



# National Health and Nutrition Examination Survey (NHANES)

## MEC Interviewers Procedures Manual



May 2009

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# 1. OVERVIEW OF THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

This chapter provides a general history and description of the National Health and Nutrition Examination Survey (NHANES), and an overview of the tasks that staff perform during the survey.

## 1.1 History

The National Health Survey Act, passed in 1956, provided the legislation authorizing for a survey to provide current statistical data on the amount, distribution, and effects of illness and disability in the United States. NHANES was created to fulfill the purpose of this act. The NHANES 99 for 2004 was the eighth in a series of national examination studies conducted in the United States since 1960, but effective in 2005, NHANES has become a continuous field survey with year-round data collection.

To fulfill the purposes of this act, it was recognized that data collection would involve at least three sources: (1) direct interviews with Americans of all ages; (2) clinical tests, measurements, and physical examinations on sample persons; and (3) facilities where persons received medical care such as hospitals, clinics, and doctors' offices.

To comply with the 1956 act, the National Center for Health Statistics (NCHS), a branch of the U.S. Public Health Service in the U.S. Department of Health and Human Services, has conducted eight separate examination surveys to collect interview and physical examination data.

The first three of these national health examination surveys were conducted in the 1960s:

1. 1960-62—National Health Examination Survey I (NHES I);
2. 1963-65—National Health Examination Survey II (NHES II); and
3. 1966-70—National Health Examination Survey III (NHES III).

NHES I focused on selected chronic disease of adults aged 18-79. NHES II and NHES III focused on the growth and development of children. The NHES II sample included children aged 6-11,

while NHES III focused on youths aged 12-17. All three surveys had an approximate sample size of 7,500 individuals.

Beginning in 1970 a new emphasis was introduced. The study of nutrition and its relationship to health status gained importance as researchers began to discover links between dietary habits and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutrition Surveillance System was instituted by NCHS. The purpose of this system was to measure the nutritional status of the U.S. population and changes over time. A special task force recommended that a continuing surveillance system include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutrition Surveillance System was combined with the National Health Examination Survey to form the National Health and Nutrition Examination Survey (NHANES). Five surveys of this type have been conducted since 1970:

1. 1971-75—National Health and Nutrition Examination Survey I (NHANES I);
2. 1976-80—National Health and Nutrition Examination Survey II (NHANES II);
3. 1982-84—Hispanic Health and Nutrition Examination Survey (HHANES);
4. 1988-94—National Health and Nutrition Examination Survey (NHANES III); and
5. 1999-05—National Health and Nutrition Examination Survey (NHANES 99).

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1975. This survey was based on a national sample of about 28,000 persons between the ages of 1-74. Extensive data on health and nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

NHANES II began in 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months and 74 years. This survey was completed in 1980. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. This means that in both surveys many of the same measurements were taken in the same way, on the same age segment of the U.S. population.

While the NHANES I and NHANES II studies provided extensive information about the health and nutritional status of the general U.S. population, comparable data were not available for many



of the ethnic groups within the United States. HHANES, conducted from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the United States—Mexican Americans, Cuban Americans, and Puerto Ricans—that were comparable to the estimates available for the general population. HHANES was similar in design to the previous HANES studies, interviewing and examining about 16,000 people in various regions across the country with large Hispanic populations.

NHANES III, conducted between 1988 and 1994, included about 40,000 people selected from households in 81 counties across the United States. As previously mentioned, the health status and characteristics of minority groups can be very different from that of nonminority groups. Thus, black Americans and Mexican Americans were selected in large proportions in NHANES III. Each of these groups comprised separately 30 percent of the sample. It was the first survey to include infants as young as 2 months of age and to include adults with no upper age limit. For the first time a home examination was developed for those persons who were unable or unwilling to come into the examination center but would agree to an abbreviated examination in their homes. To obtain reliable estimates, infants and young children (1-5 years) and older persons (60+ years) were sampled at a higher rate. NHANES III also placed an additional emphasis on the effects of the environment upon health. Data were gathered to measure the levels of pesticide exposure, the presence of certain trace elements in the blood, and the amounts of carbon monoxide present in the blood.

NHANES 99, conducted between 1999 and 2005, was the first of the series of surveys designed with the goal of becoming a continuous, annual survey. Each single year, and any combination of consecutive years of data collection, comprises a nationally representative sample of the U.S. population. This new design allows annual statistical estimates for broad groups and specific race-ethnicity groups as well as flexibility in the content of the questionnaires and exam components. New technologic innovations in computer-assisted interviewing and data processing result in rapid and accurate data collection, data processing, and publication of results.

The number of people examined in a 12-month period is about the same as in previous NHANES—about 5,000 a year from 15 different locations across the Nation. The data from the NHANES are used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

In addition to NHANES I, NHANES II, Hispanic HANES, and NHANES III, several other HANES projects have been underway since 1982. These projects have been a part of the HANES Epidemiological Follow-up Survey, a multiphase project that has been conducting follow-up interviews with the NHANES I survey population in order to provide a longitudinal picture of the health of the U.S. population.

## **1.2 Goals of the Survey**

NHANES 2009, the current version of the survey, was designed to continue the collection of information about the health and diet of people in the United States. These data are used to fulfill specific goals. The overall goals of NHANES 2009 are to:

- Estimate the number and percent of persons in the U.S. population and designated subgroups with selected diseases and risk factors;
- Monitor trends in the prevalence, awareness, treatment, and control of selected diseases;
- Monitor trends in risk behaviors and environmental exposures;
- Analyze risk factors for selected diseases;
- Study the relationship between diet, nutrition, and health;
- Explore emerging public health issues and new technologies; and
- Establish a national probability sample of genetic material for future genetic testing.

## **1.3 NHANES Data Accomplishments**

NHANES data have been used to influence policy and improve the health of the U.S. population in many ways since the survey series was established. For the past 40 years, the U.S. Public Health Service has been interviewing and examining tens of thousands of Americans. Currently, teams of doctors, nutritionists, and health technologists are conducting the National Health and Nutrition Examination Survey (NHANES) in communities across the United States. Information from the survey will be updated annually.

Some of the contributions of the NHANES data include:

- **Pediatric growth charts.** Developed by the National Health and Nutrition Examination Survey, the NHANES growth charts are found on the walls of pediatricians' offices and clinics not only across the United States, but also around the world. With new information on younger babies, the current charts have been expanded and improved.
- **Vitamins and minerals.** The earlier NHANES showed that low iron levels were a serious problem for many people, including women of childbearing age, preschool children, and the elderly. As a result, the government decided to fortify grain and cereal with iron to correct this deficiency. The surveys also showed the need for folate to eliminate another deficiency and prevent birth defects. Today, we have a wealth of information at our fingertips and, indeed, on our food labels to help us make better choices about our diets. Much of that information comes directly from the National Health and Nutrition Examination Survey.
- **Cholesterol levels.** The first survey in the 1960s led public health officials to sound the alarm about the link between high cholesterol levels and the risk of heart disease. When NHANES started testing, one-third of adults had high cholesterol. Today fewer than 1 in 5 adults have high cholesterol. Changes in diet and lifestyle, all built on information from the national survey, have sharply reduced our risk of dying from a heart attack. These strategies have also helped doctors find ways to better treat heart attack patients and speed their recovery.
- **Lead-free gasoline.** It was NHANES that gave the first clear-cut evidence that Americans had too much lead in their blood. This led Congress, the Environmental Protection Agency, and others to phase out the use of lead as an additive in gasoline, and the results have been remarkable. By the 1990s, NHANES found that only 4 percent of Americans had elevated lead in their blood, but it remains a problem for certain groups, especially poor children living in old houses, in cities where lead paint was once common. The survey helps public health agencies pinpoint where lead still remains a problem.

As the NHANES survey continues to collect and update health information, there are other ways in which the information will be of use, including:

- **Osteoporosis.** This condition, in which bones get weaker as people grow old, is blamed for many of the fractures among the elderly. The National Health and Nutrition Examination Survey measures bone density of participants.
- **Environmental smoke.** Recent NHANES data found that nearly 9 out of 10 nonsmoking Americans were exposed to smoke either at home or on the job.
- **Obesity.** Despite the public health gains in recent years, more Americans are overweight than ever before. Today, more than half of the adults in the U.S. are overweight, and the number of overweight children and teens has doubled in the past

- **Changes in Food/Diet.** Today consumers can find a wide range of low fat and light foods in their grocery stores, from dinner entrees to snacks. As the food we eat changes, NHANES helps monitor whether these new foods and dietary changes actually are in the best interest of our health.
- **Immunizations.** The National Health and Nutrition Examination Survey has turned up important information about the extent of hepatitis B infections, and led to the recommendation that all infants and children be vaccinated against it. Though babies and children are the primary targets for immunizations, the survey also has alerted doctors to the importance of tetanus shots for older people.

#### **1.4 National Center for Health Statistics**

The Division of Health and Nutrition Examination Surveys (DHANES) is one of the survey divisions at the CDC's National Center for Health Statistics (NCHS).

DHANES is responsible for planning, operations, informatics, analysis, and reporting activities related to the family of health and nutrition examination surveys. These surveys range from the capstone cross-sectional National Health and Nutrition Examination Survey, to longitudinal studies, and more recent efforts with community-based studies. DHANES is comprised of more than 60 Federal employees who have training and expertise in diverse areas including public health, informatics, survey methodology, and statistics. The Federal staff are augmented by contractor staff working on- and offsite.

The Division consists of four branches and the Office of the Division Director. The DHANES Office of the Director coordinates the major activities in the Division. Each of the four branches consists of a multidisciplinary team with specific duties and responsibilities.

#### **1.5 Sample Selection**

A sample is defined as a representative part of a larger group. Since it is impossible to interview and examine everyone in the United States for NHANES, a representative sample is taken of the U.S. population. 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 a way that accurately represents the whole population. Statisticians calculate the size of the sample needed and take into consideration the geographic distribution and demographic characteristics of the population, such as age, gender, race, and income.

An introductory letter is sent to each household in the sample. A few weeks after the letter goes out, interviewers visit each listed household and use carefully designed screening procedures to determine whether any residents are eligible for the survey. If eligible residents are present, the interviewer then proceeds to introduce the study, presents the Sample Person (SP) with a survey brochure, and obtains a signed consent for the household interview. The brochure contains detailed information on the survey, the household interview, and the Mobile Examination Center (MEC) examination.

A signed consent form must be obtained from each eligible individual before the household interview can be conducted. A refusal to sign the consent form is considered a refusal to participate in the survey. After the interview is completed, the interviewer then explains the MEC exam, obtains another signed consent form for the MEC exam, and contacts the field office to schedule a MEC appointment for the SP. All SPs aged 12 years and older must sign the Examination Consent forms to participate in the MEC examination. Parental consent is also required for SPs under 18 years of age. SPs aged 7-11 years old are asked to sign the Examination Assent form. An additional consent form is required for consent to future general research and genetics testing for both adults (ages 18+) and parents of children under 18 years. This consent form gives permission to store a small sample of blood and urine for future specimen testing and to collect a sample for genetics testing. A refusal to sign the MEC consent or assent form is considered a refusal to participate in the examination phase of the survey. Examinations will not be performed on sample persons who do not sign a consent form.

## **1.6 Field Organization for NHANES**

There are two levels of field organization for this study - the home office staff and the field staff.

- **Home Office Staff from Westat** – Project staff from Westat are responsible for overseeing the field teams and field work.

- **Field Office (FO) Staff** – For this survey, an office will be opened at every survey location (stand). Each field office will have a Study Manager (SM), Office Manager (OM), a Field Manager (FM), and one Assistant Office Manager (AOM).
  - The **Study Manager (SM)** is responsible for the overall management of operations at a stand.
  - The **Office Manager (OM)** is responsible for the stand office operations and is the main conduit for the flow of work and information between the MEC and the household interviewing staff. She or he will supervise one or more local office clerks hired to assist with office activities. The OM reports to the SM.
  - The **Field Manager (FM)** has primary responsibility for the supervision of the household interviewers. The FM also assists the SM and supervises the activities of the Assistant Office Managers. She or he will deal with administrative issues, ISIS problems, and preparations for the next stand.
  - The **Assistant Office Managers (AOMs)** are primarily responsible for data entry into the Integrated Survey Information System (ISIS), editing data collection materials, and verification of interviewer work. The AOMs report to the FM and also work closely with the OM.
- **Facilities Specialist (FES)**– One Facilities and Equipment Specialist will travel with each field office team and caravan to oversee the maintenance and operation of the trailers.
- **Household Interviewers** – These staff members are primarily responsible for identifying and enrolling the survey participants, conducting the household interviews, and appointing the study participants for the MEC exam. Specifically, household interviewers will locate occupied residential dwelling units, administer the Screener to select eligible sample persons, obtain signed consents to the household interview, conduct the interviews, set up examination appointments, obtain consents for the MEC exam, conduct field reminders for MEC appointments, and assist in rescheduling broken, cancelled, and no-show appointments.

Several times a week, household interviewers visit the field office and report to the field manager. During the course of the study, interviewers also interact on a daily basis with other field office staff and home office staff.

- **MEC Staff** – These health professionals conduct the health exams. The survey includes two exam teams. There are 16 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 3 medical technologists, 4 health technologists, 2 registered dental hygienists, 2 MEC interviewers, 2 dietary interviewers, and 1 phlebotomist. In addition, local assistants are recruited, trained, and employed at each stand to assist the exam staff.

The following section describes the steps that are always completed before the opening of a stand and provides an overview of the tasks that interviewers are expected to perform.

Steps completed prior to interviewing include:

1. Statisticians scientifically select certain segments in the sampling area. A segment is an area with definite boundaries, such as a city block or group of blocks containing a cluster of households.
2. Segments are listed by NHANES staff. Listing is the systematic recording on special forms of the address of every dwelling unit (DU) located within the segment. Commercial buildings and other structures not intended as living quarters are not listed.
3. A sample of dwelling units is selected from the listing forms. This sample is the group of addresses that interviewers visit in order to conduct interviews.
4. Immediately before data collection begins, an advance letter is sent to each dwelling unit with a mailing address. This letter briefly describes the study and informs the household that an interviewer will contact them in the near future.

Steps followed by the interviewers at a stand include:

1. Obtain assignment of sampled dwelling units to contact from the field manager.
2. Locate dwelling units using addresses on the Household Folders and listing/mapping materials in the Segment Folder.
3. Contact an adult who lives in the selected household (occupied residential dwelling unit) and administer the Screener using a laptop computer.
  - The Screener is an interview that lists all the individuals who live in the household, divides the household into families, and collects all the demographic characteristics necessary to immediately determine if there are persons in the household eligible for further interviewing.
  - All instructions necessary to determine eligibility and to select sample persons (SPs) are programmed in the CAPI Screener.
4. If all persons in a household are ineligible, no further work is done with the case. If eligible household members are identified, interviewers continue to conduct all the necessary tasks associated with the case.
5. In eligible households, obtain a signed interview consent form prior to completing the medical history and/or the family questionnaire.

6. Administer the appropriate medical history CAPI interview to eligible respondents. The questions asked depend on the age of the SP.
7. Administer the Family questionnaire to one adult family member from each eligible family in the household.
8. Schedule a MEC appointment for each SP, coordinating the MEC schedule and the SP schedule.
9. Obtain signed consent form(s) for each SP for the examination, confirm the examination appointment(s) with the field office, and give each SP an appointment slip.
10. If there is more than one eligible family in a household, repeat this process with each additional family.
11. Record the result of each contact or attempted contact with the household on the Call Record located in the Household Folder.

Interviewers also support the survey by conducting field reminders prior to MEC appointments and reschedule broken, cancelled, or no-show MEC appointments. When an interview has been completed, interviewers edit their work, carefully reviewing all forms for completeness and legibility. Interviewers report in person to the field manager at the stand office for regularly scheduled conferences, usually every other day. During these conferences, interviewers discuss completed cases, discuss problems with incomplete cases, receive new case assignments, and report time, expenses, and production.

To ensure the accuracy and completeness of the survey, all interviewer work is edited by the field office staff, and then validated by recontacting respondents. After this review, supervisors provide interviewers with feedback concerning the quality of the work.

## **1.7 Exams and Interviews in the Mobile Examination Center (MEC)**

Examinations and interviews are conducted in a mobile examination center (MEC), which is composed of four specially equipped trailers. Each trailer is approximately 48 feet long and 8 feet wide. The trailers are set up side-by-side and connected by enclosed passageways. During the main survey, detachable truck tractors drive the trailers from one geographic location to another.



Exhibit 1-1 shows a floor plan for the MEC. The interior of the MEC is designed specifically for this survey. For example, the trailers are divided into specialized rooms to assure the privacy of each study participant during exams and interviews. Many customized features have been incorporated including an audiometry room that uses a soundproof booth, a wheelchair lift, and a wheelchair-accessible bathroom available to assist participants with mobility problems. Exhibit 1-2 shows the locations of the various exams within the MEC.

### 1.7.1 Exam Sessions

The MEC operates 5 days a week and includes weekday, evening, and weekend sessions. Two 4-hour sessions are scheduled each day with approximately 10-12 SPs per session. During a stand, workweeks rotate to offer a variety of MEC appointments on weekday mornings, afternoons, and evenings, and every weekend.

Exhibit 1-1. Floor plan of the MEC

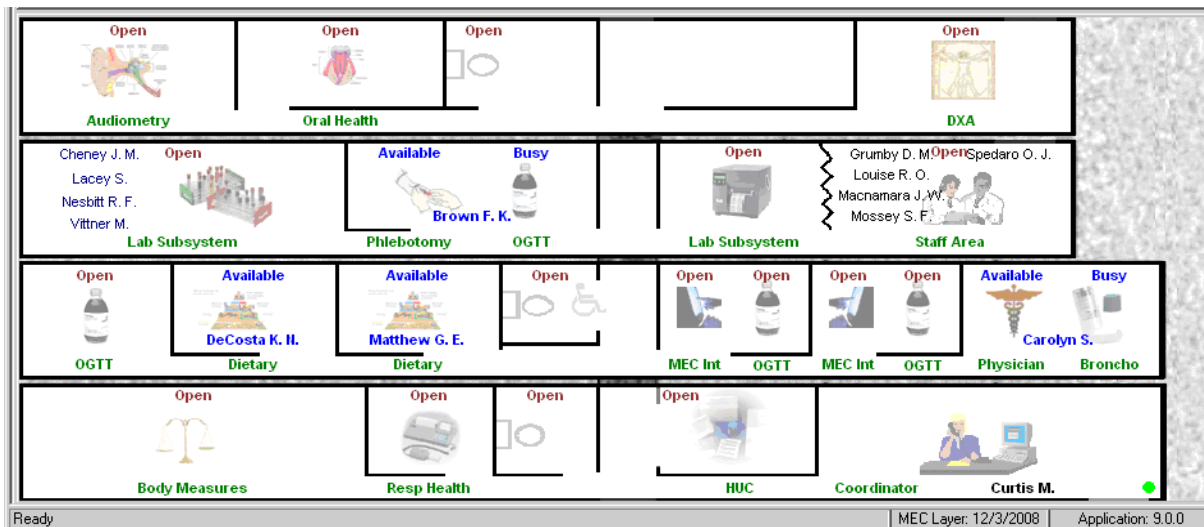


Exhibit 1-2. MEC exams and rooms

Trailer	Room	Room Use
Trailer 1	Coordinator	Welcoming and waiting area for SPs
	Home Urine Collection Respiratory Health	Home Urine Collection, Proxy exam Exhaled Nitric Oxide Spirometry
	Anthropometry	Body measurements
Trailer 2	Physician MEC Interview 1	Physician examination Health interview, OGTT Trutol administration, Proxy Exam
	MEC Interview 2	Health interview, OGTT Trutol administration, Proxy Exam
	Dietary Interview 1	Dietary interview
	Dietary Interview 2	Dietary interview
	Oral Glucose Tolerance Test (OGTT)	Oral glucose tolerance Trutol administration
Trailer 3	Phlebotomy/OGTT	Drawing of blood samples Oral glucose tolerance Trutol administration
	Laboratory	Processing of biological samples
	Label/shipping area	Lab area for labeling and shipping specimens
	Staff area	Staff area that houses main computer system
Trailer 4	Bone Density (DXA)	Bone Density scans
	Oral Health	Dental examination
	Audiometry	Hearing tests

### 1.7.2 Exam Team Responsibilities

There are 15 individuals on each exam team. In addition, a local assistant will be hired to assist the staff in managing examinee flow. The duties of the exam team members are summarized below:

- One MEC manager supervises the exam staff, oversees exam flow, and supports exam operations.
- One coordinator directs the flow of SPs through the MEC examination process. The coordinator manages all SP appointments, verifies that all components are completed for each SP, and exits SPs from the MEC.
- One physician conducts the medical examination and records results, reviews the results of the complete blood count and pregnancy test, and serves as the safety officer for the MEC.

