

MEDICAL CONDITIONS – MCQ

Target Group: SPs 1+

MCQ.010 The following questions are about different medical conditions.

{Have you/Has SP} **ever** been told by a doctor or other health professional that {you/he/she} had asthma (**az-ma**)?

CAPI INSTRUCTION:

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES	1
NO	2 (AGQ.030)
REFUSED	7 (AGQ.030)
DON'T KNOW	9 (AGQ.030)

HELP SCREEN:

Asthma: Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

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 OR >=16 AND PROXY INTERVIEW, 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	77777
DON'T KNOW	99999

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

YES	1
NO	2 (AGQ.030)
REFUSED	7 (AGQ.030)
DON'T KNOW	9 (AGQ.030)

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

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

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

HELP SCREEN:

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

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**)?

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

AGQ.030 **During the past 12 months**, {have you/has SP} been told by a doctor or other health professional that {you/he/she} had hay fever or seasonal allergies?

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

HELP SCREEN:

Hay Fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

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.]

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

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

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).

BOX 2

CHECK ITEM MCQ.055:

IF SP AGE < 6, GO TO END OF SECTION.

IF SP AGE 6-15, GO TO MCQ.092.

IF SP AGE 16+, CONTINUE.

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

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

BOX 2AA

CHECK ITEM MCQ.087

IF SP AGE 16-59, GO TO MCQ.092

IF SP AGE 60+, CONTINUE.

MCQ.088 The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact {you/SP}. During the past 12 months, {have you/has she/has he} experienced confusion or memory loss that is happening more often or is getting worse?

- 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 7)
- REFUSED 7 (BOX 7)
- DON'T KNOW 9 (BOX 7)

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

|_|_|_|_|
ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:
HARD EDIT: IF BIRTH YEAR IS RF OR DK, RANGE = 1900 – 2100.
HARD EDIT: >= birth year and <= current year

REFUSED 777777
DON'T KNOW 999999

BOX 7

CHECK ITEM MCQ.145:
IF SP'S AGE >= 20, GO TO MCQ.160.
IF SP's AGE = 12-19, GO TO MCQ.500.
IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.
OTHERWISE, GO TO MCQ.300b.

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

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES 1
NO 2 (BOX 8B)
REFUSED 7 (BOX 8B)
DON'T KNOW 9 (BOX 8B)

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

MCQ.151 How old was {SP} when she had {her} first menstrual period?

|_|_| YEARS (RHQ.018)

REFUSED 77 (BOX 8B)
DON'T KNOW 99 (BOX 8B)

HARD EDITS: MAXIMUM OF 11 AND AGE OF ONSET MUST BE LESS THAN OR EQUAL TO CURRENT AGE.
SOFT EDIT: IF AGE LESS THAN 7.

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

RHQ.018 In what month did {SP} have her first menstrual period?

|_|_|

ENTER MONTH NUMBER (BOX 8B)

REFUSED 77 (BOX 8B)

DON'T KNOW 99 (BOX 8B)

HARD EDIT VALUES FOR MONTH: 01 – 12.

HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.

ERROR MESSAGE: "ENTER TWO DIGITS FOR MONTH."

IF THIS ITEM CHANGES, CHECK MEC COMPONENT

BOX 8B

CHECK ITEM MCQ.157:

IF SP's AGE = 6-11, GO TO MCQ.300b.

