o menos, ¿cuántos cigarrillos por día fumaba?	<u> </u> cigarrillos número <u> </u> cajetillas número <input type="checkbox"/> variaba
B10. ¿Ha dejado de fumar, alguna vez, por un período de <u>un año o más</u> ?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
B11. ¿Cuántos cigarrillos ha fumado en los 5 días pasados?	<input type="checkbox"/> ninguno (B15) <u> </u> cigarrillos (B15) número
B12. ¿Que edad tenía la <u>última</u> vez que fumó cigarrillos (bastante regularmente)?	<u> </u> edad <input type="checkbox"/> NS
PROBE: ¿Que edad tenía cuando dejó de fumar cigarrillos?	<input type="checkbox"/> NS

APPENDIX A (continued)

HARD COPY MEC QUESTIONNAIRES

<p>B23. ¿Cuántos envases de tabaco de mascar o (rapé/"snuff") ha usado en los 5 días pasados? (IF BOTH USED, ENTER TOTAL NUMBER)</p>	<p><input type="checkbox"/> ninguno <input type="checkbox"/> menos de un envase/paquete } (B27) _____ envases/paquetes numero</p>
<p>B24. Más o menos, ¿que edad tenía la <u>última</u> vez que usó tabaco de mascar o (rapé/"snuff") (bastante regularmente)? (IF BOTH USED, RECORD OLDEST AGE)</p>	<p>_____ edad <input type="checkbox"/> NS</p>
<p>B25. ¿Que usa - tabaco de mascar o (rapé/"snuff")?</p>	<p><input type="checkbox"/> tabaco de mascar <input type="checkbox"/> (rapé/"snuff") <input type="checkbox"/> ambos</p>
<p>B26. ¿Dejó de usar (tabaco de mascar/(rapé/"snuff")) debido a que tenía un problema de salud causado por esto o que se empeoró por usarlo?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>B27. ¿Cuántas pipas o (puros/cigarros/tabacos) ha fumado en los 5 días pasados?</p>	<p><input type="checkbox"/> ninguno _____ pipas y _____ (puros/cigarros/tabacos) numero numero</p>
<p>B28. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> menos de 12 años (C1) 2 <input type="checkbox"/> 12+ años (B29)</p>
<p>B29. ¿Cuántos pedazos de chicle de nicotina ha masticado en los 5 días pasados? (Chicle de nicotina es chicle sin azúcar y con sabor recetado por médicos para ayudar a las personas a dejar de fumar o masticar tabaco.)</p>	<p><input type="checkbox"/> ninguno _____ pedazos numero</p>

SALUD REPRODUCTIVA (HOMBRES 12-16 AÑOS Y MUJERES 10-16 AÑOS)

<p>C1. CHECK ITEM. REFER TO AGE AND SEX OF SP.</p>	<p><input type="checkbox"/> FEMALE LESS THAN 10 YEARS (H1) <input type="checkbox"/> FEMALE 10+ YEARS (C2) <input type="checkbox"/> MALE LESS THAN 12 YEARS (H1) <input type="checkbox"/> MALE 12-14 YEARS (D1) <input type="checkbox"/> MALE 15-16 YEARS (C27)</p>
<p>Ahora me gustaría hacerle algunas preguntas acerca de sus períodos o ciclos menstruales.</p> <p>C2. ¿Que edad tenía usted cuando empezaron sus períodos o ciclos menstruales?</p>	<p><input type="checkbox"/> no han empezado aún (C26)</p> <p><u>edad</u></p> <p><input type="checkbox"/> NS</p>
<p>C3. Más o menos, ¿cuánto tiempo hace que tuvo su último período?</p>	<p>1 <input type="checkbox"/> teniéndolo ahora 2 <input type="checkbox"/> hace menos de 2 meses 3 <input type="checkbox"/> hace 2-3 meses 4 <input type="checkbox"/> hace 4-6 meses 5 <input type="checkbox"/> hace 7-9 meses 6 <input type="checkbox"/> hace 10-12 meses 7 <input type="checkbox"/> hace más de 12 meses</p>
<p>C4. CHECK ITEM. REFER TO AGE OF SP. MARK FIRST APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> LESS THAN 12 YEARS (H1) 2 <input type="checkbox"/> 12+ YEARS (C5)</p>
<p>A continuación hay preguntas acerca de uso de píldoras (para el control de la natalidad/anticonceptivas) y acerca de historia de embarazos. Sus respuestas serán mantenidas confidenciales.</p> <p>C5. ¿Ha tomado alguna vez píldoras (para el control de la natalidad/anticonceptivas) por cualquier razón?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C10)</p>
<p>C6. ¿Qué edad tenía cuando empezó a tomar píldoras (para el control de la natalidad/anticonceptivas)?</p>	<p><u>edad</u></p>
<p>C7. ¿Cuánto tiempo hace que dejó de tomar píldoras (para el control de la natalidad/anticonceptivas) o está aún tomándolas?</p>	<p><input type="checkbox"/> aún tomando</p> <p><u>número</u> } <input type="checkbox"/> días atrás <input type="checkbox"/> semanas atrás <input type="checkbox"/> meses atrás <input type="checkbox"/> años atrás</p>
<p>C8. No contando el tiempo en que dejó de tomarlas, ¿por cuánto tiempo en total (ha tomado/tomó) píldoras (para el control de la natalidad/anticonceptivas)?</p>	<p><input type="checkbox"/> menos de un mes</p> <p><u>número</u> { <input type="checkbox"/> meses <input type="checkbox"/> años</p> <p><input type="checkbox"/> NS</p>