- One registered dental hygienist conducts the oral health exam and obtains the HPV specimen.
- Two health (MEC) interviewers administer questionnaires for physical and mental health information. The interviewers are also trained to administer the proxy exam, the OGTT exam, and the home urine collection exam.
- Two dietary interviewers administer the dietary questionnaire. The interviewers record a 24-hour dietary recall of the types and amounts of foods consumed by the SP in the last 24 hours. They are also trained to administer the OGTT and home urine collection exam.
- Four health technologists (some with radiologic technology and/or other health training) take and record body measurements, conduct respiratory health exams and bone density (DXA) scans, administer hearing tests, record for the oral health exam, conduct the home urine collection exam, and administer the Trutol solution for the glucose tolerance test.
- Three medical technologists conduct clinical laboratory tests on biological and environmental specimens, record the results of the tests, and prepare and ship specimens to various laboratories.
- One phlebotomist conducts the phlebotomy interview, administers the fasting questionnaire, and draws blood for laboratory tests and special studies like the volatile organic compound special study. The phlebotomist is also responsible for administering the Trutol and drawing a second blood sample for the GTT test. They are trained as a backup examiner for other MEC components like body measures and the home urine collection.

Each 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 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 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.

### **1.7.3 Examination Components**

The full examination for an adult takes approximately 3½ hours, but the actual length depends on the SP's age. Some exams are done only on certain age groups so the exam profiles vary, even among adult SPs. The exam components are described briefly below and summarized in Exhibit 1-3.

Exhibit 1-3. Examination components

Examination	Age group
Audiometry	12-19, and 70+
Bone Density (DXA)	8 +
Body Measures	All ages
Dietary Interview	All ages
Glucose Tolerance	12+
Laboratory	1+
Urine Sample	6+
MEC (Health) Interview	8 +
Home Urine Collection	6+
Oral Health	3+
Phlebotomy	1+
Physician	All ages
Blood Pressure	8+
Respiratory Health	6-79
Spirometry	
Exhaled Nitric Oxide	
Bronchodilation with spirometry	Limited subsample
Volatile Organic Compounds	12+

■ **Audiometry**

The goals of the hearing exam are to obtain normative data on the hearing status of the adolescent and elderly U.S. population and to evaluate certain covariates that may be related to hearing loss, such as noise exposure. The hearing component tests youth aged 12-19 years, and adults aged 70 and over, by performing pure tone air conduction audiometry and tympanometry. Because air conduction thresholds alone cannot detect middle ear disease, tympanometry is conducted to identify potentially medically-correctible conditions which may be contributing to hearing impairment.

■ **Body Composition**

The DXA component will use dual energy x-ray absorptiometry to evaluate skeletal health on SP's aged 8 years and older. Two DXA scans, AP spine and femur, will be used to assess overall skeletal changes that often occur with age by measuring bone mineral content (BMC) and bone mineral density (BMD). DXA measurements can

also be used to provide information on early gender and ethnic changes in the rate of bone accretion and to determine the age when skeletal accretion ceases and when peak bone mass occurs.

- **Body Measures or Anthropometry**

All SPs will have body measurements taken. The exam will include height, weight, and other body measurements such as skinfold and arm girth, chest expansion and spine flexion. These measurements will be used to assess growth, obesity, and body fat distribution, and will provide information that can be used as a reference for later studies. Chest expansion and spinal flexion measures will provide data on the proportion of the population affected by spine disorders. Measurements of height and weight will allow for a revision of the child growth charts now in widespread use. Measuring body fat is important because it is associated with hypertension, adult diabetes, cardiovascular disease, gallstones, arthritis, and some forms of cancer. Furthermore, obesity and overweight can have an affect on the mental, physical, and social well-being of individuals.

- **Dietary Interview**

Dietary information has been collected in NHANES since the 1970s. Researchers and policymakers rely on NHANES data for detailed information about the foods and beverages that are consumed by the U.S. population. In addition to providing important national reference data on food and nutrient intakes that are obtained on all survey participants, the data help us to learn about food patterns of ethnic subgroups, the adequacy of diets consumed by young children and older persons, and the contribution of food to total nutrient intakes. Total nutrient intakes from food and dietary supplements can be computed by combining NHANES Dietary Recall data with the dietary interview supplement and antacid recall information. Many Federal agencies use NHANES data to evaluate Federal regulations in the areas of food fortification and human risk assessment analyses that are used to measure human exposure to contaminants that are found in food.

The goal of the dietary component is to estimate total intake of foods, food energy and nutrients, nonnutrient food components, and plain drinking water by the U.S. population; and assess dietary behaviors and the relationship of diet to health. Quantitative dietary intake data are obtained for all subjects by means of a 24-hour dietary recall interview using a computer-assisted dietary data entry system.

Two dietary interviews will be administered to all SPs. The primary dietary interview is administered in person in the MEC (the MEC In-person interview). At the end of the MEC dietary interview, the interviewers will schedule the SPs for a Phone Follow-up (PFU) 3-10 days later. The PFU is a follow-up dietary interview conducted by telephone by dietary interviewers from the home office. In addition, a second dietary phone interview is offered to all SPs aged 1 year and older who complete the MEC dietary interview. Proxy interviews will be conducted for children aged 1-11 years. Each household is also eligible to participate in an interview about food and food shopping. The adult who purchases the food for the household is asked to complete

the interview. This interview, called the Flexible Consumer Behavior Survey, is also conducted by the home office dietary interviewers.

- **Home Urine Collection**

Microalbuminuria, or protein excretion in the urine, is an important indicator of early kidney disease, and is a prognostic indicator for diabetes, cardiovascular disease, and mortality. Microalbuminuria is measured by the urine albumin/creatinine ratio on the specimen provided on the day of the MEC exam. A second urine specimen is collected within 10 days of the MEC exam to compare the level of protein excretion with the first urine sample obtained in the MEC. During the home urine collection exam, the SP is given the necessary instructions and materials to successfully obtain and mail a urine specimen directly to a laboratory.

- **Oral Glucose Tolerance Test (OGTT or GTT)**

The purpose of this test is to reassess the prevalence of diabetes and impaired glucose tolerance (IGT) in the U.S. population. Persons with impaired glucose tolerance (IGT) – 15.6 percent of the U.S. population – are at high risk for developing diabetes. Also, IGT is an important risk factor for a number of other adverse health conditions and mortality. IGT is defined on the basis of an abnormal oral glucose tolerance test (OGTT). Persons without diabetes but with an OGTT 2-hr value of 140-199 mg/dl are considered to have IGT. Recent national and international randomized controlled trials have shown that diabetes can be delayed or prevented among persons with IGT.

The GTT will allow estimation of the prevalence of IGT and, thus, prediabetes in the U.S. population, surveillance of trends in the prevalence and awareness of these conditions, study of the risk factors for IGT and prediabetes, and examination of IGT as a risk factor for health conditions and mortality. Timely data on IGT and prediabetes are particularly important as the Nation initiates efforts to prevent diabetes among persons with prediabetes. These data on IGT and prediabetes are critical to targeting, designing, and evaluating prevention efforts.

A fasting glucose blood test is performed on all participants 12 years and older who are examined in the morning session after a 9-hour fast. After the venipuncture, participants are asked to drink 75 milligrams of Trutol® and to have a second venipuncture 2 hours (plus or minus 15 minutes) after consuming the Trutol. The blood glucose level from the second venipuncture will be used to determine if an SP has IGT.

- **Laboratory**

The laboratory component includes the collection and processing of various biological and environmental specimens including blood for subjects 1 year and older, and urine for subjects 6 years and older. On-site pregnancy testing excludes pregnant women from other examination components such as DXA. Complete Blood Counts (CBCs) are also performed in the MEC laboratory. All other specimen testing is performed by Federal, private, and university-based laboratories under contract to NCHS.

Urine is collected from SPs aged 6 and older to assess kidney function, measure levels of mercury, heavy metals, iodine and arsenic, and assess environmental exposures to pesticides such as organophosphates, phthalates, polycyclic aromatic hydrocarbons, phytoestrogens, and perchlorates.

- **MEC (Health) Interview**

SPs aged 8 and older will have a health interview in the MEC. Generally, the questions asked in the MEC are considered to be more sensitive than the questions asked in the household. The MEC environment is believed to be a more appropriate setting for the administration of these questions. All eligible SPs will be asked questions in a face-to-face interview. In addition, persons who are 12–69 years old will be asked a series of more personal questions in complete privacy. The SP will listen to questions through a set of earphones and will enter responses by touching a computer screen.

Depending upon the age of the SP, the interview may consist of questions about tobacco, drug, and alcohol use, reproductive health (birth control practices, pregnancy and reproductive history, sexual activity), health behaviors (physical activity, weight history), kidney conditions and bowel health, arthritis, current health status and mental health, and exposure to certain chemicals. Children 8-11 years will only be asked questions about weight history.

- **Oral Health**

SPs aged 3 and older will receive an oral health exam conducted by registered dental hygienists. All examinees will be checked for tooth loss, cavities, restorations, and sealants. SPs 30 years and older will also be asked some questions about denture use and will be assessed for periodontal conditions; SPs aged 20–59 years will also be tested for human papilloma virus.

Oral and dental diseases affect many in the United States. Dental caries and tooth loss remain significant problems affecting the Nation's oral health. Although average dental caries rates for school-aged children have declined, nearly a half of all children still have caries. Additionally, more than 90 percent of adults in the United States have experienced caries. Dental sealants, an effective caries prevention measure, have been underutilized in the United States, with less than one-quarter of children aged 5-17 having them.

Over the past four decades, oral and dental health characteristics collected in national surveys supported by the Federal Government have been critical for monitoring health status, risk factors for disease, and access to preventive and treatment services. The 2005-06 NHANES oral health component will meet a critical need to continue monitoring trends in dental caries and tooth retention. More specifically, this NHANES will produce oral health data to monitor five oral health objectives in the Healthy People 2010 health promotion: dental caries experience, untreated dental decay, no permanent tooth loss, complete tooth loss, and dental sealants.

## ■ **Phlebotomy**

SPs aged 1 and older will have blood drawn. The amount drawn will depend on the person's age. It is important to draw blood from study participants for a number of reasons:

- Knowledge can be gained about how healthy a person is by measuring for various substances in his or her blood.
- Blood tests can provide early warnings of potential health problems, perhaps before physical signs appear. For example, a blood test for lead might indicate exposure to unsafe lead levels before an individual shows any physical signs of lead poisoning. Also, diabetes mellitus will be assessed by measures of plasma glucose, insulin, and glycohemoglobin in examinees ages 12 years and older. Diabetes is a large, growing, and costly public health problem in the United States and disproportionately affects racial and ethnic minorities. About 17 million Americans have diabetes and more than 1 million new cases of diabetes are diagnosed each year. Alarmingly, type 2 diabetes (formerly considered an adult disease) is now being diagnosed in children and adolescents and there has been a large increase in diagnosed diabetes among adults <40 years of age.
- Blood tests will also indicate the presence of STDs such as Chlamydia and gonorrhea, hepatitis, herpes, and HIV infection.
- Blood tests help in monitoring nutritional status, one of the key goals of NHANES. What researchers discover from this data can lead to health policy recommendations—the need for more vitamin fortification, for example.
- The blood testing also provides information about the levels of cholesterol and other blood lipids, another important study goal.

## ■ **Physician**

All SPs see the physician. The physician measures blood pressure and pulse of all participants over 8 years of age, explains to female SPs how the HPV examination will be completed and explains the meaning of the STD/HIV test results to eligible SPs. The physician explains how SPs receive the results of STD/HIV tests so that the results remain totally confidential to the SP. Beginning in 2007, the physician will screen participants who qualify for the bronchodilator with spirometry exam, obtain consent for, and administer the bronchodilator. The physician must be present on the MEC before any exams can be conducted, and the physician is in charge of any medical emergency that occurs on the MEC.

## ■ **Respiratory Health**

Beginning in 2007, respiratory health (RH) was incorporated in the NHANES study. RH will be collected by means of an assessment of lung function testing, or spirometry, and a measurement of exhaled nitric oxide (ENO). The objective of collecting this data is to assess the prevalence of asthma and adult chronic obstructive



pulmonary disease in the U.S. population. All SPs aged 6-79 years will be eligible to participate in the component. SP's will be excluded from the RH exam if they answer positively to any pre-exam safety exclusion questions.

RH has three subcomponents: (1) spirometry, (2) ENO measurements, and (3) repeat spirometry measurements after the administration of a bronchodilator. For the third subcomponent, a subset of SPs whose baseline spirometry results show lung function values below a certain threshold, and will be provided with an opportunity to repeat spirometry after inhaling a bronchodilator medication. The MEC physician will first evaluate the participant to determine if the participant meets the requirements for safe bronchodilator administration. The physician will then obtain written informed consent, and then instruct the SP in the administration of the bronchodilator, and then administer the medication. Results from repeat spirometry testing following the bronchodilator could potentially provide a more detailed picture of each individual's breathing problem, i.e., an indication of whether the person is likely to have asthma or chronic obstructive pulmonary disease.

ENO provides a noninvasive marker measure of airway inflammation, a factor in asthma and possibly other lung diseases. Evaluation of airway inflammation, a precursor of asthma symptoms, is important in the investigation of underlying disease. Currently, there are no U.S. population-based estimates of ENO baseline levels for normal subjects, or for those persons with asthma and chronic obstructive pulmonary disease.

#### ■ **Volatile Organic Compounds/Perchlorate (VOC) Special Study**

The purpose of the VOC/Perchlorate study is to determine the prevalence of exposures to chemicals called Volatile Organic Compounds (VOCs) and Perchlorates. Volatile organic compounds are emitted as gases from certain solids or liquids. VOCs include a variety of chemicals, some of which may have short- and long-term adverse health effects. Concentrations of many VOCs are consistently higher indoors (up to ten times higher) than outdoors. VOCs are emitted by a wide array of products numbering in the thousands. Examples include paints and lacquers, paint strippers, cleaning supplies, pesticides, building materials and furnishings, office equipment such as copiers and printers, correction fluids and carbonless copy paper, graphics and craft materials including glues and adhesives, permanent markers, and photographic solutions.

Perchlorate is an oxidizer used in rocket fuel, explosives, and road flares, and it also occurs naturally in the atmosphere. Since the 1950s, unused amounts of the chemical have been dumped into unlined pits throughout the United States, where it has seeped into water supplies. The chemical is highly mobile and soluble in water, aiding its dispersion through the environment.

VOCs and Perchlorates are tested on a half-sample of participants over age 12; tap water from participants' homes are collected by the household interviewers, and in the MEC, blood is collected from the participant during phlebotomy.

#### **1.7.4 Sample Person Remuneration**

All examinees receive remuneration for the MEC visit as well as payment for transportation expenses. The MEC visit remuneration is age-related and may include an extra fasting incentive if the SP is eligible. SPs who complete the dietary phone interview and the Consumer Behavior Questionnaire also receive an incentive.

#### **1.7.5 Report of Exam Findings**

Examinees receive the results of many of the tests and exams conducted in the MEC, though some results are used only for research and are not reported.

One report, a Preliminary Report of Findings, is produced on the day of the SP's examination and includes results that are immediately available and require no further evaluation or interpretation. Before the examinee's departure from the MEC, the coordinator prints a report that can include height, weight, complete blood count, blood pressure and heart rate, and results from the oral health and audiometry examinations. The MEC physician reviews the blood pressure and complete blood count test results for abnormalities and discusses any problems with the SP (or his or her parent.) Approximately 12-16 weeks after the exam, NCHS mails the remainder of the examination results to the SP after appropriate clinical or quality reviews are completed. This Final Report of Findings will include all the results from the Preliminary Report of Findings and may include laboratory tests like liver and kidney function tests and lipids, bone density scan results, retinal image scan reports, and spirometry results. Seriously abnormal results are reported to the SP via telephone by NCHS before the remaining findings are mailed.

Certain tests, such as those for sexually transmitted diseases (Chlamydia, herpes simplex, and human papillomavirus) and human immunodeficiency virus (HIV) are released only to the sample person using a specially devised procedure requiring a unique password.

To further assist sample persons, an in-house NCHS survey response team is available to answer calls from NHANES participants regarding the results from the Report of Finding System. The response team effort works both as a triage mechanism and a surveillance system. A receipt and control

record is kept on all sample person inquiries. Also available at no cost to sample persons is an 800 toll-free telephone number that can be accessed during regular scheduled business hours. The response team members include a physician, a nurse with a doctorate degree, and other staff who are trained to answer specific questions.

Tests and procedures conducted in the MEC are not considered diagnostic exams and are not a substitute for an evaluation by a medical professional. No clinical treatments or health interventions of any type are performed in the MEC. If a health problem is discovered during the course of the MEC exam, the physician offers to contact the examinee's personal healthcare provider or recommend a local physician or clinic for follow-up care. If a sample person is found to have a serious condition requiring immediate attention, the local rescue squad may be summoned or the SP will be advised to seek immediate medical treatment.

#### **1.7.6 Dry Run Day**

At the beginning of the examination period, one-half day is devoted to calibrating instruments, practicing MEC procedures, and collecting biological specimens that serve as blind quality control samples. A dry run day is scheduled immediately before the first exam day of every stand to make sure that all equipment is operational, supplies are adequate, and the facility is working properly. All procedures in the dry run are completed as though the actual exam session was being conducted. The only difference is that the examinees are volunteers who are not part of the sample for the survey. Volunteers may include local residents, local officials, or field employees or guests of NCHS.

#### **1.8 Integrated Survey Information System (ISIS)**

The Integrated Survey Information System (ISIS) is a computer-based infrastructure designed to support all survey operations including sample management, data collection, data editing, quality control, analysis, and delivery of NHANES data. With a collection of customized subsystems, the ISIS links the field office, mobile examination center, Westat home office, and NCHS during field operations. Each component in NHANES such as Dietary Interview has a computer application for direct data entry. Data collected in the Dietary Interview room of the mobile examination center is directly entered in the ISIS system computers. In addition, data from biomedical equipment such as the Dual

Energy X-Ray Absorptiometry (DXA) scanner for body composition is directly downloaded to the ISIS system where it is displayed on the computer screen and stored in the system database.

## **1.9 Confidentiality and Professional Ethics**

All information regarding this study must be kept strictly confidential except as required by law. This includes location of survey sites. 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 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 survey. No participant names will be included in any reports prepared about the survey and neither NCHS nor the contractor 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. A great deal of effort is expended in obtaining cooperation from many national, regional, state, and local officials and the general public. It is the responsibility of every field employee to build on the integrity of the survey to encourage continued access to study participants during current and future surveys. Professional conduct, both on and off the job, is extremely important.

Each staff member has a responsibility for promoting good public relations. The Public Health Service and the contractor will be judged by the actions of the staff both on and off duty; consequently staff must be discreet in speech and action. Personal appearance and behavior must be governed by these same considerations. Please be aware of the audience at all times and avoid statements or actions that could shed an unfavorable light on the survey.

Staff will be asked to sign a pledge of confidentiality before the survey begins. This pledge states that they are prohibited by law from disclosing any information while working on the survey to anyone except authorized staff of NCHS and the contractor, and that they agree to abide by the contractor's Assurance of Confidentiality.

## **2. OVERVIEW OF THE MEC INTERVIEW COMPONENT**

The MEC Interview component of the NHANES 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 and conditions, risk factors, and mental health. The questionnaires are administered to examinees 8 years of age or older.

### **2.1 Purpose of the MEC Questionnaires**

There are three sections of the NHANES MEC Interview. The first section consists of questions in several topic areas administered through a computer-assisted personal interviewing (CAPI) system. The individual questionnaire health-related sections in CAPI are selectively administered to subjects based upon their age and sex. This section also consists of a series of questions about exposures to chemicals called volatile organic compounds (VOCs). The VOC questions are selectively administered based upon age and whether the SP is selected for the VOC subsample.

The second section of the interview is completed through the use of an audio computer-assisted-self-interviewing (ACASI) system. This system is generally used for sensitive topic areas. The subject listens to a recorded voice through a headset, as well as reading the questions on the screen. The subject then indicates his or her response to a question by touching the computer screen.

The third section of the interview is used to obtain and/or verify key pieces of demographic information or critical data items (CDI).

Questions in each of these sections are included for specific reasons, which relate to other NHANES components. For example, alcohol consumption and tobacco use are included since previous research has demonstrated that these risk factors may affect other health functions. The main purpose of the reproductive health section is to obtain information on pregnancy and reproductive history, birth control practices, and other reproductive health-related topics. The drug use questionnaire provides a brief assessment of the subject's use of marijuana, cocaine, and injectable street drugs.

## **2.2 Role and Responsibilities of the MEC Interviewer**

As a MEC interviewer you are to administer the MEC Questionnaires in a standardized fashion. You must be able to obtain cooperation of the sampled person (SP) in a friendly yet professional manner, in order to gain and maintain his or her focus on the various details of the MEC interview. Since many of the topics covered in the interview are of a sensitive nature, SPs may be reluctant 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 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 sample population and the sample persons 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 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 interview 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, accepting, and private setting in which to interview. In greeting each SP by name, and introducing yourself to each SP, you convey a positive regard for the SP. After welcoming the SP and logging him or her into the system, answer any questions or concerns an individual may have prior to the start of the interview. If a sample person asks for a description of the types of questions asked in the MEC interview, keep the description of those questions quite general. Due to the variety of questions and the sensitive nature of certain items, a detailed explanation of the topic areas may intimidate the SPs or negatively influence their participation. Tell the respondent that the questionnaire includes numerous items within several health-related areas, 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. Assure the SP that there are no right or wrong answers to the questionnaire items. Then, proceed with presenting the questionnaire items in their designated sequence.