<p>MCQ.160 {Have you/Has SP} ever been told by a doctor or other health professional that {you/he/she} . . .</p> <p>CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ. *IF ITEMS 160B, C, D, E, OR F CHANGED, CHECK MEC COMPONENT.</p>	<p>MCQ.170 {Do you/Does SP} still . . . ?</p>	<p>MCQ.180 How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .</p>	<p>MCQ.195 Which type of arthritis was it?</p>
<p>a. had some form of arthritis?</p> <p>YES 1 → NO 2 (b) REFUSED..... 7 (b) DON'T KNOW..... 9 (b)</p>			<p>Osteoarthritis or degenerative arthritis..... 1 Rheumatoid arthritis 2 Psoriatic arthritis..... 3 Other 4 REFUSED 7 DON'T KNOW 9</p>
<p>*b. had congestive heart failure?</p> <p>YES 1 → NO 2 (c) REFUSED..... 7 (c) DON'T KNOW..... 9 (c)</p>		<p>had congestive heart failure?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 77777 DON'T KNOW 99999</p>	
<p>*c. had coronary (kor-o-nare-ee) heart disease?</p> <p>YES 1 → NO 2 (d) REFUSED..... 7 (d) DON'T KNOW..... 9 (d)</p>		<p>had coronary heart disease?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 77777 DON'T KNOW 99999</p>	
<p>*d. had angina (an-gī-na), also called angina pectoris?</p> <p>YES 1 → NO 2 (e) REFUSED..... 7 (e) DON'T KNOW..... 9 (e)</p>		<p>had angina, also called angina pectoris?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 77777 DON'T KNOW 99999</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..... 7777 DON'T KNOW 99999</p>	
<p>*f. had a stroke, slight stroke, transient ischemic attack or TIA?</p> <p>YES 1 NO 2 (m) REFUSED..... 7 (m) DON'T KNOW..... 9 (m)</p>		<p>had a stroke, slight stroke, transient ischemic attack or TIA?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 7777 DON'T KNOW 99999</p>	
<p>m. had a thyroid (thigh-roid) problem?</p> <p>YES 1 → NO 2 (p) REFUSED..... 7 (p) DON'T KNOW..... 9 (p)</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..... 7777 DON'T KNOW 99999</p>	
<p>p. had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis?</p> <p>YES 1 NO 2 REFUSED..... 7 DON'T KNOW..... 9</p>			

<p>I. had any kind of liver condition?</p> <p>INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITIS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); GENETIC LIVER DISEASES (INCLUDING ALPHA-1-ANTITRYPSIN DEFICIENCY, HEMOCHROMATOSIS, AND WILSON'S DISEASE); DRUG-OR MEDICATION-INDUCED LIVER DISEASE; ALCOHOLIC LIVER DISEASE; NON-ALCOHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABSCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS. INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS.</p> <p>YES 1 → NO 2 (MCQ.520) REFUSED..... 7 (MCQ.520) DONT' KNOW . 9 (MCQ.520)</p>	<p>have this liver condition?</p> <p>YES 1 NO 2 REFUSED 7 DONT' KNOW..... 9</p>	<p>had this liver condition?</p> <p> _ _ _ ENTER AGE IN YEARS (MCQ.510)</p> <p>REFUSED..... 7777 (MCQ.510) DONT' KNOW 9999 (MCQ.510)</p>	
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HELP SCREENS FOR MCQ.160

MCQ160a

Arthritis: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ.195

Osteoarthritis: Is the most common kind of arthritis in older persons. It is also called degenerative joint disease. Most often, it affects the knees, the hips, the hands, the feet, and the spine. There is usually bony joint enlargement. There can be joint deformity or pain.

Rheumatoid Arthritis: Causes inflammation, redness and swelling of both hands and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers.

Psoriatic Arthritis: Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.

Arthritis: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ160b

Congestive Heart Failure: Is when the heart can't pump enough blood to the body. Blood and fluid "back up" into the lungs, which makes you short of breath. Heart failure causes fluid buildup in and swelling of the feet, legs and ankles.

INTERVIEWER: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS.

MCQ160c

Coronary Heart Disease: Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque (plak). Plaque buildup is called atherosclerosis (ATH-er-o-skler-O-sis). Blocked blood vessels to the heart can cause chest pain 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 there is narrowing of a blood vessel that supplies the heart. A blood clot can form and suddenly cut off the blood supply to the heart muscle. This damage causes crushing chest pain that may also be felt in the arms or neck. There can also be nausea, sweating, or shortness of breath.

MCQ160f

Stroke: Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

MCQ160m

Thyroid Problem: The thyroid is a gland in the neck that makes thyroid hormone. The thyroid sets your body's energy level: the temperature and heart rate. Thyroid problems include thyroid levels that are too high or too low, an inflamed or enlarged gland, and thyroid lumps or cancer.