<p>IF MORE THAN ONE YEAR AGO IN C7, GO TO C10. OTHERWISE SHOW ORAL CONTRACEPTIVES CHART AND ASK:</p> <p>C9. Por favor mire esta tarjeta y muéstrame la marca de píldoras que (está/estaba) usando.</p>	<p>_____ número en la tarjeta</p> <p>o</p> <p><input type="checkbox"/> otra _____</p> <p><input type="checkbox"/> NS _____ especifique</p>
<p>C10. ¿Ha estado <u>alguna</u> vez (embarazada/encinta)? Por favor incluya pérdidas, nacidos muertos, embarazos tubarios, abortos provocados, nacidos vivos y embarazo actual.</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C26)</p>
<p>C11. ¿Cuántas veces ha estado (embarazada/encinta)? Nuevamente asegúrese de contar todos sus embarazos, ya sea que hayan terminado en pérdida, nacido muerto, embarazo tubario, aborto provocado, o nacido vivo. (Incluya embarazo actual.)</p>	<p>_____ embarazos número</p>
<p>C12. ¿Cuál es el número total de nacimientos vivos (niños nacidos vivos) que ha tenido?</p>	<p><input type="checkbox"/> ninguno (C17)</p> <p><input type="checkbox"/> un nacimiento vivo (C14)</p> <p>_____ nacimiento vivos números</p>
<p>C13. ¿Que edad tenía cuando tuvo su <u>primer</u> nacimiento vivo?</p>	<p>_____ edad</p>
<p>C14. ¿Que edad tenía cuando tuvo su <u>último</u> nacimiento vivo?</p>	<p>_____ edad</p>
<p>C15. ¿(Amamantó/le dió pecho) a su niño/a alguno de sus niños)?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C17)</p>
<p>C16. ¿(Amamantó/le dió pecho) a su niño/a cuántos de sus niños (amamantó/le dió pecho) <u>al menos por un mes</u>?</p>	<p><input type="checkbox"/> ningún niño</p> <p><input type="checkbox"/> un niño</p> <p>_____ niños número</p>
<p>C17. MARK BOX IF KNOWN. ¿Está (embarazada/encinta) <u>ahora</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C19) 9 <input type="checkbox"/> DK (C19)</p>
<p>C18. ¿En que mes de embarazo está?</p>	<p>_____ mes número</p>
<p>C19. MARK IF KNOWN. OTHERWISE, ASK: (Además de este embarazo), ¿ha estado (embarazada/encinta) en los 2 años pasados?</p>	<p>1 <input type="checkbox"/> no, sólo embarazo actual (C21)</p> <p>2 <input type="checkbox"/> sí, ha estado (embarazada/encinta) en los 2 años pasados - no incluya embarazo actual (C20)</p> <p>3 <input type="checkbox"/> no, no ha estado (embarazada/encinta) en los dos años pasados (C24)</p>

