MEDICAL CONDITIONS - MCQ

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (MCQ.053)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (MCQ.053)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (MCQ.053)</td>
</tr>
</tbody>
</table>

BOX 1

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

MCQ.020 How old (were you/was SP) when (you were/s/he was) first told (he/she) had asthma?

IF LESS THAN 1 YEAR, ENTER 1

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

_______
ENTER AGE IN YEARS

REFUSED ......................... 777
DON'T KNOW ...................... 999

MCQ.030 (Do you/Does SP) still have asthma?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (MCQ.053)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (MCQ.053)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (MCQ.053)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (MCQ.053)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (MCQ.053)</td>
</tr>
</tbody>
</table>
MCQ.050  [During the past 12 months], (have you/has SP) had to visit an emergency room or urgent care center because of asthma?

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

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

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

BOX 2

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

MCQ.060  Has a doctor or health professional ever told (you/SP) that (you/are/s/he/SP) had attention deficit disorder?

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

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

MCQ.080  Has a doctor or health professional ever told (you/SP) that (you/are/s/he/SP was) overweight?

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

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

CHECK ITEM MCQ.081:
IF SP'S AGE = 4-15, CONTINUE.
IF SP AGE >= 16, GO TO MCQ.090.
OTHERWISE, GO TO MCQ.114.

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

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

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

BOX 3

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

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

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

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

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

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER 4-DIGIT YEAR

BOX 4

CHECK ITEM MCQ.095:
IF SP'S AGE = 8-15, CONTINUE
IF SP'S AGE >= 20, GO TO MCQ.140.
OTHERWISE, GO TO MCQ.120.
MCQ.100 Has a doctor or health professional ever told (SP) that (s/he) had hypertension, also called high blood pressure?

YES ........................................ 1
NO ........................................ 2 (MCQ.120)
REFUSED ................................. 7 (MCQ.120)
DONT KNOW ............................. 9 (MCQ.120)

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

YES .............................. 1
NO .............................. 2
REFUSED ......................... 7
DONT KNOW ...................... 9

BOX 5

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

MCQ.114 Has (SP) ever been tested for lead poisoning?

YES ........................................ 1
NO ........................................ 2 (MCQ.120)
REFUSED ................................. 7 (MCQ.120)
DONT KNOW ............................. 9 (MCQ.120)

MCQ.117 How long has it been since (SP) was tested?

IF LESS THAN 1 MONTH, ENTER 1 MONTH

 ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED ................................. 77
DONT KNOW ............................. 99

ENTER UNIT

MONTHS .................................. 1
YEARS .................................. 2
REFUSED ................................. 7
DONT KNOW ............................. 9

MCQ.120 During the past 12 months, (have you/has SP) had . . .

CAPI INSTRUCTIONS:
DISPLAY ITEMS A AND B IF SP AGE <= 3.
DISPLAY ALL ITEMS (A, B, C AND D) IF SP AGE = 4-15.
DISPLAY ITEMS A AND C IF SP AGE >= 16.
RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

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

BOX 6

CHECK ITEM MCQ.135:
IF SP'S AGE >= 2, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

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

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

BOX 7

CHECK ITEM MCQ.145:
IF SP'S AGE 6-19, CONTINUE.
IF SP'S AGE >= 20, GO TO MCQ.160.
OTHERWISE, GO TO END OF SECTION.

BOX 7A

CHECK ITEM MCQ.146:
IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.
OTHERWISE, GO TO MCQ.150.

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

YES .............................. 1
NO .............................. 2 (MCQ.150)
REFUSED ......................... 7 (MCQ.150)
DON'T KNOW ...................... 9 (MCQ.150)

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

|___|___|
ENTER AGE IN YEARS

REFUSED ......................... 7
DON'T KNOW ...................... 9
During the **past 12 months**, that is, since [DISPLAY CURRENT MONTH] of [DISPLAY LAST YEAR], about how many days did (you/SP) miss school because of an illness or injury?

IF NONE, ENTER 0

|___|___|___|
| ENTER NUMBER OF DAYS |

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

**BOX 8**

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