INTERVIEWER: INCLUDE HYPERTHYROID (OVERACTIVE THYROID); HYPOTHYROID (UNDERACTIVE THYROID); GRAVES DISEASE (HYPERTHYROID AND/OR THYROID EYE DISEASE); HASHIMOTO'S THYROIDITIS (INFLAMED THYROID); POSTPARTUM THYROIDITIS (INFLAMED THYROID THAT HAPPENS AFTER DELIVERY OF A BABY); GOITER (ENLARGED THYROID); THYROID NODULE (LUMP IN THYROID- NOT CANCER); AND THYROID CANCER.

MCQ.160p

COPD: stands for "Chronic Obstructive Pulmonary Disease." It includes both Emphysema and Chronic Bronchitis. It is lung problem where you have trouble getting air in and out of your lungs. You may also have constant cough and phlegm.

Chronic Bronchitis: Is a long lasting breathing problem where you constantly [cough](#) up phlegm. Often there is a daily cough with phlegm for several months at a time for two or more years and you are short of breath. It is often due to smoking.

Emphysema: Is a disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath. It is often due to smoking.

MCQ.160l

Liver Condition: The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

MCQ.500 Has a doctor or other health professional ever told {you/SP} that {you/s/he} ever had any kind of liver condition?

INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITIS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); GENETIC LIVER DISEASES (INCLUDING ALPHA-1-ANTITRYPSIN DEFICIENCY, HEMOCHROMOTOSIS, AND WILSON'S DISEASE); DRUG- OR MEDICATION-INDUCED LIVER DISEASE; ALCOHOLIC LIVER DISEASE; NON-ALCOHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABSCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS. INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS.

- YES..... 1
- NO 2 (BOX 8C)
- REFUSED..... 7 (BOX 8C)
- DON'T KNOW..... 9 (BOX 8C)

HELP SCREEN:

Liver Condition: The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

MCQ.510 Which type of liver condition was it . . .

INTERVIEWER: READ OPTIONS. CODE ALL THAT APPLY.

- Fatty liver, 1 (BOX 8C)
- Liver fibrosis,..... 2 (BOX 8C)
- Liver cirrhosis,..... 3 (BOX 8C)
- Viral hepatitis, 4 (BOX 8C)
- Autoimmune hepatitis, or 5 (BOX 8C)
- Other liver disease? 6 (BOX 8C)
- REFUSED..... 77 (BOX 8C)
- DON'T KNOW..... 99 (BOX 8C)

BOX 8C

CHECK ITEM MCQ.515:
 IF SP'S AGE 12-19, GO TO MCQ. 300b.
 OTHERWISE, IF SP'S AGE ≥ 20, CONTINUE.

MCQ.520 During the past 12 months {have you/has s/he} had pain in the area shaded on the diagram?

INTERVIEWER INSTRUCTION: FOR FEMALES DO NOT INCLUDE MENSTRUAL PAIN.

HAND CARD MCQ1

- YES..... 1
- NO 2 (MCQ.550)
- REFUSED..... 7 (MCQ.550)
- DON'T KNOW..... 9 (MCQ.550)

MCQ.530 Sometimes people have more than one type of pain. I am going to ask you a few questions about the pain that has been the most uncomfortable in the past 12 months.

For the pain that was most uncomfortable please show me where the pain was located.

INTERVIEWER INSTRUCTION: FOR FEMALES DO NOT INCLUDE MENSTRUAL PAIN.

HAND CARD MCQ2

- 1..... 1
- 2..... 2
- 3..... 3
- REFUSED..... 7
- DON'T KNOW 9

MCQ.540 {Have you/has s/he} ever seen a doctor about this pain?

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

MCQ.550 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had gallstones?

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

HELP SCREEN:

Gallstones: Gallstones are hard particles that develop in the gallbladder. The gallbladder is a small, pear-shaped organ located in the upper right abdomen—the area between the chest and hips—below the liver.

MCQ.560 Have {you/Has s/he} ever had gallbladder surgery?