<p>C20. ¿Hace cuántos meses terminó su (último) embarazo?</p>	<p>1 <input type="checkbox"/> hace menos de 4 meses 2 <input type="checkbox"/> hace 4 meses - menos de 7 meses 3 <input type="checkbox"/> hace 7 meses - menos de 10 meses 4 <input type="checkbox"/> hace 10-12 meses 5 <input type="checkbox"/> hace 13-24 meses</p>
<p>C21. ¿Recibió beneficios del programa "WIC," eso es, el programa de Mujeres, Infantes y Niños, en los <u>12 meses pasados</u>?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C24) 9 <input type="checkbox"/> NS (C24)</p>
<p>C22. ¿Está recibiendo <u>ahora</u> beneficios del programa "WIC"?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>C23. ¿Por cuánto tiempo (recibió/ha estado recibiendo) beneficios del programa "WIC"?</p>	<p><u> </u> { <input type="checkbox"/> meses numero { <input type="checkbox"/> años <input type="checkbox"/> NS</p>
<p>C24. CHECK ITEM. REFER TO C12.</p>	<p>1 <input type="checkbox"/> "NONE" IN C12 (C26) 2 <input type="checkbox"/> 1 OR MORE LIVE BIRTHS IN C12</p>
<p>C25. ¿Está <u>ahora</u> (amamantando/dando pecho) a un niño?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>C26. CHECK ITEM. REFER TO AGE OF SP AND TO C10.</p>	<p>1 <input type="checkbox"/> LESS THAN 15 YEARS (D1) 2 <input type="checkbox"/> 15-16 YEARS AND "Y" IN C10 (C28) 3 <input type="checkbox"/> 15-16 YEARS AND "N" OR "OTHER" IN C10 (C27)</p>
<p>C27. Para obtener un cuadro más completo de la salud de la población, estamos haciendo algunas preguntas acerca de experiencia sexual. Como ya mencioné, sus respuestas son completamente confidenciales. ¿Ha tenido <u>alguna vez</u> relaciones sexuales?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (D1)</p>
<p>C28. ¿A que edad tuvo su <u>primera</u> relación sexual?</p>	<p><u> </u> edad</p>

CONDICIONES SELECCIONADAS/USO DE MEDICINAS, VITAMINAS Y MINERALES (12-16 AÑOS)

<p>Ahora quisiera hacerle algunas preguntas acerca de problemas seleccionados de salud y su reciente uso de medicinas, vitaminas y minerales.</p>	
<p>D1. <u>Ahora</u> o en los <u>3 meses pasados</u>, ¿ha estado bajo tratamiento por anemia a veces llamada "sangre cansada" o "sangre (baja/pobre)"? (Incluya como tratamiento dieta, píldoras de hierro, inyecciones de hierro, transfusiones.)</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>D2. ¿Cuántos resfrios, "flu," diarreas, vómitos, pulmonías, e infecciones de oído ha tenido en las <u>4 semanas pasadas</u>?</p>	<p><input type="checkbox"/> ninguno _____ infecciones número</p>
<p>D3. ¿Ha tomado o usado algunas medicinas con antihistamínicos en los dos días pasados? (Antihistamínicos son medicinas que se toman para síntomas tales como estornudos, nances corrientes o picazones de nariz.)</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>D4. Medicinas recetadas son medicinas que no se pueden obtener sin una receta de un médico o dentista. ¿Ha tomado algunas medicinas con receta durante las 24 horas pasadas?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>D5. ¿Ha tomado algunas vitaminas o minerales durante las 24 horas pasadas?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>

ALCOHOL/USO DE DROGAS (12-16 AÑOS)

<p>F1. Las siguientes preguntas son acerca del consumo de bebidas alcohólicas. Bebidas alcohólicas incluyen cerveza, "ale," vino, "wine coolers," licor tal como whiskey, ginebra, ron, vodka, y "cocktails" y tragos mezclados que contienen licor.</p> <p>En toda su vida, ¿ha tomado al menos 12 (tragos/palos) de cualquier clase de bebida alcohólica? No cuente pequeñas pruebas.</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F7)</p>
<p>F2. En los <u>12 meses pasados</u>, ¿tomó usted al menos 12 (tragos/palos) de cualquier tipo de bebida alcohólica?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F7)</p>
<p>F3. En los <u>12 meses pasados</u>, en promedio, ¿cuántos días por semana, mes, o año tomó <u>alguna</u> bebida alcohólica?</p>	<p>_____ días por { <input type="checkbox"/> semana número { <input type="checkbox"/> mes <input type="checkbox"/> año</p> <p><input type="checkbox"/> NS</p>
<p>F4. Como promedio, en los días en que tomó alcohol, ¿cuántos (tragos/palos) tomó al día? [Por un (trago/palo)] quiero decir una cerveza de 12 oz., un vaso de vino de 4 oz., o una oz. de licor.</p>	<p>_____ (tragos/palos) por día número</p> <p><input type="checkbox"/> NS</p>
<p>F5. En los 12 meses pasados, ¿cuántos días por semana, mes o año tomó 9 o mas (tragos/palos) en un sólo día? Incluye todo tipo.</p>	<p><input type="checkbox"/> ninguno { <input type="checkbox"/> semana _____ días por { <input type="checkbox"/> mes número { <input type="checkbox"/> año</p> <p><input type="checkbox"/> NS</p>
<p>F6. En los 12 meses pasados, ¿cuántos días por semana, mes o año tomó 5 o mas (tragos/palos) en un sólo día? Incluye todo tipo. [Incluya los (NUMBER IN 5) días en que tomó 9 o más (tragos/palos).]</p>	<p><input type="checkbox"/> ninguno { <input type="checkbox"/> semana _____ días por { <input type="checkbox"/> mes número { <input type="checkbox"/> año</p> <p><input type="checkbox"/> NS</p>
<p>Ahora quisiera hacerle algunas preguntas acerca de su experiencia con drogas.</p>	
<p>F7. ¿Ha usado alguna vez marihuana?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (F10)</p>
<p>F8. Más o menos, ¿cuántas veces en su vida ha usado marihuana?</p>	<p>1 <input type="checkbox"/> 1 o 2 veces 2 <input type="checkbox"/> 3 a 10 veces 3 <input type="checkbox"/> 11 a 99 veces 4 <input type="checkbox"/> 100 o más veces</p>
<p>F9. Durante el mes pasado, ¿cuántos días uso marihuana?</p>	<p><input type="checkbox"/> ninguno en el mes pasado _____ días número</p>
<p>F10. ¿Ha usado alguna vez (pastillas de cocaina/crack) o cocaina en alguna forma?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (G1)</p>

