

MEDICAL CONDITIONS – MCQ

Target Group: SPs 1+

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

CAPI INSTRUCTION:

IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE":

IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.

HELP SCREEN:

Asthma: Asthma is a condition that affects your airways that carry air in and out of your lungs. It causes symptoms like wheezing (a whistling sound when you breathe), coughing, chest tightness, and trouble breathing,

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

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

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

IF LESS THAN 1 YEAR, ENTER 1

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE".

IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE WAS".

IF SP AGE < 12, DISPLAY "WAS {SP}" AND "YOU WERE".

ENTER AGE IN YEARS

CAPI INSTRUCTION:

HARD EDIT: 1-120

- REFUSED 777
- DON'T KNOW 999

MCQ.035 {Do you/Does SP} still have asthma (**az-ma**)?

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

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

HELP SCREEN:

Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.

- YES 1
- NO 2 (MCQ.051)
- REFUSED 7 (MCQ.051)
- DON'T KNOW 9 (MCQ.051)

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

HELP SCREEN:

Emergency Room: An emergency care facility at a hospital that is open 24 hours a day. No appointments are necessary. Emergency care may be administered by a physician, nurse, paramedic, physician extender, or other health provider.

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

MCQ.051 During the **past 3 months**, {have you/has SP} taken medication prescribed by a doctor or other health professionals for 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 (**a-nee-me-a**), sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

HELP SCREEN:

Anemia: Anemia (uh-NEE-me-eh) is a condition in which a person's blood has a lower than normal number of red blood cells (RBCs).

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

BOX 2

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

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

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

BOX 2A
OMITTED

BOX 3

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

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

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

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

ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:
HARD EDIT: 1900-2006

- REFUSED 7777
- DON'T KNOW 9999

BOX 4
OMITTED

BOX 6
OMITTED

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

HELP SCREEN:

Glasses: Includes prescription eyeglasses as well as nonprescription reading glasses purchased at drug stores or variety stores. **Do not include safety glasses, which are worn for protection only. Do not include non prescription sunglasses or glasses or contact lenses worn for cosmetic purposes.**

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

BOX 7

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

BOX 7A

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

MCQ.149 Have {SP's} periods or menstrual (**men**-stral) cycles started yet?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

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

IF NONE, ENTER 0

HELP SCREEN:

Injury: INTERVIEWER: **INJURY** IS DEFINED BY THE RESPONDENT.

 ENTER NUMBER OF DAYS

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

BOX 8

OMITTED

BOX 8A

CHECK ITEM MCQ.156:

IF SP AGE \geq 16, GO TO MCQ.245.

OTHERWISE, GO TO MCQ.300b.

| <p>MCQ.160</p> <p>Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.</p> | <p>MCQ.170</p> <p>{Do you/Does SP} still . . . ?</p> | <p>MCQ.180</p> <p>How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .</p> | <p>MCQ.190</p> <p>Which type of arthritis was it?</p> |
|--|--|---|---|
| <p>a. had arthritis (ar-thry-tis)?</p> <p>YES..... 1 →</p> <p>NO..... 2 (b)</p> <p>REFUSED..... 7 (b)</p> <p>DON'T KNOW 9 (b)</p> | | <p>had arthritis?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 7799</p> | <p>RHEUMATOID ARTHRITIS 1</p> <p>OSTEOARTHRITIS..... 2</p> <p>OTHER..... 3</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> |
| <p>n. had gout?</p> <p>YES..... 1 →</p> <p>NO..... 2 (N)</p> <p>REFUSED..... 7 (N)</p> <p>DON'T KNOW 9 (N)</p> | | <p>had gout?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 7799</p> | |
| <p>b. had congestive heart failure?</p> <p>YES..... 1 →</p> <p>NO..... 2 (c)</p> <p>REFUSED..... 7 (c)</p> <p>DON'T KNOW 9 (c)</p> | | <p>had congestive heart failure?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 7799</p> | |
| <p>c. had coronary (kor-o-nare-ee) heart disease?</p> <p>YES..... 1 →</p> <p>NO..... 2 (d)</p> <p>REFUSED..... 7 (d)</p> <p>DON'T KNOW 9 (d)</p> | | <p>had coronary heart disease?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 7799</p> | |
| <p>d. had angina (an-gī-na), also called angina pectoris?</p> <p>YES..... 1 →</p> <p>NO..... 2 (e)</p> <p>REFUSED..... 7 (e)</p> <p>DON'T KNOW 9 (e)</p> | | <p>had angina, also called agina pectoris?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 7799</p> | |

| | | | |
|---|---|---|--|
| <p>e. had a heart attack (also called myocardial infarction (my-O-car-dee-al in-fark-shun))?</p> <p>YES..... 1 → NO..... 2 (f) REFUSED..... 7 (f) DON'T KNOW..... 9 (f)</p> | | <p>had a heart attack (also called myocardial infarction)?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |
| <p>f. had a stroke?</p> <p>YES..... 1 → NO..... 2 (g) REFUSED..... 7 (g) DON'T KNOW..... 9 (g)</p> | | <p>had a stroke?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |
| <p>g. had emphysema (emph-phi-see-ma)?</p> <p>YES..... 1 → NO..... 2 (m) REFUSED..... 7 (m) DON'T KNOW..... 9 (m)</p> | | <p>had emphysema?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |
| <p>m. had a thyroid (thigh-roid) problem?</p> <p>YES..... 1 → NO..... 2 (k) REFUSED..... 7 (k) DON'T KNOW..... 9 (k)</p> | <p>have a thyroid problem?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p> | <p>had a thyroid problem?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |
| <p>k. had chronic bronchitis?</p> <p>YES..... 1 → NO..... 2 (l) REFUSED..... 7 (l) DON'T KNOW..... 9 (l)</p> | <p>have chronic bronchitis?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p> | <p>had chronic bronchitis?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |
| <p>i. had any kind of liver condition?</p> <p>YES..... 1 → NO..... 2 (MCQ.220) REFUSED..... 7 (MCQ.220) DON'T KNOW..... 9 (MCQ.220)</p> | <p>have this liver condition?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p> | <p>had this liver condition?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED</p> <p>DON'T KNOW 777999</p> | |