- YES..... 1
- NO 2 (BOX 8B)
- REFUSED..... 7 (BOX 8B)
- DON'T KNOW 9 (BOX 8B)

MCQ.570 How old {were you/was SP} when {you /s/he} **first** had gallbladder surgery?

INTERVIEWER INSTRUCTION: IF LESS THAN 1 YEAR, ENTER 1.

|_|_|_|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

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

BOX 8B

CHECK ITEM MCQ.208:

IF SP AGE 6-19, GO TO MCQ300b

IF SP AGE ≥ 20, CONTINUE.

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?

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

- YES..... 1
- NO 2 (MCQ.300b)
- REFUSED..... 7 (MCQ.300b)
- DON'T KNOW..... 9 (MCQ.300b)

HELP SCREEN:

Cancer: Is an abnormal growth that can spread to other parts of the body. This causes damage and even death. Most cancers are named for where they start: for example lung cancer or breast cancer. A cancer is also called a "malignancy" or a "malignant tumor".

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

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.

CAPI INSTRUCTION:

IF ITEM CHANGES, CHECK MEC COMPONENT.

() () () ()

BLADDER..... 10	LEUKEMIA..... 21	SKIN (NON-MELANOMA) 32
BLOOD..... 11	LIVER 22	SKIN (DON'T KNOW WHAT KIND) 33
BONE 12	LUNG..... 23	SOFT TISSUE (MUSCLE OR FAT) 34
BRAIN 13	LYMPHOMA/HODGKINS' DISEASE ... 24	STOMACH 35
BREAST 14	MELANOMA 25	TESTIS (TESTICULAR) 36
CERVIX (CERVICAL) 15	MOUTH/TONGUE/LIP 26	THYROID..... 37
COLON..... 16	NERVOUS SYSTEM..... 27	UTERUS (UTERINE)..... 38
ESOPHAGUS (ESOPHAGEAL)..... 17	OVARY (OVARIAN) 28	OTHER..... 39
GALLBLADDER..... 18	PANCREAS (PANCREATIC) 29	MORE THAN 3 KINDS 66
KIDNEY 19	PROSTATE..... 30	REFUSED 77
LARYNX/WINDPIPE..... 20	RECTUM (RECTAL) 31	DON'T KNOW 99

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

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

HELP SCREEN:
Close biological relatives: Include SP's parents, full siblings, and children.

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

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

BOX 10D

CHECK ITEM MCQ.360:
IF SP AGE 6-15, GO TO END OF SECTION.
IF SP AGE 16-19, GO TO MCQ.366.
OTHERWISE, CONTINUE.

c. **diabetes?**

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

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

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

MCQ.366 During the past 12 months {have you/has s/he} ever been told by a doctor or health professional to:
a/b/c/d

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. control {your/his/her} weight or lose weight? _____
- b. increase {your/his/her} physical activity or exercise? _____
- c. watch or reduce the amount of sodium or salt in {your/his/her} diet? _____
- d. watch or reduce the amount of fat or calories in {your/his/her} diet? _____

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

MCQ.371 {Are you/Is s/he} now doing any of the following:
a/b/c/d

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. controlling {your/his/her} weight or losing weight? _____
- b. increasing {your/his/her} physical activity or exercise? _____
- c. watching or reducing the amount of sodium or salt in {your/his/her} diet? _____
- d. watching or reducing the amount of fat or calories in {your/his/her} diet? _____

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

BOX 13

CHECK ITEM MCQ.385:
IF SP AGE LESS THAN 40, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

OSQ.230 The following question is about metal objects you may have inside your body.

{Do you/Does SP} have any artificial joints, pins, plates, metal suture material, or other types of metal objects in {your/his/her} body? Some common examples are on the hand card.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE PIERCINGS, CROWNS, DENTAL BRACES OR RETAINERS, SHRAPNEL, OR BULLETS. THE METAL OBJECT SHOULD **NOT** BE VISIBLE ON THE OUTSIDE OF THE BODY OR IN THE MOUTH.

HAND CARD OSQ3

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