<p>F11. Más o menos, ¿cuántas veces en su vida ha usado (cristales de cocaína/"crack") o cocaína (en cualquier forma)?</p>	<p>1 <input type="checkbox"/> 1 o 2 veces</p> <p>2 <input type="checkbox"/> 3 a 10 veces</p> <p>3 <input type="checkbox"/> 11 a 99 veces</p> <p>4 <input type="checkbox"/> 100 o más veces</p>
<p>F12. Durante el mes pasado, ¿cuántos días usó (cristales de cocaína/"crack") o cocaína (en cualquier forma)?</p>	<p><input type="checkbox"/> ninguno en el mes pasado</p> <p>_____ días numera</p>

DIS (15-16 AÑOS)

<p>G1. CHECK ITEM. REFER TO AGE OF SP. A continuación, quisiera hacerle unas cuantas preguntas sobre sus sentimientos, pensamientos, y estado de ánimo.</p>	<p>1 <input type="checkbox"/> LESS THAN 15 YEARS (H1) 2 <input type="checkbox"/> 15-16 YEARS</p>
<p>G2. Durante su vida, ¿ha tenido alguna vez dos semanas o más en las que se sintió triste, melancólico, deprimido, o perdió todo el interés y el gusto en cosas que normalmente le interesaban o le agradaban?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>G3. ¿Ha tenido <u>dos años</u> o más en su vida en los que se sentía deprimido o triste casi todo el tiempo, aunque a veces se sintiera bien?</p>	<p>S → PROBE 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> N or NS</p>
<p>G4. CHECK ITEM. DID SP TELL MD ABOUT G3 SYMPTOM?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>

ASK G5 - G20. OMIT WORDS IN []. CODE IN COLUMN I.		I ALGUNA VEZ EN LA VIDA			II POR PERIODO	
A P P E T I T E	G5. ¿Ha habido alguna vez un período de dos semanas o más en que <u>perdiera</u> (Perdió usted) el <u>apetito</u> ? RESPONSE CAN BE POSITIVE EVEN IF FOOD INTAKE WAS NORMAL. MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
	G6. ¿Ha <u>perdido</u> alguna vez (Perdió usted) <u>peso</u> sin tratar - tanto como dos libras por semana durante varias semanas (o tanto como 10 libras en total)? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
	G7. ¿Ha tenido alguna vez un período en que comiera tanto más (Comió tanto más) que <u>aumentó tanto como dos libras por semana</u> por varias semanas (o 10 libras en total)? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
S L E E P	G8. ¿Ha tenido alguna vez un período de dos semanas o más en que tuviera (Tuvo usted) <u>difficultad en quedarse dormido</u> , en permanecer dormido, o despertándose demasiado temprano? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
	G9. ¿Ha tenido alguna vez un período de dos semanas o más en que estuviese (Estaba usted) <u>durmiendo demasiado</u> ? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
T I R E D	G10. ¿Ha habido alguna vez un período que durara dos semanas o más en que se sintiera (Se sentía usted) <u>cansado</u> todo el tiempo? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
S L O W R E S T L E S	G11. ¿Ha habido alguna vez un período de dos semanas o más en que <u>hablara o se moviera</u> (Habló o se movió) más <u>lentamente</u> de lo que es normal para usted? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		
	G12. ¿Ha habido alguna vez un período de dos semanas o más en que tuviese (Tuvo) que estar <u>moviéndose todo el tiempo</u> es decir, no podía sentarse y quedarse quieto y tenía que andar de un lado para otro? MD: _____ SELF: _____	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N		