## 2.4 Description of the MEC Questionnaires

The MEC interview consists of questions on a variety of health-related behaviors, attitudes, and risk factors. As mentioned earlier, each section of the MEC interview is targeted for a specific age or age/sex group, or subsample.

The sequence of the topics covered in the MEC interview is designated for each age/sex target group as follows:

<b>Questionnaire Section Order</b>	<b>Eligibility by Age/Sex</b>
<b><u>BLAISE-CAPI</u></b> Respondent Selection Section (RIQ) <sup>1,2</sup>	SPs 8+
Volatile Toxicant (VTQ) <sup>1,2</sup>	Half sample of SPs 12+
Pesticide Use (PUQ) <sup>1,2</sup>	SPs 8+
Dietary Screener Module (DTQ) <sup>1,2</sup>	SPs 12-69
Current Health Status (HSQ) <sup>1,2</sup>	SPs 12+
Depression Screen (DPQ) <sup>2</sup>	SPs 12+
Tobacco (SMQ) <sup>1,2</sup>	SPs 20+
Alcohol (ALQ) <sup>1,2</sup>	SPs 20+
Reproductive Health (RHQ) <sup>1,2</sup>	Female SPs 12+
Kidney Conditions (KIQ) <sup>1,2</sup>	SPs 20+
Bowel Health (BHQ) <sup>2</sup>	SPs 20+
Physical Activity (PAQ) <sup>1,2</sup>	SPs 12-15
Weight History (WHQ) <sup>3</sup>	SPs 8-15

<sup>1</sup> May be administered as a proxy interview.

<sup>2</sup> May be administered through any interpreter.

<sup>3</sup> May be administered through a paid interpreter.



Questionnaire Section Order		Eligibility by Age/Sex
<b><u>Audio-CASI</u></b> <sup>4</sup>	Food Security (FSQ)	SPs 12-15
	Tobacco (SMQ)	SPs 12-19
	Alcohol (ALQ)	SPs 12-19
	Drugs (DUQ)	SPs 12-69
	Sexual Behavior (SXQ)	SPs 14-69
<b><u>Critical Data Items (CDI)</u></b> <sup>1,2</sup>		12+ (collected during the interview) 0-11 (collected via a separate utility)

<sup>1</sup> May be administered as a proxy interview.

<sup>2</sup> May be administered through any interpreter.

<sup>3</sup> May be administered through a paid interpreter.

<sup>4</sup> May not be administered as a proxy interview or through an interpreter.

## 2.5 Data Collection Materials

Data collection for the NHANES MEC interview entails the use of a computer-based interview program.

In addition to the computer-based interview, there are hand cards, female hormone charts, and a list of female hormones which are used by SPs to help recall dates and to provide the SP with appropriate response categories.

The MEC questionnaires have been programmed to permit computerized administration and recording. The question-by-question specifications, which are provided in Chapter 5 of this manual, should be used as a study guide to help you learn the intent of each question prior to the start of the main study, and as a reference once the main study and the interviewing have begun.

### **3. EQUIPMENT, SUPPLIES, AND MATERIALS**

#### **3.1 Description of the MEC Interview Room and Computer Equipment**

The two interview rooms in each MEC are equipped with a desk upon which the PC rests, and chairs for the interviewer and SP.

The interview rooms have sliding doors that are closed for privacy during the interview. The door remains closed for the audio-CASI portion of the interview, when the interviewer leaves the room.

The PC monitor, keyboard, and mouse rest on top of the desk, while the CPU is housed in a shelf under the desk. As the connections to the CPU are on the SP's side of the desk, it is important that the SP does not touch, bump, or otherwise come in contact with the hardware.

For the CAPI sections of the interview, the PC is oriented toward the interviewer, while for the audio-CASI section, the monitor faces the SP. The monitor can be easily turned to face the SP at the appropriate time. The keyboard and mouse are for the interviewer's use only.

The SP uses the PC's monitor to record his or her responses to the audio-CASI questions, as the monitor is equipped with a touch screen. The touch screen is not used for any other portions of the interview other than audio-CASI.

The SP listens to the audio-CASI questions through a set of headphones that are plugged into an external speaker. The speaker sits on a small shelf located on the wall above the monitor. A volume control knob on the speaker controls the volume for the headphones. Should the SP decline the use of the headphones, or should there be some other reason why headphones cannot be used for an SP, the headphones can be unplugged from the speaker.

A wall-mounted cabinet is located on the wall to the right of the interviewer. It holds extra supplies and is used to secure interviewing materials and equipment when the MEC is traveling from one stand to the next.

## 3.2 MEC Interview Supplies and Other Equipment

The following supplies and noncomputer equipment are used in the MEC interview:

- Hygienic earphone covers;
- Germicidal disposable wipes;
- Tissues;
- Dry erase marker pens;
- Solar-powered calculator;
- Hand-held, voice-activated tape recorder;
- Audiocassette tapes;
- Audio head cleaner tape;
- AA rechargeable batteries; and
- Battery recharger.

### 3.2.1 Description and Use of Interview Supplies

**Earphone Covers.** The Phone Guards hygienic earphone covers are used during the audio-CASI portion of the interview. Change the earphone covers for each SP, and then dispose of the used covers.

**Germicidal Disposable Wipes.** The Super Sani-Cloth wipes are used to clean the hand cards.

**Tissues.** Tissues are provided as a general supply for use as needed.

**Dry Erase Marker Pens.** Pens are used to mark the reference period on the calendar hand cards.

**Calculator.** The solar-powered calculator is available for use by either the SP or interviewer to provide assistance in answering questions, particularly in the reproductive health portion of the CAPI interview.

**Tape Recorder with AC Power Adapter.** The hand-held tape recorders are used to record interviews for review by home office staff. There is one tape recorder per interviewer and one backup per MEC.

**Audiocassettes.** Audiocassettes are available for recording the interviews.

**Audio Head Cleaner Tape.** An audio head cleaner tape is used to clean the heads of the tape recorder.

**AA Rechargeable Batteries.** Rechargeable batteries are used to power the recorders should the power adapter malfunction. Interviewers should ensure that fully charged batteries are always available.

**Battery Recharger.** One Rayovac Renewal Power Station – Model PS1 is provided per MEC for shared use by the interviewers. Plug the recharger into the closest available outlet, which is usually in one of the interview rooms but may also be in the hallway outside the room.

### **3.3 MEC Interviewer Materials**

The interviewing materials needed for successful completion of your responsibilities as a MEC interviewer include:

- Navigational Functions – Quick Reference;
- Hand cards;
- Probe sheets (3);
- Laminated listing of hormone types;
- Female hormone chart;

- The NHANES informational brochure and form for Consent/Parental Permission/ Assent;<sup>1</sup>
- The Child Assent brochure and form;<sup>1</sup>
- The Stored Specimen and Future Research Consent/Parental Permission/Assent Form;<sup>1</sup>
- MEC Interview QC Recording Log<sup>2</sup>;
- Script for obtaining recorded permission of taping;
- Audiotape permission forms<sup>2</sup>; and
- Padded mailing envelopes (prelabeled with home office address).

The specific use of these items will be discussed in Chapters 4-7 of this manual.

### **3.4 Inventory, Equipment Setup, and Teardown Procedures**

At the conclusion of each stand, you will complete an end-of-stand (EOS) inventory count of materials, equipment, and supplies required for the MEC interview. Accurate counting is essential since the home office uses the information to ensure that sufficient quantities of replacement supplies are shipped and to track supply usage and costs. When the inventory is complete, each examination room must be packed and all equipment secured for travel to the next stand.

Upon arrival at the next stand, all equipment and supplies must be unpacked and set up in preparation for the start of examinations at the new stand. Shipments of replenishment supplies must be verified against the packing list.

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<sup>1</sup> Forms not included on MEC Interview inventory sheets. MEC manager supplies forms as needed.

<sup>2</sup> Forms not included on MEC Interview inventory sheets. Print forms as needed.

### 3.4.1 MEC Interview Room Teardown Procedures

Following is the list of tasks (and the responsible staff person) required to prepare the room for travel.

Task	Responsible staff person
1. Use the audio head cleaner tape to clean the heads of the tape player. Directions for using the head cleaner tape are located inside the tape packaging.	Interviewer
2. Unplug keyboard, mouse, bar-code wand, speakers, and headphones. Store the keyboard on the monitor stand with the monitor pressed down to hold it in place. Place the remaining items in one of the hanging wall holders. Do not put computer equipment in the component boxes or cabinet because the FES needs to be able to locate these items easily for setup.	Interviewer
3. Cover the computer monitor with the padded cozy and secure to the wall using the bungee cord provided.	Interviewer
4. Secure the telephone handset to the base with two rubber bands.	Interviewer
5. Pack loose supplies (earphone covers, dry erase pens, tissues, wet cleaning cloths, hand cards/charts, batteries, trash bags) in cabinet and plastic storage containers.	Interviewer
6. Pack interviewing equipment (calculator, tape recorder, battery charger) in cabinet and plastic storage containers.	Interviewer
7. Secure cabinet door with velcro strips.	Interviewer
8. Secure chairs for travel by placing on side and wedging them between the wall and desk.	Interviewer
9. Lock room door in open position for travel.	Interviewer

### 3.4.2 MEC Interview Room Setup Procedures

The following list of tasks and responsible staff member comprise setup procedures for the MEC interview room.

Task	Responsible Staff Person
1. Unpack computer monitor.	FES
2. Connect computer equipment (monitor, CPU, keyboard, wand, mouse, speaker).	FES
3. Remove rubber bands from telephone handset.	FES
4. Unpack loose supplies (earphone covers, dry erase pens, tissues, wet cleaning cloths, hand cards/charts, batteries, trash bags) from cabinet and plastic storage containers.	Interviewer
5. Unpack interviewing equipment (calculator, tape recorder, battery charger) from cabinet and plastic storage containers.	Interviewer
6. Set up chairs.	Interviewer
7. Unlock room door.	Interviewer

## **4. CONDUCTING THE MEC INTERVIEW**

The MEC interview component consists of an interview and associated tasks that are performed before the start and at the conclusion of the actual interview. This chapter details the sequence of tasks that comprise the interview component.

### **4.1 Component Tasks**

In your role as a MEC interviewer, you will be responsible for performing the following tasks:

1. Obtaining minor assent to participate in the study;
2. Obtaining minor assent for specimen storage and future research;
3. Logging in SPs;
4. Conducting the interview;
5. Completing critical data items; and
6. Ending the interview.

You will conduct Tasks 3, 4, and 6 with each SP 8 years of age or older. Tasks 1 and 2 depend upon the age of the SP and whether or not the information was collected successfully by one of the NHANES field interviewers. Task 5 is completed for all SPs. Each of these tasks is described in more detail in the sections that follow.

### **4.2 Obtaining Minor Assent to Participate**

Like all research studies, NHANES has established procedures for informing subjects of what participation in the study involves, including procedures for documenting that informed consent has been obtained. In NHANES, the field interviewers have primary responsibility for ensuring that informed consent to participate in the examination portion of the study is obtained prior to the SP's arrival at the



MEC. The SP's parent or guardian must give **consent** for minors aged 7-17 years AND the SP must also give his or her written **assent** to participate.

Because all SP's must sign the form in the **presence of an interviewer**, a small number of minors may arrive at the MEC without having completed the required assent form. If the child is not at home when the field interviewer obtains parental consent, the interviewers cannot leave the form for the child to sign and bring to the MEC. In this event, it is your responsibility as the MEC interviewer to obtain assent in the MEC before any examination procedures are performed. The MEC coordinator will determine whether minor assent is required for an SP at the time the SP arrives at the MEC and will inform you of the need to obtain assent. After greeting the SP and escorting him or her to the MEC interview room, proceed with obtaining assent as described in this section.

There are **two** separate SP Consent/Assent Brochures:

- A MEC Examination Brochure and SP Consent/Assent/Parental Permission form for SPs 12 years or older and parents of SPs under 18; and
- A Child MEC Assent Brochure and form for SPs 7-11 years old.

Both brochures consist of several pages of informational text. In the back pocket of the brochure for SPs 12 years or older is a Consent/Assent form. In the back pocket of the Child MEC Assent brochure for SPs 7-11 years old is an Assent form. The sequence of pages within the brochure and the placement of the Consent/Assent form at the end ensures that the SP and/or the parent of the SP has read the text of the brochure before he or she signs the Consent/Assent form. The paragraphs that follow provide a specific explanation of each brochure and form.

**SP Consent/Assent/Parental Permission Brochure (SPs 12+ and Parents of SPs under 18) – Exhibit 4-1**

The text of this brochure addresses three general topics:

- A general explanation of the structure and goals of the survey;
- Questions and answers directed toward the examination process, how the data will be used, and the voluntary nature of the study; and
- A general explanation of the health examination. A list of the specific examinations SPs in each age group will receive and which exam results will be reported to the SP is included on a separate sheet that is inserted in the front pocket of the folder. This format allows the sheet to be updated as components are added to or dropped from the survey, or when pilot studies are conducted in selected stands.

The brochure contains pictures of a diverse group of people in various interview and examination situations.

The **Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center** is a separate form inserted in the back pocket of this brochure and is printed on 3-part paper. An example of the text of this appears on page 4-14.

The form has several areas **for signatures**. Use the following guidelines to complete the assent and signature process **for SPs 12-17 years old**.

- Ask the SP to read the brochure. Introduce each section briefly and then wait while the SP reads the text. For example, introduce the first section of the brochure with a statement such as “This first page tells you about the purpose of the study.” If you have any doubt about the SP’s ability to read or understand the text, read the brochure to the SP.
- **Print** the name of the SP on the line provided.
- Have the **SP** read the statement, **sign** and date the form in the column on the right labeled **“SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER.”**
- If the SP does **not** wish to receive the results of the exam, he or she must check the box next to the statement provided.
- Write your name on the line entitled “Name of staff member present when this form was signed”.

- “Witness (if required)” refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him or her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6-digit SP ID number.
- Return the completed form to the MEC coordinator.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form

**National Health and Nutrition Examination Survey**

Examination Consent Brochure

**Let's Improve Our Health**

**CDC**  
SAFER • HEALTHIER • PEOPLE

**myHanes**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

National Health and Nutrition Examination Survey

# NHANES Examination Consent Brochure

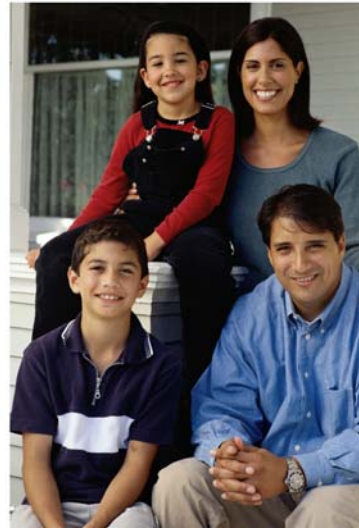
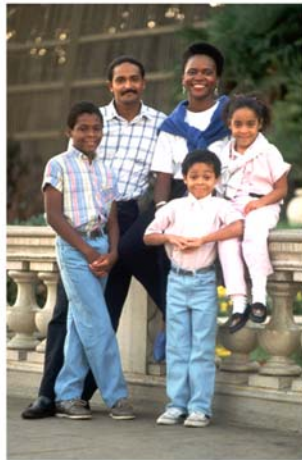


Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

**Overview**



The National Health and Nutrition Examination Survey (NHANES) is a survey conducted by the Centers for Disease Control and Prevention. We have designed the survey to learn about the health and diet of people in the United States.

Our survey is unique. It combines a home interview with health measurements, which we do in mobile units. These special mobile centers travel across the country with a highly trained medical team. Our team looks at special health topics. They use the most up-to-date methods and equipment for medical and dental exams and other lab tests.

**Why is this health survey important?**



We will use the data gathered in this survey to find out the number of people with certain health problems — for example, diabetes and high blood pressure. We will look at diet and other habits that affect health, such as smoking and exercise.

NHANES data will tell us the health and nutrition of people of all ages. It will also help design health programs and services, and expand our knowledge about the health of people in the United States.

**What do I gain by taking part in the exam?**

- Free health test results
- The chance to help learn more about the health of the Nation
- A token of thanks for your time and effort

You may choose to be in the survey and you may allow your child to be in it, too. That is your choice. There is no penalty if you refuse. You may refuse any part of the exam and are free to drop out anytime. Also, during the interviews you may choose not to answer every question.

**What will I be asked to do at the mobile center?**

Our health representative will ask you to make an appointment for the exam at the mobile center.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)



Upon arriving at the mobile center, you will be asked to change into a two-piece examination outfit.

Our medical team will then guide you to private rooms where we will check your:

Height and weight



Blood pressure



Eyes



Ears



Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

Teeth



Bones



We will also collect blood and urine samples.



And ask you questions about what you eat.



If your appointment is scheduled in the morning, we will ask you not to eat or drink anything overnight. The health tests may take from 2 ½ to 4 hours for those 12 and older and 1-3 hours for younger children. The time spent in the mobile center and the tests you receive will be based on your age and current medical condition. (For a full list of exams you may receive, see the Health Measurements List.)

**Are the tests safe?**

The tests are safe. Some tests may cause you slight discomfort. Examples are taking a blood sample or not eating for 9 hours. For the blood sample, a person will have a small amount of blood drawn from a vein in his/her arm with a needle. People 12 years and older that have a morning exam will be asked to drink a sugar drink and have blood taken a second time. Although rare, the sugar drink can cause nausea, vomiting, bloating, or headache. We will not ask you to have any test that is wrong for you because of a health problem you have.

We will give bone density tests that involve low-dosage x-rays to persons 8-years-old and older. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. But because the bone density scan involves x-rays, no one who is pregnant should get this exam. We will get information about periods from girls and women, and those who have started their periods will have a urine pregnancy test. Those with a positive test will not have the bone density scan.



### Will you ask personal questions?

At the mobile center you will be asked some personal questions. A trained interviewer will ask some of these questions. Other questions, like those about sexual behaviors and drug use, will be asked in complete privacy. The interviewer will leave the room. The questions will be on a computer screen. You answer by touching an answer on the screen.



Like all of the other data we collect, the answers you give us are kept strictly private. If you are under 18 years of age, we may notify your parents if we have reason to believe you may harm yourself because of sad feelings.

### Will I get my results?

Yes, you will get a report of your results. If the exam shows urgent health problems, we will notify you at once and refer you for treatment. If some urgent problem is found through your lab tests, we will immediately send that information in a letter to your home address. If you wish, we will mail the routine results to you about 3-4 months after the exam. In general, we give results only to the person examined or to the parents/guardians of children.

Some results, like those for sexually transmitted disease (STD) tests and pregnancy tests, are not put in writing. We report positive pregnancy test results only to the person tested if she is 14 years or older and doesn't already know she is pregnant. If a girl is younger than 14 and has a positive pregnancy test, we will inform both her and her parent/guardian. How we report STD test results is explained in the next section.



Some tests are not reported because they will be used only for research and are not used for medical care. Better ways to look at some of the tests may be developed in the future. Some of the tests may be read again. We will not report the results of future tests to you.

NHANES does not cover the cost of any health care you may decide to get after the exam.

### Will you test for sexually transmitted diseases (STDs)?

Teenagers (14 years and older) and some adults will have tests for STDs. We will not put these results in writing, but you can get STD test results a few weeks after the exam. Before you leave the mobile

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

center, you will be given a toll-free number, a password, and the dates to call for your results. Only you will get your test results by calling in and telling us your password. Parents will not be told their child's STD test results. If your test results show that you have a current health problem, we will talk with you about the results and tell you how to get treatment. We will keep all STD test results completely private, just like all other test results. If you do not want to be tested, you can tell a staff member. For details on the tests, please see the Health Measurements List.

**Will my information be kept private?**

We respect your privacy. Public laws keep all information you give private.

These laws do not allow us to give out data that identifies you or your family without your permission. This means that we cannot give out any facts about you, even if a court of law asks for it. However, if we find signs of child abuse during an exam, we will report it to the local department of social services or the police.

We will keep all survey data safe and secure. When we share data with our partners, we do so in a way that protects your privacy as required and guaranteed by law. Our interviewer can provide you a list of our partners if you wish to learn more.

**How are NHANES data used?**

What you tell us, your exam results, and samples you give are a good resource for health science. Many Federal agencies, universities, and other public and private groups use NHANES data. They use it to help find new cures and treatments for diseases and disabilities. The aim is to make the health of all people better. Results of this survey may be reported in journals, at major scientific meetings, or through other news media. None of these reports will ever name or use data that can point to any person who took part in the survey.

NHANES has been used in important national reports. One of these highlights the food we eat. Another tells us about the exposures we have to chemicals in the environment. The survey has also been used to track the number of people who are overweight or obese. Research using NHANES can be found on our Web site, listed on the back of this brochure.

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

Also, we may need to contact you in the future. To do this we will ask public or private agencies, such as the Post Office, to give us changes to your address. In the past, we have had the chance to call or revisit people who took part in this survey. We may contact you in the future to ask you to be part of other research projects. Your participation in future studies is voluntary.

**More questions?**

Our survey representative can discuss other questions or concerns you might have or give you printed material that can help you. She or he can give you a phone number in your area that you can call for more facts about the survey.