HELP SCREENS FOR MCQ.160

MCQ160a

Arthritis: Is joint inflammation characterized by stiffness, swelling, redness, heat, or pain in the joint. Common types of arthritis are rheumatoid arthritis and osteoarthritis

MCQ.190

Rheumatoid Arthritis: A common type of arthritis. If one knee or hand has rheumatoid arthritis, usually the other does too. This disease often occurs in more than one joint and can affect any joint in the body. People with this disease may feel sick and tired, and they sometimes get fevers.

Osteoarthritis: This is the most common type of arthritis. Osteoarthritis primarily affects cartilage, which is the tissue that cushions the ends of bones within the joint. Frequently affects the spine and the weight-bearing joints (the knees and hips).

Arthritis: A condition affecting the bone and muscle. The inflammation of a joint. Common types of arthritis are rheumatoid arthritis and osteoarthritis.

MCQ160n

Gout: Gout is one of the most painful forms of arthritis. It occurs when too much uric acid builds up in the body. For many people, the first attack of gout occurs in the big toe. Often, the attack wakes a person from sleep.

MCQ160b

Congestive Heart Failure: Heart failure is a condition where the heart cannot pump enough blood throughout the body. Blood and fluid to "back up" into the lungs which causes shortness of breath. The heart failure causes a buildup of fluid in the feet, ankles, and legs. **Do not count heart murmurs, dropped or skipped heart beats, chest pain or heart attacks.**

MCQ160c

Coronary Heart Disease: Occurs when the arteries that supply blood to the heart muscle become hardened and narrowed due to buildup of a material called plaque (plak). The buildup of plaque is known as atherosclerosis (ATH-er-o-skler-O-sis). This can lead to angina or a heart attack.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE.

MCQ160d

Angina (Angina Pectoris): (AN-ji-na or an-JI-na). Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA.

MCQ160e

Heart Attack (Myocardial Infarction): A heart attack happens when a blood clot develops at the site of plaque in a coronary artery and suddenly cuts off most or all blood supply to that part of the heart muscle. Common symptoms include crushing lower chest pain that may radiate to the jaw or arms. The chest pain may be associated with nausea, sweating, and shortness of breath.

MCQ160f

Stroke: A stroke occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts. The symptoms of a stroke include sudden numbness or weakness, especially on one side of the body; sudden confusion or trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble with walking, dizziness, or loss of balance or coordination; or sudden severe headache with no known cause.

MCQ160g

Emphysema: Emphysema is a lung disease in which the alveoli (tiny air sacs) become damaged and less air goes in and out. It is frequently due to smoking. The main symptom is shortness of breath.

MCQ160m

Thyroid Problem: Include hyperthyroidism (overactive thyroid); hypothyroidism (underactive thyroid); Graves disease (a thyroid eye disease); Hashimoto's thyroiditis (inflamed thyroid); thyroid cancer; thyroid nodule (lump growing in thyroid); and postpartum thyroiditis (a thyroid disease that occurs after delivery).

MCQ160k

Chronic (Bronchitis): is characterized by a productive cough that produces sputum for three months or more in at least two consecutive years.

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

HELP SCREEN:

Cancer: An abnormal uncontrolled growth of tissue that has potential to spread to distant sites of the body, also known as a malignant tumor.

Malignancy: A tumor or growth that is cancerous. (see Cancer)

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

MCQ.230 What kind of cancer was it?

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

CAPI INSTRUCTIONS:

ALLOW UP TO 3 ENTRIES.

ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

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

BOX 9

LOOP 1:

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

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

CAPI INSTRUCTIONS:

DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230.

DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.

|_|_|_|
 ENTER AGE IN YEARS

REFUSED 777
 DON'T KNOW 999

BOX 9A

END LOOP 1:

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

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

CAPI INSTRUCTION:

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

|_|_|_|

ENTER NUMBER OF DAYS

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

HELP SCREEN:

Job: Work (Working) for pay, tips or in exchange for meals, living quarters, or supplies provided in place of pay.

BOX 10

OMITTED

BOX 10A

CHECK ITEM MCQ.248:

IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO MCQ.300b.

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

a/b/c

CAPI INSTRUCTION:

TEXT OF QUESTION SHOULD BE OPTIONAL, “[]’S, AFTER FIRST TIME.

a. **a heart attack or angina (an-gī-na) before the age of 50?**

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

b. **asthma (az-ma)?**

CAPI INSTRUCTION:

IF SP AGE 6-19, DISPLAY: Including living and deceased, were any of {SP's/your} close biological that is, blood relatives including father, mother, sisters or brothers, ever told by a health professional that they had . . .

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

BOX 10C

CHECK ITEM MCQ.251:

IF SP AGE 6-19, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

c. **diabetes?**

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

BOX 11

CHECK ITEM MCQ.252:

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

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

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

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

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

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

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

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

|_|_|_|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

- REFUSED 777
- DON'T KNOW 999

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

|_|_|_|
ENTER NUMBER

CAPI INSTRUCTION:
HARD EDITS: 0-366.

ENTER UNIT

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

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

|_|_|
ENTER NUMBER

CAPI INSTRUCTION:
SOFT EDIT: 0-20

REFUSED 777
DON'T KNOW 999

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

YES 1
NO 2
REFUSED 7
DON'T KNOW 9