<p>G33. ¿(Este episodio/cualquier de estos episodios) ocurrió/ocurieron exactamente después de que alguien cercano a usted murió?</p> <p>IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH MARK "N".</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (G35)</p>
<p>G34. ¿Ha tenido algún episodio de (depresión/<u>OWN EQUIVALENT</u>) al mismo tiempo que tenía estos otros problemas tales como (<u>LIST 2 OR 3 ITEMS CODED "5" IN G5-G20</u>) en ocasiones en que no fue debido a una muerte?</p>	<p>1 <input type="checkbox"/> sólo debido a muerte</p> <p>2 <input type="checkbox"/> otras ocasiones no debidas a muerte</p>
<p>G35. ¿Está en uno de estos episodios en que se siente deprimido o desinteresado y teniendo algunos de estos otros problemas ahora?</p>	<p>1 <input type="checkbox"/> S (G38) 2 <input type="checkbox"/> N</p>
<p>G36. ¿Cuándo terminó su último episodio como éste?</p> <p>CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> dentro de las 2 últimas semanas</p> <p>2 <input type="checkbox"/> dentro del último mes</p> <p>3 <input type="checkbox"/> dentro de los últimos 6 meses } (G38)</p> <p>4 <input type="checkbox"/> dentro del último año</p> <p>5 <input type="checkbox"/> hace más de un año (G37)</p>
<p>IF MORE THAN ONE YEAR AGO:</p> <p>G37. ¿Qué edad tenía entonces?</p>	<p><u>edad</u></p>
<p>G38. CHECK ITEM. REFER TO G26 AND G27.</p>	<p>1 <input type="checkbox"/> MORE THAN ONE SPELL IN G27 (G39)</p> <p>2 <input type="checkbox"/> ONE SPELL IN G27, 52 OR MORE WEEKS IN G26 (G39)</p> <p>3 <input type="checkbox"/> ONE SPELL IN G27, LESS THAN 52 WEEKS IN G26 (G40)</p>
<p>G39. Ahora quisiera saber acerca del tiempo en que se estaba sintiendo (deprimido/<u>OWN EQUIVALENT</u>) por lo menos dos semanas y tenía el mayor número de estos otros problemas al mismo tiempo. ¿Qué edad tenía en ese tiempo? (IF CAN'T CHOOSE: Entonces escoja un episodio malo).</p>	<p><u>edad</u></p>
<p>G40. Durante ese episodio de (depresión/<u>OWN EQUIVALENT</u>) ¿cuáles de estos otros problemas tenía? Por ejemplo, durante ese episodio [cuando tenía (<u>AGE IN G38</u>) años] (BEGINNING WITH WORDS IN [], READ EACH QUESTION CODED "5" IN G5-G20).</p> <p>IF OCCURRED DURING THIS SPELL OF DEPRESSION MARK "S" IN COL. II.</p> <p>IF DID NOT OCCUR MARK "N" IN COL. II.</p>	

		I ALGUNA VEZ EN LA VIDA		II PEOR PERIODO
G41. ¿Ha habido alguna vez un período de una semana o más en que se sintiera tan feliz, excitado o <u>exaltado</u> que tuviera dificultades o su familia o amigos se preocuparan acerca de esto, o un médico dijera que era maniaco?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	
ASK G42-G46. OMIT WORDS IN []; CODE IN COLUMN I.				
G42. ¿Ha habido alguna vez un período de una semana o más en que estuviese (Estuvo) mucho <u>más activo, que lo usual</u> tanto que su familia o sus amigos estuvieran preocupados acerca de esto?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
G43. ¿Ha habido alguna vez un período de una semana o más en que hiciera (hizo) <u>demasiadas compras</u> , gastando tanto dinero que causó algunos problemas financieros a usted o a su familia?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
G44. ¿Ha tenido alguna vez un período de una semana o más en que su <u>interés en el sexo</u> fuese (En ese tiempo su interés en el sexo fue) tanto más fuerte que lo típico para usted que usted quería tener sexo mucho más frecuentemente que lo normal para usted o con personas en quienes normalmente usted no estaría interesado?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
G45. ¿Ha habido alguna vez, un período de una semana o más en que <u>hablara</u> (Habló) tan <u>rápido</u> que la gente decía que no podía entenderle?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N
G46. ¿Ha habido alguna vez un período de una semana o más en que los <u>pensamientos le pasaran</u> (Le pasaron) tan rápido a través de la cabeza que no podía seguirlos?	S → PROBE 1 <input type="checkbox"/> N or NS	3 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> N