Also, you can make a free call to Dr. Kathryn Porter of the U.S. Public Health Service to discuss any aspect of the survey.

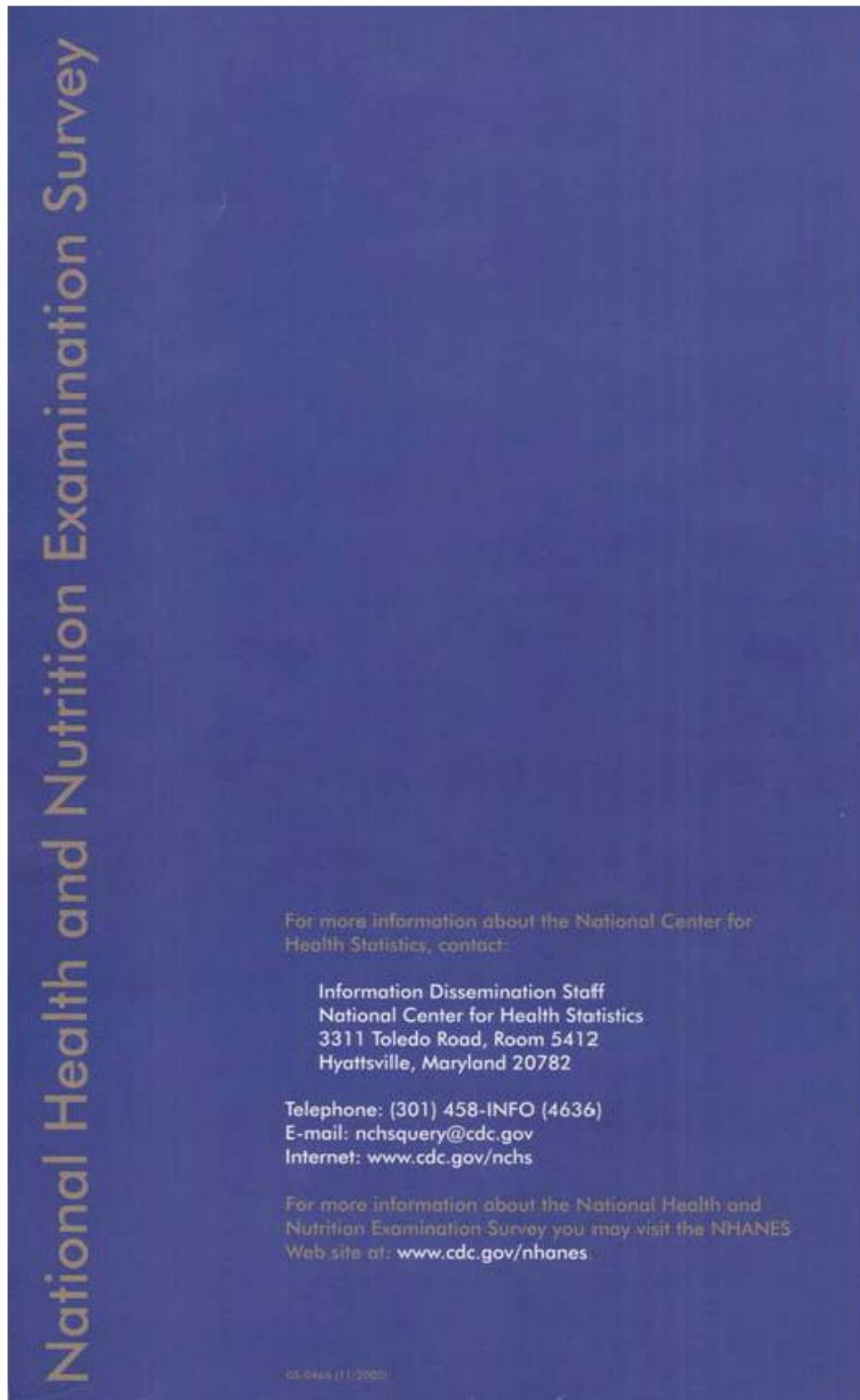
She can be reached at 1-800-452-6115, Monday-Friday, 8:30 AM-6:00 PM EST. You may also contact her regarding any harm to you resulting from this survey. You can also get answers to your questions by mail (Room 4322, 3311 Toledo Rd., Hyattsville, MD 20782).



You may have questions about your rights as a participant in this research study. If so, please call the Research Ethics Review Board at the National Center for Health Statistics, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2005-06. Your call will be returned as soon as possible.



Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)



National Health and Nutrition Examination Survey

For more information about the National Center for Health Statistics, contact:

Information Dissemination Staff  
National Center for Health Statistics  
3311 Toledo Road, Room 5412  
Hyattsville, Maryland 20782

Telephone: (301) 458-INFO (4636)  
E-mail: [nchsquery@cdc.gov](mailto:nchsquery@cdc.gov)  
Internet: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)

For more information about the National Health and Nutrition Examination Survey you may visit the NHANES Web site at: [www.cdc.gov/nhanes](http://www.cdc.gov/nhanes).

05-0466 (11/2005)

Exhibit 4-1. Examination Brochure and SP Consent/Assent/Parental Permission Form (continued)

OMB # 0920-0237		
<b>NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY</b> CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER		
Print name of participant _____		
First	Middle	Last
<p><b>PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:</b>                      For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor <input type="checkbox"/>):</p> <p>I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.</p> <p>_____                      Signature of parent/guardian                      Date</p> <p>If you do not want a written report of your child's exam results, check here <input type="checkbox"/></p>	<p><b>SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:</b></p> <p>I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to take part in the survey.</p> <p>_____                      Signature of participant                      Date</p> <p>If you do not want a written report of your exam results, check here <input type="checkbox"/></p>	
I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.		
_____ Witness (if required)		_____ Date
Name of staff member present when this form was signed: _____		
<p><b>Assurance of Confidentiality</b> – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and other agents authorized by NCHS to perform statistical activities, only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.</p>		
_____ SP ID		
01/2009		

**Child SP Assent Brochure and Form (SPs 7 through 11) – Exhibit 4-2**

The purpose of this brochure is to inform the child SP who is between the ages of 7-11 about the health interview and health examination and to ensure that he or she **agrees** to be examined. You should give the brochure to the child. The text of the brochure must be reviewed by the child OR the interviewer must review the brochure with the child.

This brochure is much shorter than the Consent/Assent/Parental Brochure. The basic concepts of the study are very simply stated and the language in the text has been simplified so that it is more appropriate for young children.

The **Assent Form** is a separate form inserted in the back pocket of the brochure and is printed on 3-part paper. The Assent form should be read and signed by **the child**. The rules for signing the form are the same as those for the Adolescent Assent Form. The Child Assent Form appears on page 4-27.

The Child Assent Form has an area for the signature. Use the following guidelines to complete the signature process:

- Have the child sign the form on the line entitled “Signature of participant 7-11 years old”;
- Print the full name of the child on the lines provided;
- Print the full name of the witness (if required) on the appropriate line and date the form;
- Sign and date the form on the appropriate line; and
- Print the child’s SP ID in the space provided.

Allow the respondent adequate time to read the appropriate brochure including the Assent Form **thoroughly**. After the respondent has completed the form, review it carefully to assure that all appropriate information has been filled out completely.

Remember we are not allowed to conduct any examination component on any person who has not had an opportunity to read the appropriate SP Assent Brochure and signed the appropriate assent forms.

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Exhibit 4-2. Child SP Assent Brochure and Form

**National Health and Nutrition Examination Survey**

Examination Assent Brochure,  
7-11 Years of age

Let's  
Improve  
Our Health

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

SAFER • HEALTHIER • PEOPLE™

nhanes



Exhibit 4-2. Child SP Assent Brochure and Form (continued)

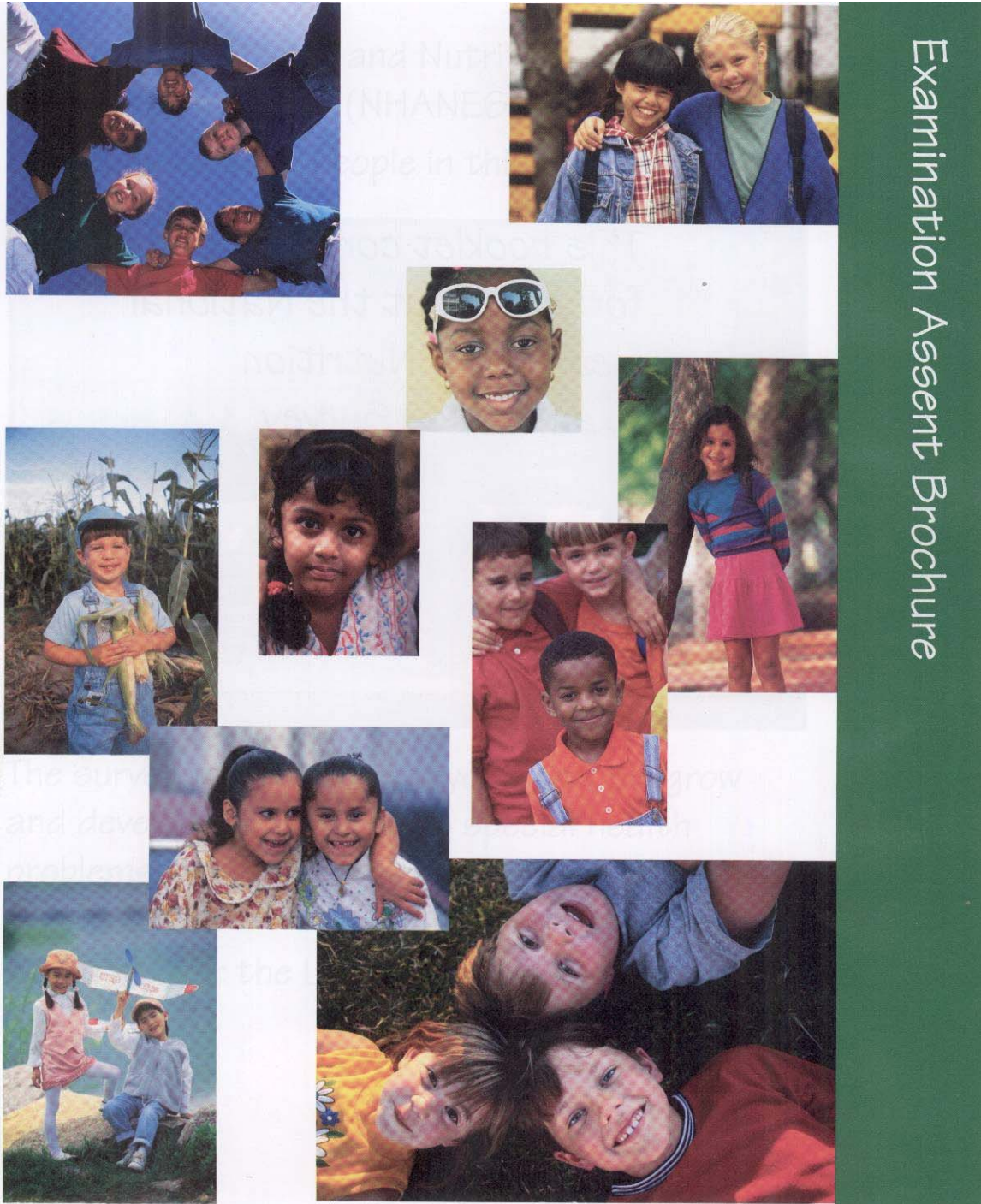
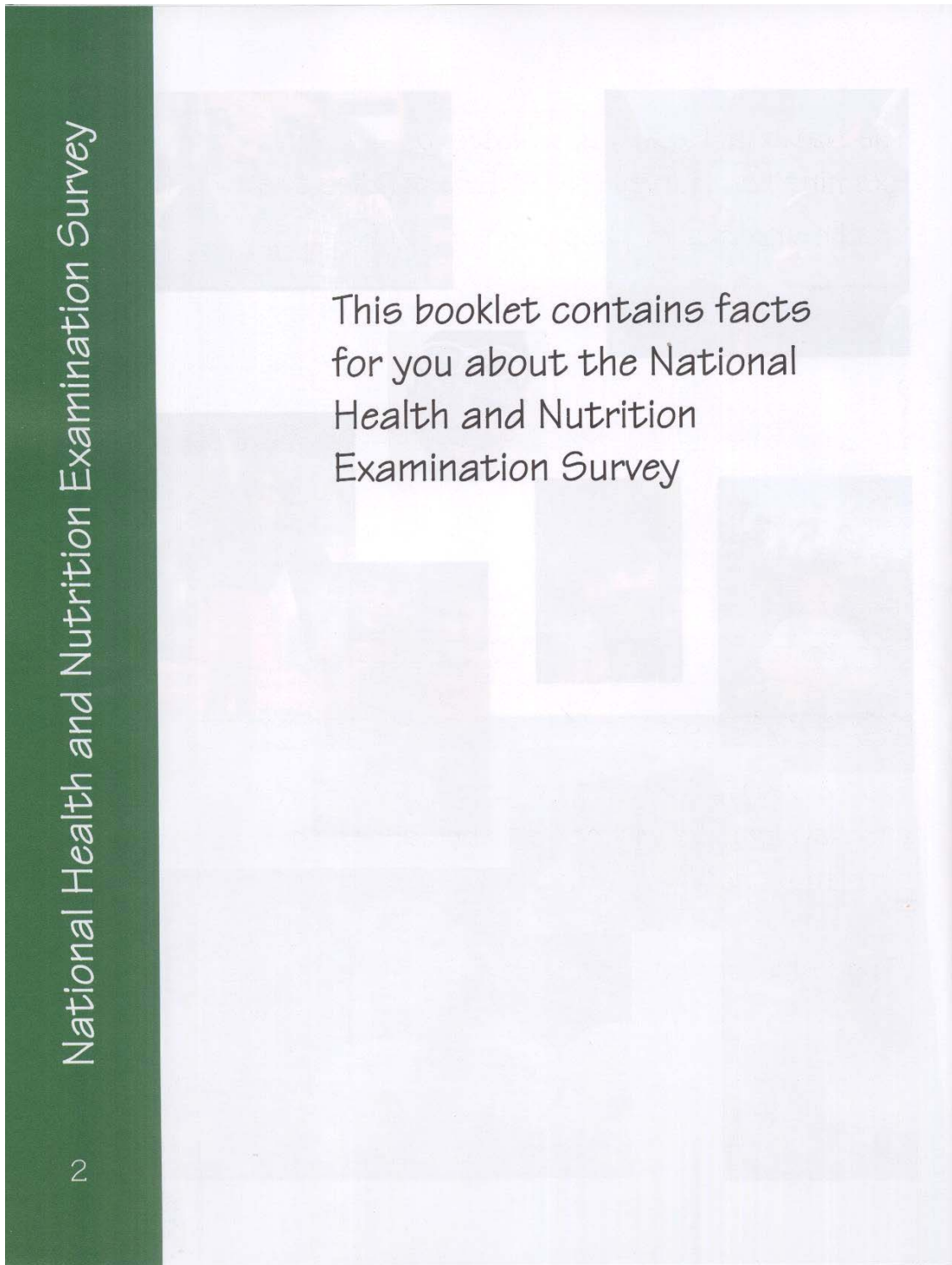


Exhibit 4-2. Child SP Assent Brochure and Form (continued)



The National Health and Nutrition Examination Survey (NHANES) studies the health and diet of people in this country.



The survey will look at how young people grow and develop. We will look at special health problems that may affect kids.

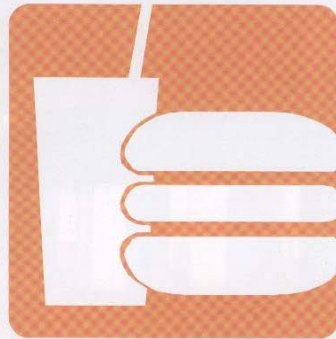
We go all over the United States in these vans.

We will see how tall you are, how much you weigh and how old your teeth are.

We will look at your teeth.

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

Our survey wants you to come to this exam center. The exam is like going to the doctor. Your exam will help us find out more about the health of children your age.



We will ask questions about what you eat and drink.

You will change into special exam clothes at the exam center.

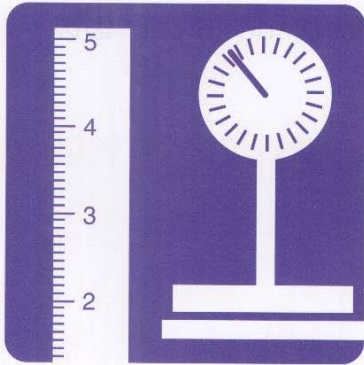




Our doctor will take your pulse.



We will take your blood pressure.



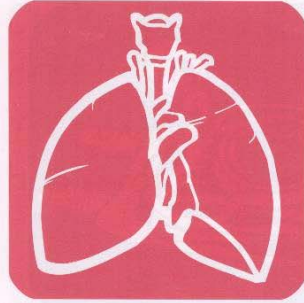
We will see how much you weigh and how tall you are.



We will look at your teeth.

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

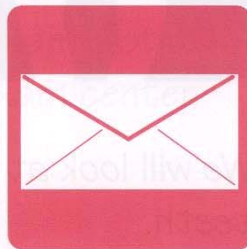
National Health and Nutrition Examination Survey



We will test your breathing.



We will check your blood and urine in our lab.



We will send you and your parents a report on your exam.

Exhibit 4-2. Child SP Assent Brochure and Form (continued)

We will give you money to thank you for helping us with our survey.



Our staff will answer any questions you have.

We would like you to go to our mobile exam center vans for an exam. You will help us learn more about all children in the United States.

About Your Exam

Notes



We will test your breathing.

Our staff will answer any questions you have.

We will give you money to thank you for helping us with our survey.



and urinate in our lab.



We will send you and we would like you to go to our mobile exam center vans for an exam. You will help us learn more about all children in the United States.



Exhibit 4-2. Child SP Assent Brochure and Form (continued)

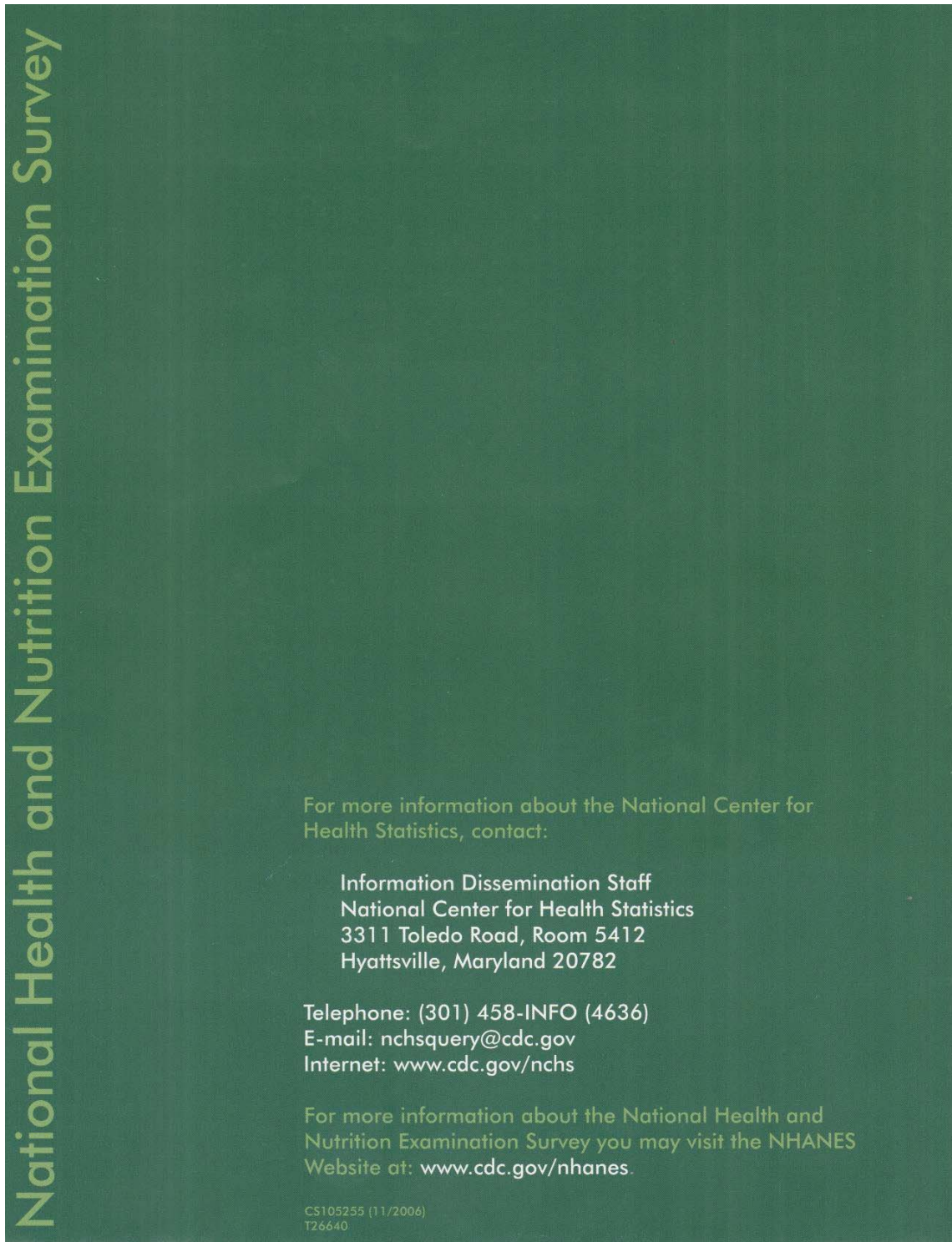


Exhibit 4-2. Child SP Assent Brochure and Form (continued)

OMB # 0920-0237

**National Health and Nutrition Examination Survey (NHANES)**

Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

\_\_\_\_\_  
Signature of participant 7-11 years old

\_\_\_\_\_  
Print name of participant

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

\_\_\_\_\_  
Witness (if required)

\_\_\_\_\_  
Date

Name of staff member present when this form was signed:

\_\_\_\_\_

\_\_\_\_\_  
SP ID

01/2009

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### 4.3 Obtaining Minor Assent for Specimen Storage and Future Research

As scientists learn more about health, important new research projects can be done using specimens (blood and urine) that are stored in a controlled environment. For this reason, we will ask to keep some of the SP specimens given during the time of the MEC examination for continuing studies. No specific studies are planned, however, as new ways to measure health and disease are discovered, other studies may be conducted that will add to the knowledge of the treatment and causes of disease.

