**CREATINE KINASE – CKQ**  
**Target Group: SPs 12+ Years**

**CKQ.010**  
In the **past 3 days**, did (you/SP) do any strenuous exercise or heavy physical work?  

**PROBE IF NEEDED:** Strenuous exercise or heavy physical work is exercise or work that causes large increases in breathing or heart rate if they are done for at least 10 minutes continuously.

- **YES** ............................................................... 1
- **NO** ................................................................. 2 (CKQ.030)
- **REFUSED** ..................................................... 7 (CKQ.030)
- **DON’T KNOW** ............................................... 9 (CKQ.030)

**CKQ.020**  
Did it make (your/SPs) muscles sore or painful?  

**INTERVIEWER INSTRUCTION:** DO NOT INCLUDE JOINT PAIN.

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

**CKQ.030**  
In the **past 3 days**, (have you/has SP) had a muscle injury, bruise or injection? (Do not include insulin or allergy injections.)

- **YES** ............................................................... 1
- **NO** ................................................................. 2 (CKQ.050)
- **REFUSED** ..................................................... 7 (CKQ.050)
- **DON’T KNOW** ............................................... 9 (CKQ.050)

**CKQ.040**  
Did it make (your/SP’s) muscles sore or painful?  

**INTERVIEWER INSTRUCTION:** DO NOT INCLUDE JOINT PAIN.

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

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**BOX 1**

**CHECK ITEM CKQ.050:**  
- IF CKQ.020 = 1 or CKQ.040 = 1, GO TO CKQ.065.  
- OTHERWISE, CONTINUE.
CKQ.060  In the last 3 days, have (you/SP) had any muscle pain or soreness?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES ......................................................... 1 (CKQ.070)
NO .......................................................... 2 (END SECTION)
REFUSED .................................................. 7 (END SECTION)
DON'T KNOW ........................................... 9 (END SECTION)

CKQ.065  In the last 3 days, have (you/SP) had any other muscle pain, aching or soreness?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES ......................................................... 1 (CKQ.070)
NO .......................................................... 2 (END SECTION)
REFUSED .................................................. 7 (END SECTION)
DON'T KNOW ........................................... 9 (END SECTION)

CKQ.070  For how many days, weeks, months or years (have you/has SP) had this pain, aching or soreness?

Q/U  INTERVIEWER INSTRUCTION: IF SP HAS HAD PAIN AT TWO OR MORE SITES, ENTER THE VALUE FOR THE SITE WHERE THE SP HAD MUSCLE PAIN THE LONGEST.

|   |   |   |   |
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED .............................................. 77777
DON'T KNOW ........................................... 99999

ENTER UNIT
DAYS ...................................................... 1
WEEKS ................................................... 2
MONTHS .................................................. 3
YEARS ................................................... 4
REFUSED ................................................ 7
DON'T KNOW ......................................... 9