	1 ALGUNA VEZ EN LA VIDA	1 PEOR PERIC
<p>G47. ¿Ha tenido alguna vez, un período de una semana o más en que sintiera (Sintió) que tenía <u>poderes</u> o <u>privilegios especiales</u> para hacer cosas que otros no podían hacer o que usted era una persona especialmente importante?</p> <p>ASK FOR EXAMPLE BEFORE PROBING:</p> <p>_____</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G48. ¿Ha habido alguna vez un período de una semana o más en que <u>casí no durmiera</u> (Casí no durmió) pero aún así no se sintiera ni cansado ni con sueño?</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G49. ¿Ha habido alguna vez un período de una semana o más en que se <u>distralara fácilmente</u> (Se distrajo fácilmente) de manera que cualquier pequeña interrupción le hacía perder la concentración?</p>	<p>S → PROBE 3 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> N or NS</p>	<p><input type="checkbox"/> S <input type="checkbox"/> N</p>
<p>G50. CHECK ITEM. REFER TO G41 AND G42-G49. MARK FIRST APPLICABLE BOX.</p>	<p>1 <input type="checkbox"/> 2 OR MORE "S" IN G42-G49, "S" IN G41 (G51)</p> <p>2 <input type="checkbox"/> 3 OR MORE "S" IN G42-G49, "1" OR "3" IN G41 (G53)</p> <p>3 <input type="checkbox"/> LESS THAN 3 "S" IN G42-G49 (H1)</p>	
<p>G51. Usted dijo que ha tenido un período en que se sentía (muy feliz/excitado/maníaco/exaltado/<u>OWN EQUIVALENT/irritable</u>) y también dijo que había tenido algunos problemas como (<u>LIST "S" IN G42-G49</u>). ¿Ha habido alguna vez una ocasión en que los sentimientos de estar excitado y maníaco y algunos de estos otros sentimientos o experiencias ocurrieron juntos - es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S (G55) 2 <input type="checkbox"/> N</p>	
<p>G52. ¿Así es que nunca ha habido un período en que se sintiera muy excitado o maníaco y al mismo tiempo estuviera teniendo alguno de estas otras experiencias?</p>	<p>1 <input type="checkbox"/> nunca ha habido un período (H1)</p> <p>2 <input type="checkbox"/> ha habido un período (G55)</p>	
<p>G53. Usted dijo que había tenido ocasiones en que (<u>LIST ALL "S" IN G42-G49</u>). ¿Ha habido alguna vez una ocasión en que algunos de estos sentimientos o experiencias ocurrieron juntos—es decir, dentro del mismo mes?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (H1)</p>	
<p>G54. Cuando usted se estaba sintiendo de esa manera, ¿estaba irritable o excepcionalmente deseoso de pelear o de discutir?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (H1)</p>	

APPENDIX A (continued)

HARD COPY MEC QUESTIONNAIRES

<p>G55. ¿Cuál es el episodio más largo que ha tenido alguna vez en que se sintió (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) por lo menos una semana y tuvo varios de estas otras experiencias tales como (<u>LIST 5's IN G42-G49</u>)?</p>	<p>_____ número</p> <p>1 <input type="checkbox"/> semanas 2 <input type="checkbox"/> meses 3 <input type="checkbox"/> años</p>
<p>G56. En toda su vida, ¿cuántos episodios como éste ha tenido que le hayan durado <u>una</u> semana o más? IF 96 SPELLS OR MORE, ENTER 96.</p>	<p>_____ episodios número</p>
<p>G57. ¿Habló con un médico acerca de (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G58. ¿Habló con algún otro profesional acerca de (ese/cualquiera de ellos)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G59. ¿Tomó medicina más de una vez debido a (ese episodio/cualquiera de esos episodios)?</p>	<p>1 <input type="checkbox"/> S (G61) 2 <input type="checkbox"/> N</p>
<p>G60. ¿Interfirió/interfrieron mucho (ese episodio/esos episodios) con su vida o actividades?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>G61. ¿Qué edad tenía usted <u>la primera vez</u> que tuvo un episodio por una semana o más en el que se sintiera (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y algunos de estas otras experiencias tales como (<u>LIST 2 OR 3 ITEMS CODED "5" IN G42-G49</u>)?</p>	<p>_____ edad</p>
<p>G62. ¿Está pasando por uno de esos episodios de sentirse (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y teniendo algunos de estas experiencias ahora?</p>	<p>1 <input type="checkbox"/> S (G65) 2 <input type="checkbox"/> N</p>
<p>G63. ¿Cuánto tiempo hace que terminó su último período como éste? CODE MOST RECENT TIME POSSIBLE.</p>	<p>1 <input type="checkbox"/> dentro de las 2 últimas semanas 2 <input type="checkbox"/> dentro del último mes 3 <input type="checkbox"/> dentro de los últimos 6 meses 4 <input type="checkbox"/> dentro del último año 5 <input type="checkbox"/> hace más de un año (G64)</p> <p>} (G65)</p>
<p>IF MORE THAN 1 YEAR AGO: G64. ¿Qué edad tenía usted entonces?</p>	<p>_____ edad</p>
<p>G65. CHECK ITEM. REFER TO G56.</p>	<p>1 <input type="checkbox"/> ONE SPELL IN G56 (G67) 2 <input type="checkbox"/> MORE THAN ONE SPELL IN G56</p>
<p>G66. Ahora quisiera saber sobre el tiempo en que se estaba sintiendo (muy contento/excitado/maníaco/exaltado/<u>OWN EQUIVALENT</u>/irritable) y tenía el mayor número de estas otras experiencias al mismo tiempo. ¿Qué edad tenía entonces? (IF CAN'T CHOOSE: Entonces escoja un episodio malo.)</p>	<p>_____ edad</p>