All SPs who consent to the examination that includes blood and urine collection will be asked permission to keep blood and urine samples collected during the MEC examination for continuing studies. Exhibit 4-3 is a sample of the form that is used to record consent/assent/parental permission for these purposes.

The rules for signing this form are similar to those used for signing the MEC Examination Consent/Assent/Parental Permission forms. However, **in rare situations**, if the respondent refuses to check the items on the form or sign the form, he or she **should continue to be examined in the MEC**. In this case the SPs specimens will not be kept.

The text that follows provides a specific explanation of the form.

The form is divided into three general areas:

- **Questions and answers directed toward the goals and procedures of specimen storage and future research**—Allow the SP time to read the text of each question and answer.
- **Statements and Required Check Boxes**—This part of the form contains two separate statements regarding permission to keep the SP's specimens for future health studies—one worded for the SP and the other worded for the parent of the SP.
- **Signature lines**—This part of the form contains four separate signature lines:
  - One for subjects 7 years of age or older,
  - One for the parent or guardian of SPs under age 18,
  - One for the NHANES staff member, and
  - One for a witness, as necessary.

Exhibit 4-3. Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

OMB # 0920-0237

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)**  
**Consent/ Assent and Parental Permission for Specimen Storage and Continuing Studies**

Print name of participant \_\_\_\_\_  
 First Middle Last

**Q Why will a sample of blood and urine be kept for future health studies?**

*A* We will store some of the blood and urine from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last. Your participation is voluntary and no loss of benefits will result if you refuse.

**Q What studies will be done with the samples?**

*A* At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. There can be many additional studies on these samples.

We will keep strictly confidential all health data and samples that we collect in NHANES as required by Federal law. By confidential we mean that the information that we release to the public can not be used to identify you. Our staff is not allowed to discuss that any person is part of this survey under penalty of Federal laws: Section 308(d) of the Public Health Service Act (42 USC 242m), the Privacy Act of 1974 (5 USC 552A), and the Confidential Information Protection and Statistical Efficiency Act (PL 107-347).

**Q Who can use the stored samples for further study?**

*A* Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and then by a separate board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

**Q Will I receive results from any future testing of my specimens?**

*A* Science and medicine are continually advancing. New tests and new ways of looking at results will be developed in the future. We can't predict what tests will be done or what the results will mean for your health. The NHANES program will not contact you or your family with results from these future studies. We will describe the completed studies on our website. If you are interested in your results from any of these studies, you may call our toll-free number, 1-800-452-6115 to request your specific results as they come available.

**Q What are the benefits and risks for allowing my blood or urine sample to be used for future studies?**

*A* You will not directly benefit but these studies may eventually help the health of people in the future. The risk of giving a sample includes the minor risk associated with taking the blood sample. There may also be a risk that some people may use the information from these studies to exaggerate or downplay differences among people. The ethics board that will review all studies using these samples will attempt to prevent any misuse of the information gained from the NHANES samples.

**Q How can I remove blood or urine samples from the specimen bank?**

*A* In the future, if you want samples removed from the specimen bank, call us toll-free at 1-800-452-6115.

---

**The results of continuing studies of your stored specimens may help find new ways to prevent, treat, and cure many diseases.**

For **persons ages 7 and over**, check a box

I agree that my blood and urine (if applicable) may be kept for future health studies, and that I will not be contacted with the results from these studies

I disagree

For **parent/guardian of a child under the age of 18**, check a box

I agree that my child's blood and urine may be kept for future health studies, and that I will not be contacted with the results from these studies

I disagree

\_\_\_\_\_  
 Signature of participant age 7 or over Date

\_\_\_\_\_  
 Signature of parent/guardian of participant under 18 Date  
 (Unless the participant is an emancipated minor )

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

\_\_\_\_\_  
 Witness (if required) Date

Name of staff member present when this form was signed:  
 \_\_\_\_\_

SP ID \_\_\_\_\_

01/2009

Specific rules for completing the form in the MEC for SPs 7-17 years old are discussed below.

- The text of the form must be reviewed by the child, or the interviewer must review the text with the child.
- Have the SP read the statement printed under the label “For persons ages 7 and over, check this box.” If the SP **agrees** to have his or her specimens kept, the SP should **check** the box provided. **Note that the SP’s and/or parent’s signature alone does not constitute permission to keep specimens or conduct genetic research. Permission for these processes is determined by whether he or she has checked the box next to the appropriate statement.**
- Have the **SP sign** on the appropriate signature line (“Signature of participant age 7 and over”) and record the date.
- Sign your name and date the form under the line titled “Signature of staff member.”
- “Witness (if required)” refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him or her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided.
- Return the completed form to the MEC coordinator.

**NOTE:** The form must be signed by the child in the presence of the interviewer or MEC staff in order to be considered complete. The form cannot be left with the parent for the child to answer and sign. It is acceptable for the child to sign a separate (identical) form in the MEC if he or she was not present to sign it in the presence of the interviewer. Also note that in order to keep the child’s specimens for future research, **both** statements (one for the child and one for the parent/guardian) **must be checked**. The form is considered complete when all appropriate signatures and dates have been obtained.

As mentioned previously, in very rare situations the SP may refuse to sign the form. This should not jeopardize the examination process. Record the word “Refused” on the line designated for the SP’s signature. In this case, the SP’s specimens will not be kept.

#### 4.4 Pesticide Use Questions

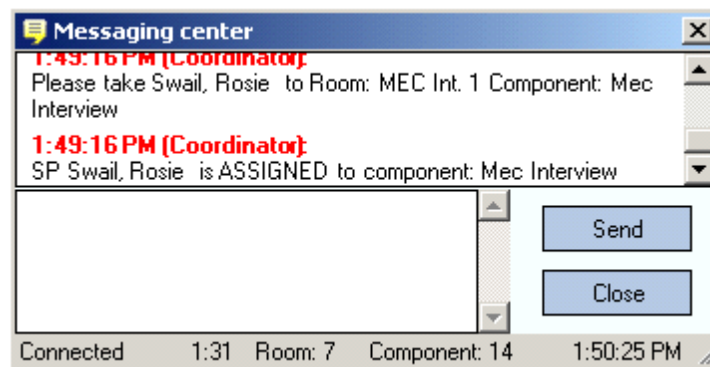
The MEC interview contains two questions on recent pesticide use. For SPs 8-17 years of age this information is collected of the child's parent or guardian during administration of the Automated Proxy (AP) application. The answers to the pesticide questions from the AP application automatically prefill into the MEC Interview application and become read only.

#### 4.5 Logging in the SP

Procedures for logging the SP into the automated system are as follows:

1. Select the MEC Interview icon from your desktop at the start of a session.
2. Enter your interviewer password when prompted.
3. Open a new examination session when the SP has been assigned to the room. The Coordinator system will notify you that an SP has been assigned.

Press **Close** or click on the **X** in the upper right corner to close the notification message.



4. Wand the SP's identification bracelet or type in the SP's ID number on the Sample Person Pickup screen to log the SP into the interview. Verify the SP's name and identification number displayed on the screen.

The screenshot shows a dialog box titled "SP Login" with a close button (X) in the top right corner. The dialog contains the following fields and controls:

- Sample Person ID:** A text box containing "767793".
- Sample Person Name:** A dropdown menu showing "767793 - Fairchild".
- Last Name:** A text box containing "FAIRCHILD".
- Suffix:** An empty text box.
- First Name:** A text box containing "JASON".
- Middle Name:** An empty text box.
- Date of Birth:** A text box containing "03/04/1988".
- Gender:** A dropdown menu showing "Male".
- Age at Interview:** A text box containing "20 years".
- Special Considerations:** A large empty text area.
- Buttons:** "Retrieve", "OK", and "Cancel" buttons are located at the bottom of the dialog.

#### 4.6 Conducting the Interview

As described in Chapter 2, the MEC Interview consists of three main sections: the Blaise-CAPI health interview, the Audio-CASI interview on health behaviors of a sensitive nature, and the Critical Data Items (CDI). Administration of each section involves introducing and providing appropriate transitions between sections, asking the questions specific to the section and entering SP responses, and recording a section status.



#### 4.6.1 Introducing the MEC Interview to the Respondent

The interview software automatically displays appropriate introductory statements for each of the three interview sections based on the age of the SP and whether the interview is being conducted with a proxy respondent.

The **Blaise-CAPI** introduction for SPs **8-11 years** of age is as follows:

“During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?”

The **Blaise-CAPI** introduction for SPs **12 years of age and older** is as follows:

“During this interview, I will be asking you questions about your home, diet, current health status, and other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?”

For interviews using a **proxy respondent**, the computer displays the following introduction:

“During this interview, I will be asking you questions about {SP’s} current health status and on other health behaviors.”

After conducting the Blaise-CAPI section of the interview, you will introduce the **Audio-CASI section** by reading the ACASI Interview Introduction:

“Now I’d like you to use the headphones and listen to some questions. You will enter your responses into the computer by touching the screen. This will allow you to answer questions in complete privacy. I will leave the room during this time, but will be right down the hall to help you if you have a problem. Let’s go over some examples and then you’ll complete the interview on your own.”

After completing the ACASI section, you will introduce the **CDI section** by reading the brief introduction that appears on your computer screen:

“I would like to verify {your/SP’s} address.”

#### **4.6.2 Administering the Actual Questionnaire**

One of your primary responsibilities as a MEC interviewer is to administer the questionnaire. Successful administration of the questionnaire is a two-fold process. It involves:

- Making sure that each respondent hears the questions in exactly the way they are written in the questionnaire; and
- Making sure the respondent's answers are faithfully and accurately recorded.

Specific instructions for administering the three sections of the questionnaire are contained in Chapter 5, Question-by-Question Specifications.

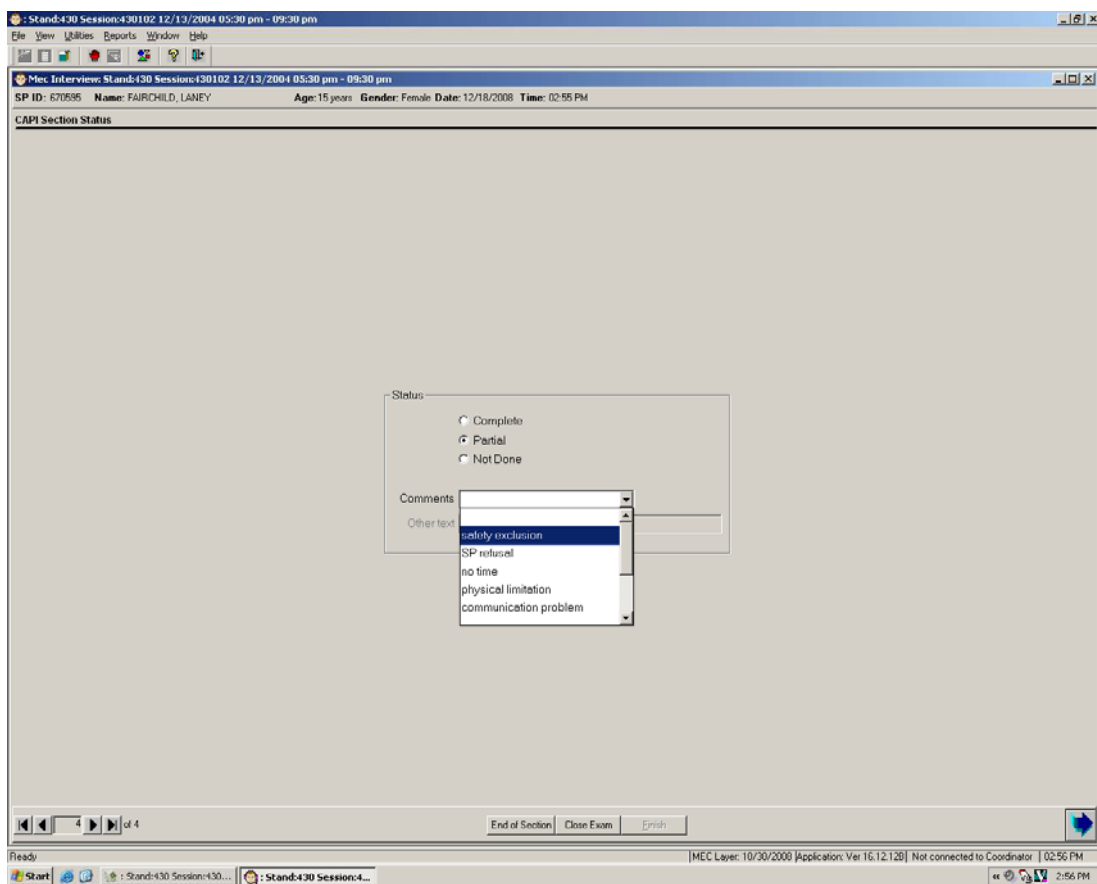
#### **4.6.3 Recording a Status for Each Section**

NHANES requires that a separate status code be recorded for each section of the interview. After the answer to the final question has been recorded, the automated system displays a section status screen. An example of the Blaise-CAPI section status screen is shown in Exhibit 4-4.

The status for a particular section may be either "Complete," "Partial," or "Not done." The program automatically displays a section status code according to predetermined criteria for all sections and is not editable by the interviewer.

A status of "Partial" or "Not done" requires you to enter a comment code from the drop-down comment screen. Valid comments for the interview and their appropriate use are described in the *Integrated Survey Information System (ISIS) User Guide*.

Exhibit 4-4. Section Status screen



## 4.7 Critical Data Items

There are a few pieces of demographic information that are considered critical to the study and should be collected for each SP. These items include: street and mailing address, home telephone number, and Social Security number. For most SPs this information will have been collected previously by one of the field interviewers. At the time of the MEC interview, it is your responsibility to attempt data collection for all missing items and to verify the existing information for selected items.

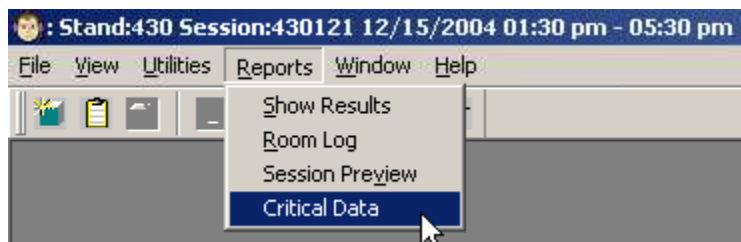
Procedures for verifying and collecting critical data items (CDI) vary depending upon the age of the SP. For SPs 12 years of age and older, you will collect the items as part of the MEC interview, as described in Chapter 5. For SPs younger than 12 years of age, the information is collected either on hard copy for later entry into a CDI utility, or directly into the utility.

#### 4.7.1 Critical Data Item Collection for SPs Younger than 12 Years of Age

Critical data item collection for this age group may be accomplished either on a hard-copy report for later entry into a critical data item (CDI) utility, or directly into the CDI utility. Social Security number is the **only** CDI item that is consistently collected for this age group by the MEC interviewers. The telephone and address screens are not verified for this age group; however, the CDI utility allows the MEC interviewers to make updates to these screens if the parent or guardian provides new information.

Prior to the start of the exam session, check the session preview report to determine whether any SPs 11 years of age or younger are scheduled for the session. If there are SPs in this age group you will need to print out a critical data report.

To generate the critical data report, click on “Reports” in the menu bar of the MEC Interview application and select “Critical Data” from the drop-down menu.



A separate report listing all existing critical data information that has been collected for SPs 11 years of age or younger is displayed (Exhibit 4-5). If any item is missing, the corresponding data field(s) are blank. The information is listed on a separate page for each SP. Use the scroll bar on the right hand side of the screen to navigate through the report. Print the report by clicking on “File” in the menu bar and selecting “Print.”

## Exhibit 4-5. Critical Data Items Report

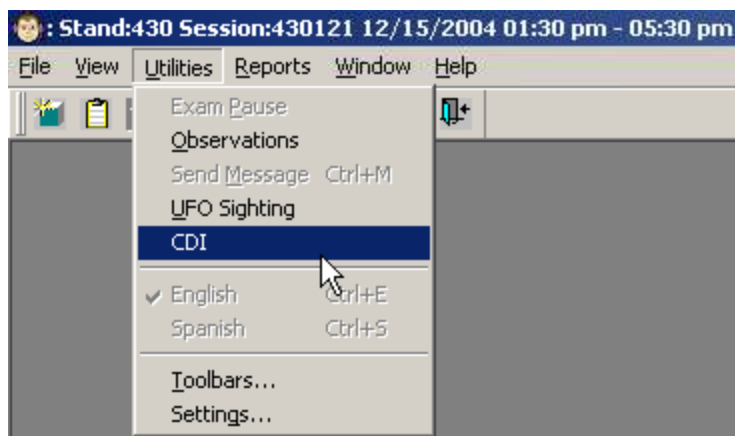
The screenshot shows a software window titled "MEC Interview" with a "Critical Data Items Report" form. The form is for subject 445801, EMMA CARLTON. It contains the following information:

- Current Social Security Number:** 111.20.3344
- Current Mailing Address:**
  - Additional Address Line: [Empty]
  - Street #: 1919, Dir Pre: [Empty], Street Name: 82ND, St/Rd/Ave: ST, Dir Post: [Empty]
  - Unit/Apt/Bldg: APT, Unit #: [Empty], PO Box: [Empty], RRHC #: [Empty], RRHC Box: [Empty]
  - City: ALLERGY, State: WV, Zip: 11214
- Current Phone Numbers:** Home (201) 212-8073

The software interface includes a menu bar (File, View, Utilities, Reports, Window, Help), a taskbar with "Stand:430 Session:430..." and "Stand:430 Session:4...", and a system tray showing "MEC Logon: 10/30/2008 | Application: Ver 16.12.128 | Not connected to Coordinator | 03:24 PM" and the time "3:25 PM".

Review the report to determine whether the Social Security number is missing or coded “Don’t Know” or “Don’t Have” for any of the listed SPs. Attempt to collect the SSN for these SPs from the child’s parent or guardian and record it on the hard-copy report for later entry into the CDI utility. This allows you to take the form with you anywhere in the MEC and serves to facilitate the data collection effort. An exception to this approach is if the parent/guardian is also an SP. Either at the beginning or end of the parent/guardian’s MEC interview you may collect the child’s information and enter it directly into the CDI utility.

To open the CDI utility, select “Utilities” in the menu bar and then select “CDI”.



Select the appropriate SP from the list by clicking on the SP's name. Click on the “SSN” tab to display the Social Security Number screen (Exhibit 4-6).

Exhibit 4-6. CDI Utility: Social Security Number screen

A screenshot of the 'MEC Interview' window. At the top, there are tabs for 'Street Address', 'Mailing Address', 'Phone', and 'SSN'. The 'SSN' tab is selected. Below the tabs is a text area containing a notice: 'We also need your Social Security Number. The Department of Health and Human Services will use your Social Security Number to conduct health-related research by linking your survey data with vital statistics and other records, such as health registries. We may also use it if we need to recontact you or your family. Except for these purposes, the Department will not release your SSN to anyone, including any government agency. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on your benefits if you do not provide it. [Public Health Service Act is title 42, United States Code, section 242k.]'. Below the text is a question: 'What is your Social Security Number?' followed by a text input field containing two dashes '--'. To the right of the input field are three buttons: 'Refused', 'Don't Know', and 'Don't Have'. At the bottom of the window are 'OK' and 'Cancel' buttons.

Enter the Social Security number of the SP, as reported by the child’s parent or guardian. Other choices include “Refused,” “Don’t Know,” or “Don’t Have.”

Although the telephone and address screens are not verified for this age group, if the parent or guardian provides new information, the MEC interviewers can make updates to these screens. If SSN is the only update provided by the parent or guardian, press “OK” to exit the CDI utility after the SSN has been entered.