<p>G57. Durante ese episodio en que estaba (muy contento/excitado/maníaco/exaltado/<u>QWN EQUIVALENT</u>/irritable), ¿cuál de estas experiencias tenía? Por ejemplo, durante ese episodio (cuando tenía AGE IN G66 años de edad). (BEGINNING WITH WORDS IN [], READ EACH Q. CODED 5 IN G42-G49).</p> <p>IF OCCURRED DURING THIS SPELL OF MANIA MARK "S" IN COL II. IF DID NOT OCCUR MARK "N" IN COL II.</p>	
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RESPONDENT (AGES 8-16 YEARS)	
<p>H1. CHECK ITEM. MARK ONE BOX.</p> <p>MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.</p>	<p>1 <input type="checkbox"/> SAMPLE PERSON (H4)</p> <p>2 <input type="checkbox"/> MOTHER</p> <p>3 <input type="checkbox"/> FATHER</p> <p>4 <input type="checkbox"/> SISTER OR BROTHER</p> <p>5 <input type="checkbox"/> GRANDPARENT</p> <p>6 <input type="checkbox"/> OTHER (SPECIFY)</p> <p>7 _____</p>
<p>H2. IF OTHER THAN SP, EXPLAIN REASON FOR ACCEPTING PROXY RESPONDENT.</p>	<p>_____</p> <p style="text-align: center;">SPECIFY</p>
<p>H3. WAS SP PRESENT DURING ANY PART OF THE INTERVIEW?</p>	<p>1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>H4. QUALITY OF INTERVIEW.</p>	<p>1 <input type="checkbox"/> RELIABLE</p> <p>2 <input type="checkbox"/> UNRELIABLE</p>
<p>H5. COMMENTS.</p>	<p>1 _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Department of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics</p> <p>MEC PROXY QUESTIONNAIRE (Ages 2 Months - 11 Years)</p> <p>NHANES III</p> <p>Third National Health and Nutrition Examination Survey</p>	<p>NOTICE: La información contenida en este formulario que permitiría identificar a cualquier individuo o establecimiento ha sido recolectada con la garantía que será mantenida en la más estricta confidencialidad, será usada sólo para los propósitos establecidos para este estudio y no será divulgada o entregada a otros sin el consentimiento del individuo o del establecimiento de acuerdo con la Sección 308(d) de la Ley del Servicio de Salud Pública - Public Health Service Act (42 USC 242 m).</p>
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WESTAT
ID NO:

STAND NO.	SEGMENT NO.	SERIAL NO.
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FAMILY NO.

SP NO.

NCHS
ID NO:

NAME (FIRST, MIDDLE, LAST)

SEX	AGE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

INTERVIEWER NAME	NO.
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REVIEWER NAME:	NO.
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LANGUAGE OF INTERVIEW
<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____ <div style="text-align: center; font-size: small;">SPECIFY</div>

TIME BEGAN
____ : ____ <input type="checkbox"/> NOON <input type="checkbox"/> AM <input type="checkbox"/> PM

DATE OF INTERVIEW
_____ MONTH DAY YEAR

TIME ENDED
____ : ____ <input type="checkbox"/> NOON <input type="checkbox"/> AM <input type="checkbox"/> PM

MEC PROXY QUESTIONNAIRE

AGE 2 MOS-11 YRS

<u>TOPIC</u>	<u>PAGE</u>
A. USO DE MEDICINAS, VITAMINAS, Y MINERALES.....	1
B. CONDICIONES SELECCIONADAS	2
C. FRECUENCIA DE COMIDAS DE LOS NIÑOS.....	3
D. RESPONDENT	4

READ INTRODUCTION TO PARENT OR GUARDIAN:

Estamos interesados en hacerte algunas preguntas acerca de la salud de su hijo(a) (FILL IN NAME OF SP). Todas sus respuestas serán mantenidas estrictamente confidencial.

USO DE MEDICINAS, VITAMINAS, Y MINERALES (1-11 AÑOS DE EDAD)

<p>A1. CHECK ITEM. REFER TO AGE OF SP.</p>	<p>1 <input type="checkbox"/> LESS THAN 1 YEAR (B1) 2 <input type="checkbox"/> 1-5 YEARS (A3) 3 <input type="checkbox"/> 6+ YEARS (A2)</p>
<p>Quisiera empezar haciendo algunas preguntas acerca del uso reciente de medicinas, vitaminas, y minerales de su hijo.</p> <p>A2. ¿Ha tomado o usado – algunas medicinas con antihistamínicos en los 2 días pasados? (Antihistamínicos son medicinas que se toman para síntomas tales como estomudos, narsec corrientes o picazones de nariz.)</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS</p>
<p>A3. Medicinas recetadas son medicinas que no se pueden obtener o comprar sin la receta de un médico o dentista. ¿Ha tomado – algunas medicinas recetadas durante las 24 horas pasadas?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>
<p>A4. ¿Ha tomado – algunas vitaminas o minerales durante las 24 horas pasadas?</p>	<p>1 <input type="checkbox"/> S 2 <input type="checkbox"/> N</p>

CONDICIONES SELECCIONADAS (2 MESES - 11 AÑOS DE EDAD)

Ahora quisiera hacer algunas preguntas acerca de la salud de -.	
B1. <u>Ahora</u> o en los <u>3 meses</u> pasados, ¿está o ha estado - bajo tratamiento por anemia llamada a veces "sangre cansada" o "sangre pobre"? (Incluya como tratamiento dieta, píldoras de hierro, inyecciones de hierro y transfusiones.)	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS
B2. ¿Cuántas infecciones tales como resfríos, "flu," diarreas, vómitos, pulmonías e infecciones de oídos ha tenido - en las <u>CUATRO</u> <u>semanas</u> <u>pasadas</u> ?	00 <input type="checkbox"/> ninguna _____ infecciones número
B3. CHECK ITEM. REFER TO AGE AND SEX OF SP.	1 <input type="checkbox"/> FEMALE AGE 8 OR 9 YEARS (B4) 2 <input type="checkbox"/> LESS THAN 6 YEARS OLD (B5) 3 <input type="checkbox"/> OTHER (D1)
B4. ¿Que edad tenía - cuando empezaron sus periodos o ciclos menstruales, o no han comenzado aún?	00 <input type="checkbox"/> no han comenzado aún _____ edad 99 <input type="checkbox"/> NS } (D1)
A continuación hay algunas preguntas acerca del programa "WIC."	
B5. ¿Recibió - beneficios de "WIC," eso es, del Programa para Mujeres, Infantes y Niños en los <u>12 meses</u> <u>pasados</u> ?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N (C1) 9 <input type="checkbox"/> NS (C1)
B6. ¿Está recibiendo <u>ahora</u> - beneficios del programa "WIC"?	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N 9 <input type="checkbox"/> NS
B7. ¿Cuánto tiempo (recibió/ha estado recibiendo) - beneficios del programa "WIC"?	_____ número { 1 <input type="checkbox"/> meses 2 <input type="checkbox"/> años 99 <input type="checkbox"/> NS

FRECUENCIA DE COMIDAS DE LOS NIÑOS (2 MESES — 11 AÑOS DE EDAD)	
C1. CHECK ITEM. REFER TO AGE OF SP.	1 <input type="checkbox"/> 1 YEAR OR OLDER (D1) 2 <input type="checkbox"/> LESS THAN 1 YEAR
<p>En esta última sección, quisiera preguntar si — ha comido o no ciertas comidas o si ha tomado ciertas bebidas durante el mes pasado.</p>	
C2. Durante el <u>mes pasado</u> , ¿comió o tomó — cualquiera de estos alimentos — bebidas? Incluya comida de bebé colada y comida regular de mesa.	
a. Cereal	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
b. Fruta	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
c. Vegetales amarillos y anaranjados	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
d. Vegetales verdes	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
e. Carne	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
f. Yemas o huevos	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
g. Comidas de carne/vegetales combinadas	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
h. Yogurt, (requesón/"cottage cheese") y otros quesos	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
i. Panes, panecitos, galletas y bizcochos	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
j. Postres	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
k. Lече de pecho	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
l. Fórmula	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
m. Lече de vaca (leche regular)	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
n. Jugos de frutas, tales como manzana, naranja	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N
o. Refrescos tales como "Koolaid," "fruit punch," y "Hi-C"	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N

RESPONDENT (AGES 2 MONTHS - 11 YEARS)

D1. CHECK ITEM. MARK ONE BOX. INDICATE MAIN RESPONDENT'S RELATIONSHIP TO SP.	1 <input type="checkbox"/> MOTHER 2 <input type="checkbox"/> FATHER 3 <input type="checkbox"/> SISTER OR BROTHER 4 <input type="checkbox"/> GRANDPARENT 5 <input type="checkbox"/> OTHER (SPECIFY) 6 _____
D2. QUALITY OF INTERVIEW	1 <input type="checkbox"/> RELIABLE 2 <input type="checkbox"/> UNRELIABLE
D3. COMMENTS.	1 _____ _____ _____ _____ _____ _____