To update additional information provided by the parent or guardian, click on the phone number (Exhibit 4-7), street address (Exhibit 4-8), or mailing address (Exhibit 4-9) tab. To edit the data, click on the appropriate field to place the cursor in the box and then type in the correct information or select the appropriate response from the drop-down menu. To add a phone number after clicking on the phone number tab, click on “Insert” and another row will be provided for an additional number and phone type to be entered.

Exhibit 4-7. CDI Utility: Home telephone number screen

MEC Interview

Street Address | Mailing Address | **Phone** | SSN

IF NO HOME PHONE:

Telephone Numbers		
Phone Type	Phone No	Ext.
Home	301-224-1234	00000

Insert

Refused | Don't Know

Don't Have

OK | Cancel

Exhibit 4-8. CDI Utility: Street address screen

MEC Interview

Street Address Mailing Address Phone SSN

Additional Address Line

Street #	Dir Pre	Street Name	St/Rd/Ave	Dir Post
522		OAK	ST	

Unit/Apt/Bldg	Unit #	PO Box	RRHC #	RRHC Box
APT	2			

City	State	Zip
FAIRFAX	VA	11220-

OK Cancel

Exhibit 4-9. CDI Utility: Mailing Address screen

MEC Interview

Street Address Mailing Address Phone SSN

Additional Address Line

Street #	Dir Pre	Street Name	St/Rd/Ave	Dir Post
522		OAK	ST	

Unit/Apt/Bldg	Unit #	PO Box	RRHC #	RRHC Box
APT	2			

City	State	Zip
FAIRFAX	VA	11220-

OK Cancel



## **4.8 Ending the Interview**

At the conclusion of the interview, notify the MEC coordinator that you are done by clicking on the “Finish” button in the bottom center portion of the screen. Do not leave the examination open any longer than necessary as this can lead to inaccurate estimates of the amount of time it takes to complete the interview component. It can also slow down the flow of SPs between components.

Thank the SP for his or her time and contribution to the study. Check whether the MEC coordinator has sent you a message advising you of the next component for the SP. If not, escort the SP back to the coordinator’s area to await assignment to the next component.

## **5. MEC INTERVIEW PROTOCOL**

### **Question-by-Question Specifications**



## **5.1 Question-by-Question Specifications Overview**

This chapter contains the Question-by-Question specifications (QxQ specs) for the three sections of the MEC interview: Blaise CAPI questions, audio-CASI questions, and Critical Data Items (CDI). These specifications are designed to give you directions on the administration of each question.

The section is set up so that the corresponding text is shown along with the Question-by-Question specification. Explanations of and instructions for questions, definitions of words, and examples appear on the QxQ page across from the question they concern.

You will use the information presented here during training to learn how to administer the interview. You should also use the specifications as a reference when you are interviewing to resolve problems encountered. When you have a question about the administration of the questionnaire while you are in the MEC, always look at the specifications first.

Each of the main interview sections has some section-specific instructions that remain the same, regardless of the topic or specific question. Some of these general specifications are also provided in this chapter.

Spanish translations of each section can be found in Appendix A.

### **5.1.1 General Rounding Rules**

Many questions in the MEC interview require numeric responses. Occasionally, a respondent may give you an answer that is a fraction of a whole number. Unless indicated otherwise in the question-by-question specifications, the basic rules for rounding are:

- For fractions less than one-half, round down to the nearest whole number. For example,  $3 \frac{1}{4}$  becomes 3.

- For fractions more than one-half, round up to the nearest whole number. For example,  $7 \frac{3}{4}$  becomes 8.
- For fractions that are exactly one-half, round to the nearest even whole number. For example,  $2 \frac{1}{2}$  becomes 2.

### 5.1.2 Introduction to the MEC Interview Program









This section provides an introduction to the MEC Interview Program and general guidelines for navigating through the interview. Section-specific information and navigational features are provided in the QxQs for the individual sections.

#### MEC Interview Menu Items and Shortcuts

The menu items are located at the top of the MEC Interview window and can be accessed from the toolbar buttons. Dimmed toolbar buttons are not available for the window or pane that is currently active.

The menu buttons at the top of the **MEC Interview** window are identified as follows:



	Opens new sample person examination which brings up the sample person logon window ( <b>Hot Key: Ctrl+O</b> )
	Review
	Closes an exam
	Pauses the current SP examination
	Sends message to coordinator
	Customizes toolbar buttons
	Displays program help
	Quits the Exam Application

## Shortcuts for Menu Items

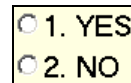
Most menus and menu items have an underlined “accelerator key” that enables you to access the menu from the keyboard instead of using the mouse. The accelerator letters for menus become visible when you hold down the **Alt** key. Use the **Alt** key in combination with the accelerator key to open a menu, then just press the accelerator key for the desired menu item. Some menu items also have a keyboard shortcut displayed after the menu item name. Keyboard shortcuts can be one of the F1-F12 keys along the top of the keyboard or a combination of the **Ctrl** key and one or more other keys. You can use keyboard shortcuts at any time.

Some menu items can also be accessed from toolbar buttons. A dimmed (grayed-out) toolbar button means that function is not available for the window or pane that is currently active.

## Navigation

There are several different response types, depending on the kind of information requested: **Radio buttons**, **list boxes**, **check boxes**, **edit boxes**, and **drop-down lists**.

**Radio buttons** (single response) – Select a single response from a list of possible responses. Click on a response to select it.



A rectangular box containing two radio button options. The first option is "1. YES" and the second is "2. NO". Both radio buttons are currently unselected.

You can only select a single response. If you select the wrong response, click on the correct response to switch your selection.

**List boxes** – Similar to radio buttons but used for longer lists. Lists that don't fit on screen have a scroll bar on the right of the list box. If the response you want is not visible in the list, you may need to scroll down the list to find it. To scroll, click on the down arrow on the bottom of the scroll bar to the right of the list. To move down multiple items at a time, click and drag the slider down the scroll bar. You can scroll back up the list by clicking on the up arrow at the top of the scroll bar or by dragging the slider up.



A list box titled "CerealName" with a scroll bar on the right. The list contains the following items: Frosty O's (selected), Froot Loops, Frosted rice, Frosted flakes, Cheerios, Frosted, Frosted Fruit Rings, Frosted Mini Wheats, Frosted Wheat Bites, Frosted corn flakes, Frosted Shredded Wheat, Rice Krispies, Frosted, Chocolate frosted cereal, and Frosted Flakes, Kellogg's.

Click on a response to select it.

**Check boxes** (multiple choice/multiple response) – Select one or more responses from a list of possible responses. If you make a mistake, click again on a response to unselect it.

<input type="checkbox"/> 10. I WANT TO LOOK BETTER
<input type="checkbox"/> 11. I WANT TO BE HEALTHIER
<input type="checkbox"/> 12. I WANT TO BE BETTER AT SPORTS AND OTHER PHYSICAL ACTIVITIES
<input type="checkbox"/> 13. I GET TEASED ABOUT MY WEIGHT
<input type="checkbox"/> 14. I THINK MY CLOTHES WILL FIT BETTER

You can also enter the response codes, without spaces, on the keyboard.

10111213
----------

**Edit boxes** – Click on a box to place the cursor in the box and then type a response in the box. Use TAB and SHIFT+TAB to move between boxes using the keyboard.

Phone No	Ext.
301-222-1212	00000

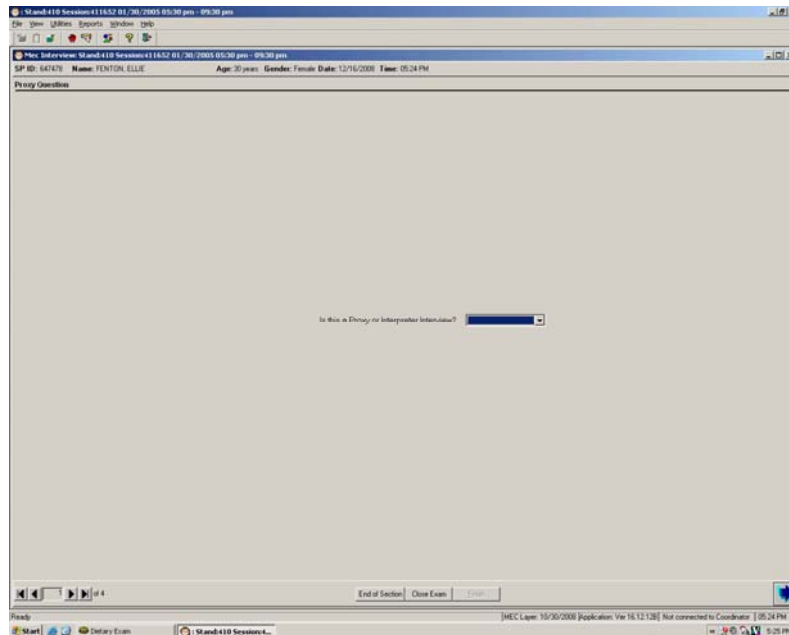
**Drop-down lists** – Click on the down arrow on the right side of the box to display the drop-down list, and then click on the desired choice.

Comments:	<input type="text"/>
Other text:	<ul style="list-style-type: none"><li>safety exclusion</li><li>interrupted</li><li>SP refusal</li><li>no time</li><li>physical limitation</li><li>communication problem</li><li>equipment failure</li><li>SP ill/emergency</li></ul>

### 5.1.3 Beginning the MEC Interview

After logging the SP into the MEC Interview as described in Section 4.5, the first screen of the application allows you to change the language and select the proxy status. To change the language, select “utilities” in the menu bar and select the appropriate language. You can also use the hot keys Ctrl+S to change the language to Spanish or Ctrl+E to change the language to English. Please note, this sets the language for the ACASI and Critical Data Sections of the interview. Instructions for setting the language of the Blaise CAPI interview are described in Section 5.2.1.

The middle portion of the screen allows you to select the proxy or interpreter status. Select “No” from the drop-down box when the interview is being conducted with the SP. Select “Yes” when the interview is being conducted with a proxy respondent or interpreter. It is important to select the correct answer as your response to this question determines whether or not the Audio-CASI section is launched. The ACASI interview may not be administered as a proxy or interpreted interview.





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## 5.2 The Blaise-CAPI Section of the MEC Interview

The Blaise-CAPI section of the MEC interview consists of twelve separate sections, each of which collects information on diet, health risk behaviors, medical history, or medical conditions for a specific health topic. An administrative section at the beginning of the interview collects information about the respondent, interpreter, and language of the interview.

Individual questions in the twelve sections are derived from several sources including previous iterations of NHANES, the National Health Information Survey (NHIS), and a variety of other health, nutrition, and behavioral surveys. In addition, some of the questions are new to this iteration of NHANES.

### 5.2.1 Navigating the CAPI Interview

Navigation through the Blaise-CAPI section and the use of various shortcut keys is described in this section.

#### Basic Navigation

Use the arrow keys to move the cursor forward (↓) or backwards (↑) one answer field at a time.

The **Page Up** key backs up the interview to the previous screen.


The **Page Down** key advances the interview forward to the next screen.

Press the **Home** key to back up the interview to the first screen.

Pressing the **End** key advances the interview to the next appropriate question in the interview. Use this key when you have backed up in the interview to review or change an answer to a previous question. Press **End** when you are ready to continue with the interview. The program advances to the next unanswered item in the interview taking into account changes to the skip patterns as a result of modifications to a previous response.


## Special Keys/Functions

Use the **F5** key or **question mark icon** () to enter a response of “Don’t Know”.

Use the **F6** or **refusal icon** () if the SP refuses to answer a question.

Select **F9** or the **paper clip icon** () to enter an interviewer note.

Switch the language of the interview by selecting **F2**. You can also select “**Options**” then “**Form language**” from the Blaise menu bar. Choose “ENG English” to display the questions in English or “SPN Spanish” to display the questions in Spanish.

Use the **F1** key or select the **help icon** () to view help text associated with an item. To switch the language of the help text select “**Options**” then “**Form language**”. Choose “**TEXT Spanish Help**” to display the help text in Spanish. Choose “**HELP help**” to display the help text in English.

Press **F10** to exit the interview or select “**Forms**” then “**Exit**” from the Blaise menu bar. The **F10** key can be used quit the interview prematurely, or to exit Blaise after successfully completing the interview.

This page intentionally left blank.

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

THIS INTERVIEW IS SLATED TO BE AN SP INTERVIEW. IS THAT CORRECT?

1. YES  
 2. NO

SProxyVerify

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

WELCOME TO THE NHANES IV MEC QUESTIONNAIRE!

THE SP, Henry Grear, IS MALE, AND IS 50 YEARS OLD.

THE INTERVIEW WILL BE CONDUCTED WITH THE SP.

SProxyVerify  1 YES

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

IN WHAT LANGUAGE WILL THIS INTERVIEW BE CONDUCTED?

1. ENGLISH  
 2. SPANISH

SProxyVerify  1 YES

LABEL START OF MEC QUESTIONNAIRE

Language

Old 1/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

MIA060  
SPProxy  
Verify

This screen asks you to verify whether the interview will be conducted with the SP. If it is a proxy interview, code “no.” Coding “no” will trigger the computer to provide the appropriate word fills for a proxy interview. Code “yes” if the interview is being conducted through an interpreter or directly with the SP.

MIA060  
SPProxy  
Verify (cont.)

Confirm the name, gender, and age of the SP and whether the interview will be conducted with the SP or with a proxy.

MIA055  
Language

Indicate whether the interview will be conducted in English or Spanish. Note that this screen records, but does not set, the language of the interview.

Use the F2 key or click on Options/Form Language on the menu bar to select either the English or Spanish version of the CAPI questionnaire.

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

1. SP  
 2. MOTHER  
 3. FATHER  
 4. SPOUSE  
 5. SISTER OR BROTHER  
 6. CHILD  
 7. GRANDPARENT  
 8. LEGAL GUARDIAN  
 9. OTHER (SPECIFY)

LABEL RESPONDENT INFORMATION

RespThreeRelToSP RIQ005

Specify RIQ005OS

ProxyReason RIQ030

Specify RIQ030SP

Old 2/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

IRMANIS IV MIC Questionnaire

Forms Answer Navigate Options Year ?

WHY IS THIS INTERVIEW BEING CONDUCTED WITH A PROXY?

1. SP HAS COGNITIVE PROBLEMS  
 2. SP HAS PHYSICAL PROBLEMS (SPECIFY)  
 3. OTHER (SPECIFY)

LABEL RESPONDENT INFORMATION

99a05a RIQ005 2 Mother

99a RIQ005OS

99a05a RIQ030

## 5.2.2 Respondent Selection Section (RIQ)

You may be able to complete this section without asking the respondent any questions. However, do not assume you know the answer to a specific question. When in doubt, the general rule is to ask the respondent. Because this section is structured as a set of interviewer instructions, you will need to paraphrase the instruction slightly so that it works as a question to the respondent. This is one of the few places in the MEC Interview where you can deviate from the text that is displayed on the screen.

This section is completed for all SPs.

RIQ005 For most interviews you will code “1” to indicate the SP was the respondent. SP interviews skip to RIQ090.

For proxy interviews, record the relationship between the SP and the proxy.

RIQ030 This item collects the reason why a proxy interview was necessary. The majority of proxy interviews will be because of either cognitive problems due to such causes as a learning disability, dementia, etc., or a physical problem or illness. When recording physical illness as a reason, you are asked to specify the nature of the problem or illness.

Proxy interviews that are conducted for some reason other than cognitive or physical problems should be coded as “other” with an explanation as to the nature of the problem.



Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

1. YES  
 2. NO

SPPresence RIQ038

InterpreterUse RIQ090  NO

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry SnagIt/32 Catalog Viewer ... 4:42 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

INTERPRETER USED FOR THIS INTERVIEW?

1. YES  
 2. NO

SPPresence RIQ038

InterpreterUse RIQ090

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry 4:34 PM

Blaise Data Entry - c:\models\mec\mec

Forms Answer Navigate Options

CODE TYPE OF INTERPRETER.

1. RELATIVE  
 2. NEIGHBOR OR FRIEND  
 3. PAID INTERPRETER

SPPresence RIQ038  YES

InterpreterUse RIQ090  YES

CodeTypeIntprtr RIQ100

LangOfIntvew RIQ140

Specify RIQ1400S

Old 3/218 Modified Dirty Navigate MEC

Start Blaise Data Entry SnagIt/32 Catalog Viewer ... 4:42 PM

RIQ038 Code “Yes” if the SP was present for any part of the interview, regardless of whether the proxy consulted with the SP for answers to any of the questions. Because this section is completed at the beginning of the interview, you will code “Yes” if the SP is present at the start of the interview. In the unlikely event the SP is not present at the beginning but does join the interview in progress, remember to back up and change the code for this item.

RIQ090 Indicate whether an interpreter was used to complete the interview.

RIQ100 Indicate whether the interpreter is a relative of the SP, a neighbor/friend, or paid interpreter. It may not be immediately apparent what the relationship of the interpreter is to the SP so be sure to ask if you have any doubt.

Blaise Data Entry - c:\visis\blaise\mec\MEC

Forms Answer Navigate Options Year 2

LANGUAGE OF INTERVIEW.

1. CHINESE  
 2. FRENCH  
 3. GERMAN  
 4. ITALIAN  
 5. JAPANESE  
 6. RUSSIAN  
 8. VIETNAMESE  
 9. SPANISH  
 10. OTHER (SPECIFY)

SPPresence RIQ038

InterpreterUse RIQ090  YES

CodeTypeInptr RIQ100  Relative

LangOfIntrvew RIQ140

Specify RIQ140OS

Old 3/216 Modified Dirty Navigate MEC

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

During this interview, I will be asking you questions about your home, diet, current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept strictly confidential. Do you have any questions before we begin?

99a RIQ100

99a00g RIQ140

99a RIQ140OS

CK05d09a RIQ149

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?

99a RIQ100

99a00g RIQ140

99a RIQ140OS

CK05c RIQ149

RIQ140 Indicate the language in which the interview was conducted.

Code “10” for languages other than those listed and specify the language. Interviews with deaf or hearing impaired SPs that are conducted through an American sign language interpreter should be coded “other” and specified as such.

RIQ149 RIQ149 contains a brief introductory statement that is read to the respondent. There are three different versions of the introductory text depending upon the age of the SP and whether the interview is conducted with a proxy respondent.

RIQ149 This introductory statement is used with SPs ages 12 years or older.  
Version 1

RIQ149 The application displays this introductory statement for SPs aged 8-11 years.  
Version 2

NIH/NHS IV MEC Questionnaire

Form: Answer Navigate Options Year 11

During this interview, I will be asking you questions about Alec Rocha's current health status and on other health behaviors.

99a RIQ100  
99a00g RIQ140  
99a RIQ140OS  
CK05d09a RIQ149

RIQ149    The application displays this introductory statement when the interview is administered  
Version 3    through a proxy respondent.

NHMHS IV MIC Questionnaire

Forms Answer Navigate Options Year 11

First, I would like to ask you a few questions about your home.

Does your home have an attached garage?

1. YES

2. NO

09a VTQ210

09a VTQ220

09a VTQ200a

09a VTQ230a

### **5.2.3 The Volatile Toxicant Section (VTQ) of the MEC Interview**

NHANES includes a study of Volatile Organic Compounds (VOCs), the purpose of which is to determine the prevalence of exposures chemicals called volatile organic compounds. A one-half sample of SPs 12 years of age and older is randomly selected to participate in this study. The household interviewer collects a tap water sample to be analyzed for study. When the SP comes to the MEC for the exam the phlebotomist collects an additional tube of blood, and the MEC interviewers administer a 19-item questionnaire.

The VTQ section collects data about the SP's home, activities, amount of time spent in various locations, and exposure to different chemicals over the past 72 hours. The section is administered when the interview is conducted with a proxy respondent.

VTQ210 The first screen in this section introduces the section to the SP and asks the first question of the section.

The question refers to the residence where the SP spent the last 72 hours and specifically refers to whether or not the home has a garage and if it does, if it is attached or not.

Home refers to the building where the SP lives. This can be a mobile trailer, apartment, townhouse, single, or multiple family building. An attached garage means that one side of a wall faces a living space and the other faces an external enclosure where an automobile is stored at least some of the time. Vehicles off-gas many chemicals of interest, especially fuel vapors. If the external structure never contains a vehicle then it should be called a shed. An attached shed should be included with a basement and an attached garage.



NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

Is the source of water for your home from a private well?

1. YES  
 2. NO

09a VTQ210	1	YES
09a VTQ220		
09a VTQ200a		
09a VTQ230a		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

Do you store paints or fuels inside your home? Include your basement and attached garage.

1. YES  
 2. NO

09a VTQ210	1	YES
09a VTQ220	1	YES
09a VTQ200a		
09a VTQ230a		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

Do you store paints or fuels inside your home? Include your basement .

1. YES  
 2. NO

09a VTQ210	2	NO
09a VTQ220	1	YES
09a VTQ200a	1	YES
09a VTQ230a	1	YES

VTQ220 This question asks the SP to report the source of water used in their home. Include all types of wells.

Bored Wells: An earth auger rotated, by hand or power, bores the hole and carries the earth to the surface. Casing is usually steel, concrete, or plastic pipe.

Dug Wells: Historically, dug wells were excavated by hand shovel to below the water table until incoming water exceeded the digger's bailing rate. The well was lined with stones, brick, tile, or other material to prevent collapse, and was covered with a cap of wood, stone, or concrete. Modern large-diameter dug wells are dug or bored by power equipment and typically are lined with concrete tile.

Driven-Point (sand point) Wells: Constructed by driving assembled lengths of pipe into the ground with percussion equipment or by hand.

Drilled Wells: Constructed by either percussion or rotary-drilling machines. Drilled wells that penetrate unconsolidated material require installation of casing and a screen to prevent inflow of sediment and collapse.

If the SP indicates if the source of water is from any of these types of private wells, select "Yes." If the SP reports that the source of water is from a municipal or city source, select "No."

VTQ200A This question asks the SP to decide if they currently have any paints or fuels stored inside their home. Include the basement and attached garage or attached shed if the SP reports having an attached garage in VTQ220. The program automatically inserts the appropriate fill depending upon the response to VTQ220.

Include areas of the home like the basement and attached garage. Do not include separate storage facilities like barns or unattached sheds on the same property. Include all paints, both indoor and outdoor, and fuels like propane or butane. Do not include wood or coal. If the SP indicates they store paint or fuels in any of these locations select "Yes."

VTQ200A SPs who do not have an attached garage receive this alternate form of the question.

(cont'd)

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

HELP AVAILABLE

Do you use toilet bowl deodorizers inside your home?

1. YES  
 2. NO

09a VTQ210	<input type="checkbox"/>	YES
09a VTQ220	<input type="checkbox"/>	YES
09a VTQ200a	<input type="checkbox"/>	YES
09a VTQ230a	<input type="checkbox"/>	

Question Text

Some toilet bowl deodorizers clip onto the toilet rim, others, such as deodorant blocks and gels, are placed inside the tank or hang inside the wall of the tank. Brand names include Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way, and Sno Bol.

1.  
2.

Close Help

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

Do you use moth balls or crystals inside your home?

1. YES  
 2. NO

09a VTQ230b	<input type="checkbox"/>	
09a VTQ240a	<input type="checkbox"/>	
09a VTQ240b	<input type="checkbox"/>	
09a VTQ250a	<input type="checkbox"/>	

VTQ230A This question asks the SP to report if they use toilet bowl deodorizers inside the toilets in their home.

Include all types of deodorizers such as rim cage that clips onto the toilet rim, deodorant blocks, deodorant gels, and wall-mounted “para” block deodorant packaged in a cardboard hanger that hangs on the wall or fits in a separate wall-hanging plastic container (extra). Consider brand names such as Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way and Sno Bol.

VTQ230A Help text is available for this question.  
(cont'd)

VTQ230B This question asks the SP to report if they use moth balls or moth crystals inside their home.

One traditional way to prevent fabric damage by moths is to pack sweaters and blankets in moth balls or moth crystals. Moth balls or moth crystals are naphthalene or camphor. They produce a characteristic odor. Naphthalene, also known as tar camphor, is a white crystalline solid with a distinctive mothball odor. Naphthalene is available to the public as a pest repellent and is frequently contained in moth balls, moth flakes, and toilet bowl deodorizers.

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

Now I am going to ask you a few questions about your activities over the last three days. This means today, yesterday, or the day before yesterday.

In the last three days, did you pump gas into a car or other motor vehicle yourself?

1. YES  
 2. NO

09a VTQ230b	<input type="checkbox"/>	1	YES
09a VTQ240a	<input type="checkbox"/>		
09a VTQ240b	<input type="checkbox"/>		
09a VTQ250a	<input type="checkbox"/>		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

How long ago, in hours, did you pump gas into a car?

ENTER HOURS

09a VTQ230b	<input type="checkbox"/>	1	YES
09a VTQ240a	<input type="checkbox"/>	1	YES
09a VTQ240b	<input type="checkbox"/>		
09a VTQ250a	<input type="checkbox"/>		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the last three days, did you spend any time at a swimming pool, in a hot tub, or in a steam room?

1. YES  
 2. NO

09a VTQ230b	<input type="checkbox"/>	1	YES
09a VTQ240a	<input type="checkbox"/>	1	YES
09a VTQ240b	<input type="checkbox"/>	24	
09a VTQ250a	<input type="checkbox"/>		

VTQ240A Items VTQ240A through VTQ270B ask about the SP's activities over the past 72 hours. This screen introduces the series of questions and asks the SP to report if they pumped gas into a car or other motor vehicle during the last 3 days.

Include any grade of gasoline but do not include natural gas. Include pumping gas into a container, such as a lawn mower container. Do not record "Yes" if the SP reports being a passenger in a car into which gas was pumped. If the SP reports actually pumping gas into any car or motor vehicle, select "Yes."

If VTQ240A is coded "Yes," the interview continues with VTQ240B. Otherwise, the interview skips to VTQ250A.

VTQ240B This question asks the SP to report the number of hours between the time they pumped gas into a car and the current time.

Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP's best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ250A This question asks the SP to report if they spent any time at a swimming pool, in a hot tub, or in a steam room during the last 3 days.

Determine if the SP spent any time at a swimming pool, in a hot tub, or in a steam room. The SP did not have to swim in the pool.

If VTQ250A is coded "Yes", the interview continues with VTQ250B. Otherwise, the interview skips to VTQ260A.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

How long ago, in hours, has it been since you spent time at a swimming pool, in a hot tub, or in a steam room?

ENTER HOURS

09a VTQ250b

09a VTQ260a

09a VTQ260b

09a VTQ270a

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

In the last three days, did you visit a dry cleaning shop or wear clothes that had been dry-cleaned within the last week?

1. YES

2. NO

09a VTQ250b 10

09a VTQ260a

09a VTQ260b

09a VTQ270a

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

In the last three days, did you spend 10 or more minutes near a person who was smoking a cigarette, cigar, or pipe?

1. YES

2. NO

09a VTQ250b 10

09a VTQ260a 1 YES

09a VTQ260b

09a VTQ270a

VTQ250B This question asks the SP to report the number of hours between the time they were at a swimming pool, in hot tub, or in steam room and the current time.

Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP's best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ260A This question asks the SP to report if they visited a dry cleaning shop or wore clothes that had been dry cleaned within the last week.

The dry cleaning process cleans clothing with chemical solvents having little or no water. Determine if the SP visited a dry cleaning shop during the last 3 days or if they wore clothes that had been dry-cleaned within the last week or 7 days. If the SP meets either criterion, select "Yes."

VTQ260B This question asks the SP to report if they have spent 10 or more minutes near any person who was smoking cigarettes, cigars, or a pipe in the last 3 days.

Include any brand of cigarette, any size of cigar, or any style of pipe.



NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the last three days, did you take a hot shower or bath for five minutes or longer?

1. YES  
 2. NO

09a VTQ260b	10	
09a VTQ260a	1	YES
09a VTQ260b	1	YES
09a VTQ270a		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

How long ago, in hours, has it been since your last shower or hot bath?

ENTER HOURS

09a VTQ270b	
09a VTQ280a	
09a VTQ280b	
09a VTQ280c	

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the last three days, did you breathe fumes from any of the following:

Paints?

1. YES  
 2. NO

09a VTQ270b	0
09a VTQ280a	
09a VTQ280b	
09a VTQ280c	

VTQ270A This question asks the SP to report if they took a hot shower or bath for at least 5 minutes during the last 3 days.

Determine if the SP took a hot shower or bath for at least 5 minutes in the last 3 days. If the SP reports taking a hot shower or bath for a total of at least 5 minutes, select “Yes.” If the SP reports taking a cold or warm shower or a hot shower or bath for less than 5 minutes, select “No.”

If VTQ270A is coded “Yes,” the interview continues with VTQ270B. Otherwise, the interview skips to VTQ280A.

VTQ270B This question asks the SP to report the number of hours between the time they took a hot shower or bath and the current time.

Enter the number of hours reported by the SP. If the number of hours is less than 1, enter 0. In general, round <30 minutes down to nearest whole number, if >30 minutes round up to nearest whole number, if exactly 30 minutes round to nearest even whole number. For example, 2 hours 30 minutes, round to 2 hours; 3 hours and 30 minutes round to 4 hours. Since SPs are required to answer this question, get the SP’s best estimate. This number cannot be greater than 72 since the time reference for this question is the last 3 days.

VTQ280A VTQ280A through VTQ280H asks the SP to report if they breathed fumes from a variety of sources during the last 3 days. Individually determine if the SP breathed fumes from each source. Record each answer. If known, workplace exposure to chemicals in the list of products should be coded as “Yes.”

This question asks the SP to report if they breathed fumes from paints during the last 3 days.

Include all interior and exterior paints, spray paints used in arts and crafts, and oil-based artist paints.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

**Degreasing cleaners?**

1. YES  
 2. NO

09a VTQ270b	<input type="checkbox"/>	
09a VTQ280a	<input type="checkbox"/>	YES
09a VTQ280b	<input type="checkbox"/>	
09a VTQ280c	<input type="checkbox"/>	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

**Diesel fuel or kerosene?**

1. YES  
 2. NO

09a VTQ270b	<input type="checkbox"/>	
09a VTQ280a	<input type="checkbox"/>	YES
09a VTQ280b	<input type="checkbox"/>	YES
09a VTQ280c	<input type="checkbox"/>	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

**Paint thinner, brush cleaner, or furniture stripper?**

1. YES  
 2. NO

09a VTQ280d	<input type="checkbox"/>	
09a VTQ280e	<input type="checkbox"/>	
09a VTQ280f	<input type="checkbox"/>	
09a VTQ280g	<input type="checkbox"/>	

VTQ280B This question asks the SP to report if they breathed fumes from degreasing cleaners during the last 3 days.

Consider all degreasing cleaners such as Formula 409® Cleaner Degreaser and Simple Green All-Purpose Industrial Degreaser/Cleaner. Oven cleaner is not considered to be a degreasing cleaner.

VTQ280C This question asks the SP to report if they breathed fumes from diesel fuel or kerosene during the last 3 days.

Diesel fuel is a crude oil. Kerosene is a hydrocarbon oil, chiefly of the methane series, used for burning in lamps. It is also called coal oil.

VTQ280D This question asks the SP to report if they breathed fumes from paint thinner, brush cleaner, or furniture stripper during the last 3 days.

These items contain turpentine.

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

Drycleaning fluid or spot remover?

1. YES  
 2. NO

09a VTQ280d	<input type="checkbox"/>	1	YES
09a VTQ280e	<input type="checkbox"/>		
09a VTQ280f	<input type="checkbox"/>		
09a VTQ280g	<input type="checkbox"/>		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

Fingernail polish or fingernail polish remover?

1. YES  
 2. NO

09a VTQ280d	<input type="checkbox"/>	1	YES
09a VTQ280e	<input type="checkbox"/>	1	YES
09a VTQ280f	<input type="checkbox"/>		
09a VTQ280g	<input type="checkbox"/>		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

[In the last three days, did you breathe fumes from any of the following.]

Glues or adhesives used for hobbies or crafts?

1. YES  
 2. NO

09a VTQ280d	<input type="checkbox"/>	1	YES
09a VTQ280e	<input type="checkbox"/>	1	YES
09a VTQ280f	<input type="checkbox"/>	1	YES
09a VTQ280g	<input type="checkbox"/>		

VTQ280E This question asks the SP to report if they breathed fumes from dry-cleaning fluid or spot remover during the last 3 days.

Consider all spot removers like K2R.

VTQ280F This question asks the SP to report if they breathed fumes from fingernail polish or fingernail polish remover during the last 3 days. Nail polish and nail polish remover contain acetone.

VTQ280G This question asks the SP to report if they breathed fumes from glues or adhesives used for hobbies or crafts during the last 3 days.

Glue is a viscid cement or adhesive preparation and is usually an impure gelatin derived from boiling certain animal substances. Hobby glue contains a significant amount of toluene.

NEIHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

In the past 7 days, were any chemical products used in your home to control fleas, roaches, ants, termites, or other insects?

THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17.

1. YES  
 2. NO

LABEL	Pesticide Use
05a PUG100	<input type="checkbox"/>
05a07a PUG110	<input type="checkbox"/>

NEIHANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

In the past 7 days, were any chemical products used in your lawn or garden to kill weeds?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN

THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17.

1. YES  
 2. NO

LABEL	Pesticide Use
05a PUG100	2 NO
05a07a PUG110	<input type="checkbox"/>

#### 5.2.4 Pesticide Use (PUQ)

This is a short section comprised of just two items. The information from this section will be used to interpret the measurements of pesticide in biologic specimens (blood and urine) collected from SPs.

The pesticide questions are administered to SPs 8 years of age and older. For SPs 18 years and older the items are asked directly of the SP at the time of the MEC interview. For SPs 8-17 years of age the questions are asked of a proxy via the Automated Proxy Form. The application then prefills the PUQ questions and makes them read only in the Blaise instrument.

PUQ100 This item asks about the use of chemical products to control fleas, roaches, ants, termites, or other insects. The period of interest is the past 7 days, and only products used inside the SP's home should be considered.

Include all forms of products such as aerosol or pump sprays and powders, but do not include traps. Include topical flea and tick treatments applied to pets, flea collars, and mosquito repellants.

For SPs 8-17 years of age, DO NOT ASK PUQ100 directly of the SP. The responses will be prefilled. Simply select "enter" on the keyboard to move on to the next question.

PUQ110 This item obtains information on the use of chemical weed killers in the SPs lawn or garden. The period of interest is the past 7 days.

Enter a response of "no" if the SP reports he or she does not have a lawn or garden.

For SPs 8-17 years of age, DO NOT ASK PUQ110 directly of the SP. The responses will be prefilled. Simply select "enter" on the keyboard to move on to the next question.



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### **5.2.5 Dietary Screener Module (DTQ)**

The Dietary Screener Module (DTQ) will be conducted on participants 2 years and older as an in-person interviewer-administered interview. For participants 2 to 11 years old, the interview is conducted by proxy in the Household Interview. For participants 12 to 69 years old, the interview will be done during the MEC Interview. This module was developed in collaboration with the National Cancer Institute (NCI) of the National Institutes for Health (NIH). The Dietary Screener Module is designed to assess participants' intake of fruits and vegetables, fiber, added sugar, dairy/calcium, whole grains, red meat, and processed meat. These were chosen because they are implicated in chronic disease etiology, targets of dietary guidance, potential or current targets for nutrition interventions, and/or current or potential targets for policy changes.

These questions ask about the different kinds of food the SP ate or drank during the past month (30 days). For all questions the SP should include all meals and snacks, no matter where they were eaten, when answering the questions in this section.

The SP has the option of reporting his or her answer in units per day, per week, or per month. If the SP reports that he or she never eats or drinks a particular item, code "0" in the first data field. Otherwise, code "1" in the first data field, press "Enter," and type in the frequency in the second and third data fields.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

During the past month, how often did you eat hot or cold cereals? You can tell me per day, per week or per month.

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
2. WEEK  
3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

During the past month, what kinds of cereal did you usually eat?

ENTER FIRST FEW LETTERS OF CEREAL NAME TO START THE LOOKUP.  
SELECT CEREAL FROM LIST. IF CEREAL NOT ON LIST, PRESS BS TO DELETE THE ENTRY AND TYPE \*\* TO ENTER CEREAL NAME.

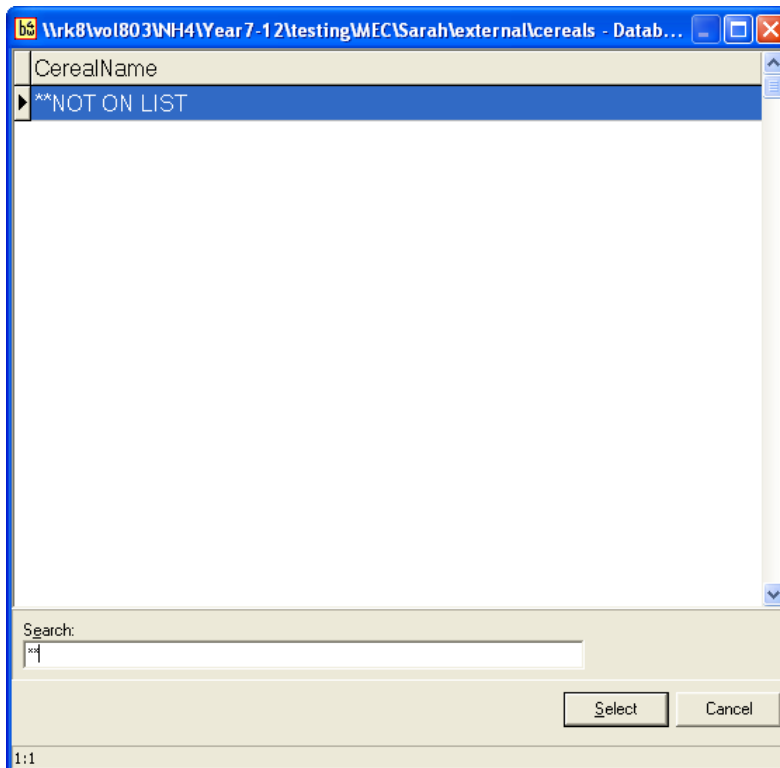
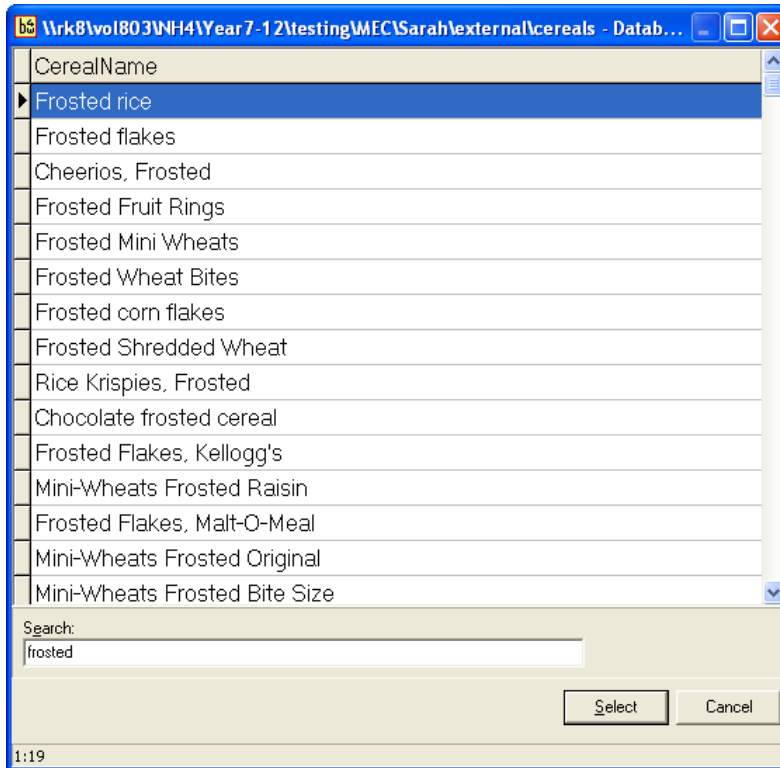
	DTQ020	DTQ020S	DTQ025
DTQ020[1]	<input type="text"/>		<input type="text"/>
DTQ020[2]			

DTQ010 This question provides an introduction that includes the reference period for this set of questions, which is the past month or 30 days. It asks respondents to count meals and snacks eaten outside of the home and at home. The introduction should be read slowly and clearly to ensure that the SP understands what you will be asking about.

The first question in this section asks how often the SP ate hot or cold cereals.

DTQ020 If SPs report eating hot or cold cereals in DTQ010, they receive this follow-up question asking what kind of cereal they usually eat. This question allows for a maximum of two entries. If necessary, remind SPs that they should include the cereals that they usually ate in the last 30 days.

This question has a cereal look-up table. To enter a cereal name, type in the first few letters of the cereal name and the look-up table will appear. Select the correct cereal name from the list. (We are interested in the product name (i.e., Lucky Charms, Cheerios, Raisin Bran) of the cereal, not the brand name (i.e., General Mills, Kellogg's).



DTQ020 (cont.) Select the correct cereal from the list by: (1) Using the up/down arrow keys on the keyboard and pressing “Enter,” (2) Clicking on the correct cereal with the mouse then clicking “Select,” or (3) Double-clicking the correct cereal with the mouse.

After selecting the cereal name from the list, press “Enter” to move to the next question.

DTQ020 (cont.) If the cereal is not on the list, press the backspace button on the keyboard to delete the entry, then press “\*”.\* “\*\*NOT ON LIST” will appear in the look-up table. Select “NOT ON LIST” and another data field will appear (DTQ020S), allowing you to type in the name of the cereal.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

What other kinds of cereal did you **usually** eat?

ENTER CEREAL NAME.

	DTQ020	DTQ020S	DTQ025
DTQ020[1]	Frosted flakes		1
DTQ020[2]	**NOT ON LIST		

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

IS THERE ANOTHER CEREAL SP USUALLY EATS?

OR ASK IF NECESSARY (Is there another cereal you usually eat?)

1. YES  
 2. NO

	DTQ020	DTQ020S	DTQ025
DTQ020[1]	Frosted flakes		
DTQ020[2]			

DTQ020S Type the name of the cereal that did not appear in the look-up table and press Enter.

DTQ025 This question will appear after the first cereal is entered. If there is another cereal the SP usually ate in the last 30 days, code "1" to enter another cereal. If not, code "2." This question appears in parentheses and should be read as necessary.



NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you have **milk** either to drink or on cereal? Do **not** include soy milk or small amounts of milk in coffee or tea. (You can tell me per day, per week or per month.)

**INCLUDE:** SKIM, NO-FAT, LOW-FAT, WHOLE MILK, BUTTERMILK, AND LACTOSE-FREE MILK. ALSO INCLUDE CHOCOLATE OR OTHER FLAVORED MILKS.  
**DO NOT INCLUDE:** CREAM.

0. NEVER  
 1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you have **milk**? Do **not** include soy milk or small amounts of milk in coffee or tea. (You can tell me per day, per week or per month.)

**INCLUDE:** SKIM, NO-FAT, LOW-FAT, WHOLE MILK, BUTTERMILK, AND LACTOSE-FREE MILK. ALSO INCLUDE CHOCOLATE OR OTHER FLAVORED MILKS.  
**DO NOT INCLUDE:** CREAM.

0. NEVER  
 1. ENTER QUANTITY

DTQ030 This question asks how often the SP had milk to drink or on cereal.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
skim milk	soy milk
no-fat milk	cream
low-fat milk	small amounts of milk in coffee or tea
whole milk	
buttermilk	
lactose-free milk	
chocolate or other flavored milk	

DTQ030 If the SP indicated in DTQ010 that he or she did not eat cereal, this alternate form of  
(cont.) the question will appear.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

During the past month, how often did you drink **regular soda** or pop that contains sugar? Do **not** include diet soda. You can tell me per day, per week or per month.

**INCLUDE:** MANZANITA AND PEÑAFIEL SODAS.  
**DO NOT INCLUDE:** DIET OR SUGAR-FREE FRUIT DRINKS. DO NOT INCLUDE JUICES OR TEA IN CANS.

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you drink 100% **pure** fruit juice such as orange, mango, apple, grape and pineapple juices? Do **not** include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. (You can tell me per day, per week or per month.)

**INCLUDE:** ONLY 100% PURE JUICES.  
**DO NOT INCLUDE:** FRUIT-FLAVORED DRINKS WITH ADDED SUGAR, LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT.

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

DTQ040 This question asks how often the SP had regular soda or pop that contained sugar.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
Manzanita soda	diet soda
Peñafiel soda	diet fruit drinks
	sugar-free fruit drinks
	juices in cans
	tea in cans

DTQ050 This question asks how often the SP had 100% pure fruit juice. Examples are included as part of the question.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
only 100% pure juices	fruit-flavored drinks with added sugar (i.e., cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, Sunny Delight)
	fruit juice made at home and added sugar to

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you drink coffee or tea that had **sugar** or **honey** added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccinos. Do **not** include **artificially** sweetened coffee or diet tea. (You can tell me per day, per week or per month.)

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
2. WEEK  
3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you drink **sweetened** fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do **not** include diet drinks or artificially sweetened drinks. (You can tell me per day, per week or per month.)

**INCLUDE:** DRINKS WITH ADDED SUGAR, TAMPICO, SUNNY DELIGHT, AND TWISTER.  
**DO NOT INCLUDE:** 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER OR FRUIT-FLAVORED TEAS.

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
2. WEEK  
3. MONTH

DTQ060 This question asks how often the SP sweetened his or her coffee or tea with sugar or honey, or drank pre-sweetened coffee or tea.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
canned & bottled tea	artificially sweetened coffee & tea
canned & bottled coffee	diet coffee & tea
Arizona Tea	
Frappuccinos	
sweetened coffee drinks (i.e., lattes)	

DTQ070 This question asks how often the SP had sweetened fruit drinks and sports or energy drinks. Examples of these items are included as part of the question.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
fruit juices made at home & added sugar to	diet drinks
drinks with added sugar (i.e., Tampico, Sunny Delight, Twister, Vitamin Water)	artificially sweetened drinks
	100% fruit juices
	soda
	yogurt drinks
	carbonated water
	fruit-flavored teas

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you eat **fruit**? **Include** fresh, frozen or canned fruit. Do **not** include juices. (You can tell me per day, per week or per month.)

**DO NOT INCLUDE: DRIED FRUITS.**

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you eat a green leafy or lettuce **salad**, with or without other vegetables? (You can tell me per day, per week or per month.)

**INCLUDE: SPINACH SALADS.**

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ080 This question asks how often the SP ate fruit.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
fresh, frozen, and canned fruit	juices dried fruits

DTQ090 This question asks how often the SP ate green leafy or lettuce salad, with or without other vegetables. Lettuce on sandwiches should not be counted here.

**INCLUDE:** spinach salads



NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat any kind of **fried potatoes**, including french fries, home fries, or hash brown potatoes? (You can tell me per day, per week or per month.)

DO NOT INCLUDE: POTATO CHIPS.

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat any **other kind of potatoes**, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad? (You can tell me per day, per week or per month.)

INCLUDE: ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ100 This question asks how often the SP ate any kind of fried potatoes. Examples include french fries, home fries, and hash brown potatoes.

**DO NOT INCLUDE:** potato chips

DTQ110 This question asks how often the SP ate any other kind of potatoes. Examples include baked, boiled, mashed potatoes, sweet potatoes, and potato salad.

**INCLUDE**

all types of potatoes except fried  
potatoes au gratin  
scalloped potatoes  
potatoes in soup

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do **not** include green beans. (You can tell me per day, per week or per month.)

**INCLUDE:** SOYBEANS, KIDNEY, PINTO, GARBANZO, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, AND LIMA BEANS.

0. NEVER
  1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

DTQ120 This question asks how often the SP ate refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
soybeans	green beans
kidney beans	
pinto beans	
garbanzo	
lentils	
black beans	
black-eyed peas	
cow peas	
lima beans	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

HELP AVAILABLE  
 (During the past month), how often did you eat **brown rice** or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do **not** include white rice. (You can tell me per day, per week or per month.)

0. NEVER  
 1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT  
 1. DAY  
 2. WEEK  
 3. MONTH

Question Text

**BROWN RICE:** Brown rice is a type of whole grain. It is brown in color and takes longer to cook than white rice. It contains almost all of the rice grain and is not as processed as white rice. Compared to white rice it also contains more fiber and more of some vitamins and minerals that are lost during the processing of rice.

0.  
 1.

Close Help

DTQ210 This question asks how often the SP ate brown rice or other cooked whole grains.

**EXAMPLES of other cooked whole grains:** bulgur, cracked wheat, millet

**DO NOT INCLUDE:** white rice

DTQ210 A help screen provides a definition of brown rice.  
(cont.)

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), not including what you just told me about (lettuce salads, potatoes, cooked dried beans), how often did you eat **other vegetables**? (You can tell me per day, per week or per month.)

**DO NOT INCLUDE: RICE**  
**EXAMPLES OF OTHER VEGETABLES INCLUDE: TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).**

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you have Mexican-type **salsa** made with tomato? (You can tell me per day, per week or per month.)

**INCLUDE: ALL TOMATO-BASED SALSAS.**

0. NEVER 1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
 2. WEEK  
 3. MONTH

DTQ130 This question asks how often the SP ate other vegetables. The lettuce salads, potatoes, and cooked dried beans that were previously reported should not be included. Raw, cooked, canned, and frozen vegetables should be included.

Include lettuce and tomatoes on sandwiches. Any vegetables that the SP had on their lettuce salad (DTQ090) should not be included.

Interviewer instructions on the screen provide help for this question.

EXAMPLES	
tomatoes	cabbage
green beans	bean sprouts
carrots	collard greens
corn	broccoli

**DO NOT INCLUDE:** rice

DTQ150 This question asks how often the SP had Mexican-type salsa made with tomato.

**INCLUDE:** all tomato-based salsas



NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 11

During the past month, how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza. You can tell me per day, per week or per month.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Please do not count tomato sauce on pizza. (You can tell me per day, per week or per month.)

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? (You can tell me per day, per week or per month.)

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ140 This question asks how often the SP ate pizza.

**INCLUDE:** frozen, fast food, and homemade pizza

DTQ160 This question asks how often the SP had tomato sauces.

**EXAMPLES:** with spaghetti or noodles; mixed into foods like lasagna

**DO NOT INCLUDE:** sauce on pizza

DTQ160 (cont.) If the SP does not report eating pizza in DTQ140, this alternate version of the screen appears.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat any kind of **cheese**?  
 Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Please do not count cheese on pizza. (You can tell me per day, per week or per month.)

**INCLUDE:** MACARONI AND CHEESE, ENCHILADAS.  
**DO NOT INCLUDE:** CREAM CHEESE OR CHEESES MADE FROM NON-DAIRY FOODS, SUCH AS SOY OR RICE, OR CHEESE ON PIZZA.

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat any kind of **cheese**?  
 Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. (You can tell me per day, per week or per month.)

**INCLUDE:** MACARONI AND CHEESE, ENCHILADAS.  
**DO NOT INCLUDE:** CREAM CHEESE OR CHEESES MADE FROM NON-DAIRY FOODS, SUCH AS SOY OR RICE, OR CHEESE ON PIZZA.

0. NEVER

1. ENTER QUANTITY

1

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ190 This question asks how often the SP ate any kind of cheese.

**Note:** Although cheese mixed into foods like lasagna, quesadillas, or casseroles are included, cheese on pizza should not be included. This item has already been recorded in DTQ140.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
cheese as a snack	cheese on pizza
cheese on burgers	cream cheese
cheese on sandwiches	cheeses made from non-dairy foods like soy or rice
cheese mixed into foods (i.e., lasagna, quesadillas, casseroles)	
macaroni and cheese	
enchiladas	

DTQ190 (cont.) SPs who do not report eating pizza receive this alternate form of the question.

NIHAMES IF MEC Questionnaire

Form: Answer Navigation Options Year 11

**HAND CARD DTQ1**

Please look at this card, during the past month, how often did you eat **red meat**, such as beef, pork, ham, or sausage? Do not include chicken, turkey or seafood. (You can tell me per day, per week or per month.)

0. NEVER 1

\* 1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
2. WEEK  
3. MONTH

**DTQ1**

**Examples of Red Meat**

Beef  
Veal  
Pork  
Bacon  
Ham  
Lamb  
Hotdogs and cold cuts made with red meats

Include:

Sandwiches	}	made with red meats
Lasagna		
Stew		
Pizza		
Hamburgers		

NIHAMES IF MEC Questionnaire

Form: Answer Navigation Options Year 11

**HELP AVAILABLE**

**HAND CARD DTQ2**

Please look at this card, (during the past month), how often did you eat **processed meat**, such as bacon, lunch meats, or hot dogs? (You can tell me per day, per week or per month.)

**INCLUDE: PROCESSED POULTRY AND RED MEAT.**  
**DO NOT INCLUDE: CANNED TUNA FISH OR CHICKEN NUGGETS.**

0. NEVER 1

\* 1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY  
2. WEEK  
3. MONTH

DTQ170 This question asks how often the SP ate red meat.

**EXAMPLES:** beef, pork, ham, sausage

**DO NOT INCLUDE**

chicken

turkey

seafood

DTQ170 Always show the respondent hand card DTQ1 to assist in his or her response.  
(cont.)

DTQ180 This question asks how often the SP ate processed meat.

**EXAMPLES:** bacon, lunch meats, hot dogs

There may be overlap between DTQ170 (red meat) and DTQ180 (processed meat) because many processed meats are made from red meats.

Interviewer instructions on the screen provide help for this question.

**INCLUDE**

processed poultry

processed red meat

**DO NOT INCLUDE**

canned tuna fish

chicken nuggets

Question Text

**PROCESSED MEAT:** Meats (usually red meats, but not always) preserved by smoking, curing, or salting, or by the addition of preservatives. Examples include: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, or spam.

0.  
1.

Close Help

**DTQ2**

**Examples of Processed Meat**

- Cold cuts
- Luncheon meats
- Hotdogs
- Bacon
- Ham
- Pastrami
- Salami
- Sausages
- Bratwursts
- Corned beef

Include:

- Sandwiches
- Soups
- Pizza
- Casseroles

} made with those meats

DTQ180 A help screen provides a definition of processed meats.  
(cont.)

DTQ180 Always show the respondent hand card DTQ2 to assist in his or her response.  
(cont.)



NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

**HAND CARD DTQ3**  
 (During the past month), how often did you eat **whole grain bread** including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do **not** include white bread. (You can tell me per day, per week or per month.)

**INCLUDE: CRACKED WHEAT, MULTI-GRAIN, BRAN BREADS, WHOLE GRAIN WHITE BREAD.**

0. NEVER  1

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY   
 2. WEEK   
 3. MONTH

**DTQ3**

**Types of Whole Grain Bread**

Whole wheat

Rye

Oatmeal

Pumpernickel

DTQ200 This question asks how often the SP ate whole grain bread including toast, rolls, and in sandwiches.

Note: If the SP specifically asks about whole grain tortillas, they should be included here.

Interviewer instructions on the screen provide help for this question.

<b>WHOLE GRAIN BREADS INCLUDE</b>	<b>DO NOT INCLUDE</b>
whole wheat rye	white bread
oatmeal	
pumpnickel	
cracked wheat	
multi-grain	
bran	
whole grain white bread	

DTQ200 (cont.) Always show the respondent hand card DTQ3 to assist in his or her response.

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

During the past month, how often did you eat **chocolate** or any other types of **candy**? Do **not** include **sugar-free** candy. You can tell me per day, per week or per month.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you eat **doughnuts**, **sweet rolls**, **Danish**, **muffins**, (**pan dulce**) or **pop-tarts**? Do **not** include **sugar-free** items. (You can tell me per day, per week or per month.)

**INCLUDE:** LOW-FAT KINDS.  
**DO NOT INCLUDE:** PANCAKES, WAFFLES, FRENCH TOAST, CAKE, ICE CREAM AND OTHER FROZEN DESSERTS OR CANDY.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ220 This is the first of four questions about sweets. This question asks how often the SP ate chocolate or any other types of candy. Only candy should be included for this question.

**DO NOT INCLUDE:** sugar-free candy

DTQ230 This question asks how often the SP ate doughnuts, sweet rolls, Danish, muffins, pan dulce, or pop-tarts. Pan dulce is a type of sweet roll common in Hispanic cultures. It appears in parentheses because it should not be read when interviewing a non-Hispanic SP.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
low-fat items	sugar-free items pancakes waffles French toast cake ice cream other frozen desserts or candy

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat **cookies, cake, pie or brownies**? Do not include **sugar-free** kinds. (You can tell me per day, per week or per month.)

**INCLUDE:** LOW-FAT KINDS, TWINKIES AND HOSTESS CUPCAKES.  
**DO NOT INCLUDE:** ICE CREAM AND OTHER FROZEN DESSERTS OR CANDY.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 11

(During the past month), how often did you eat **ice cream or other frozen desserts**? Do not include **sugar-free** kinds. (You can tell me per day, per week or per month.)

**INCLUDE:** LOW-FAT KINDS. ALSO INCLUDE FROZEN YOGURT AND SHERBET.  
**DO NOT INCLUDE:** NON-DAIRY FROZEN DESSERTS, SUCH AS SORBET, SNO-CONES.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

DTQ240 This question asks how often the SP ate cookies, cake, pie, or brownies.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
low-fat items	sugar-free items
Twinkees	ice cream
Hostess cupcakes	other frozen desserts or candy

DTQ250 This question asks how often the SP ate ice cream or other frozen desserts.

Interviewer instructions on the screen provide help for this question.

<b>INCLUDE</b>	<b>DO NOT INCLUDE</b>
low-fat items	sugar-free items
frozen yogurt	non-dairy frozen desserts (i.e., sorbet, sno-cones)
frozen sherbet	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

(During the past month), how often did you eat **popcorn**? (You can tell me per day, per week or per month.)

INCLUDE: LOW-FAT POPCORN.

0. NEVER

1. ENTER QUANTITY

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

ENTER UNIT

1. DAY

2. WEEK

3. MONTH

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

You said 2 times per day. Is that correct?

1. YES

2. NO

08b DTQ015

DTQ260 This question asks how often the SP ate popcorn.

**INCLUDE:** low-fat popcorn

Verification  
Screen

Each question has a verification question that will appear when a larger frequency is reported than anticipated.

The verification question appears when responses are greater than once a day, greater than 14 times a week, and greater than 60 times a month for all questions except DTQ030 (milk), DTQ040 (sodas), and DTQ130 (other vegetables).

For DTQ030, DTQ040, and DTQ130, responses greater than twice a day trigger the verification question (instead of greater than once a day).



NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

You said 15 times per week. Is that correct?

1. YES

2. NO

08b DTQ015

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

You said 61 times per month. Is that correct?

1. YES

2. NO

08b DTQ015

Verification Screen  
(cont.)

Verification Screen  
(cont.)

Blaise Data Entry - N:\NH4\Prj-Test\Mecv1\Beth\mec Year 2

Forms Answer Navigate Options

First I have some general questions about your health.

Would you say your health in general is ...

1. excellent,  5. poor?  
 2. very good.  
 3. good.  
 4. fair, or

LABEL	HEALTH STATUS SECTION
WouldYouSay HU0010	<input type="text"/>
ThinkingAbout HSQ470	<input type="text" value="0"/>
NowThinking HSQ480	<input type="text" value="0"/>
DuringThePast HSQ490	<input type="text" value="0"/>
Cold4wks HSQ500	<input type="text" value="2"/> NO

Old 4/214 Modified Dirty Navigate MEC

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Blaise Data Entry - N:\NH4\Prj-Test\Mecv1\Beth\mec Year 2

Forms Answer Navigate Options

**HAND CARD HSQ1**

The next questions are about your recent health during the 30 days outlined on the calendar.

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

ENTER NUMBER OF DAYS

LABEL	HEALTH STATUS SECTION
WouldYouSay HU0010	<input type="text" value="1"/> Excellent
ThinkingAbout HSQ470	<input type="text"/>
NowThinking HSQ480	<input type="text" value="0"/>
DuringThePast HSQ490	<input type="text" value="0"/>
Cold4wks HSQ500	<input type="text" value="2"/> NO

Old 4/214 Modified Dirty Navigate MEC

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## 5.2.6 Current Health Status (HSQ)

This section of the interview is administered to SPs 12 years of age and older. It is a short section that collects information about quality of life and selected health conditions over the past 30 days, and about blood donations.

HUQ010 This question asks the SP to indicate his or her general health status. It's important to note that we're interested in the subject's own perception of his or her health. If he or she is unsure or has difficulty characterizing his or her health status, remind the SP that there is no right or wrong answer and that you're simply interested in his or her opinion.

HSQ470 This question is the first in a series of items designed to obtain information about the impact of the subject's health on his or her quality of life during the past 30 days. There may be some "overlap" in the number of days reported between the Quality of Life questions.

This question asks the SP to indicate on how many of the past 30 days his or her physical health was not good. The SP should consider physical illness and injury in determining his or her answer.

Note that Card HSQ1 is handed to the SP to assist him or her in focusing on the 30-day reference period.

HSQ1 is a series of annual calendars for each year of the study. Determine the start of the 30-day reference period on the appropriate calendar(s) by counting back to the day in the previous month that is the same as the current date. For example, if the current date is February 15, the start date is January 15. An exception to this occurs when you are conducting an interview on the last day of a month that has more days than the preceding month. In this situation, designate the last day in the previous month as the start date. For example, if the current date is October 31, use September 30 as the start date since September 31 is not a valid date. Circle the start date and the current date. Outline the reference period by drawing horizontal lines through the 30-day period beginning with the start date and ending with the current date. Prepare the hand card before the first interview at the start of each new day of examinations.

Note that the hand cards are used with HSQ470, HSQ480, HSQ490, HSQ493, HSQ496, HSQ500, HSQ510 and HSQ520.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

**HAND CARD HSQ1**  
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

ENTER NUMBER OF DAYS

LABEL	HEALTH STATUS SECTION	
00a09a HUUQ010	2	VeryGood
00a05a07a HSQ470	2	
00a07a HSQ480		

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

**HAND CARD HSQ1**  
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, school or recreation?

ENTER NUMBER OF DAYS

00a07a HSQ490	
07a HSQ493	
07a HSQ496	
99ab00a07a HSQ600	

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

**HAND CARD HSQ1**  
During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

ENTER NUMBER OF DAYS

00a07a HSQ490	2
07a HSQ493	
07a HSQ496	
99ab00a07a HSQ600	

HSQ480 This question asks the SP to consider on how many days his or her mental health was not good. Mental health includes stress, depression, and problems with emotions.

HSQ490 This question asks the SP to report on how many days poor physical or mental health prevented him or her from engaging in his or her normal activities. Self-care is the process of attending to one's basic daily needs, such as eating, dressing, grooming, and toileting.

HSQ493 This question asks the SP to report on how many days pain made it hard for him or her to do usual activities, such as self-care, work, or recreation.

NHANES IV MEC Questionnaire  
 Forms Answer Navigate Options Year 11

**HAND CARD H501**  
 During the past 30 days, for about how many days have you felt worried, tense, or anxious?

ENTER NUMBER OF DAYS

00a07a H5Q490   
 07a H5Q493   
 07a H5Q496   
 99ab00a07a H5Q500

NHANES IV MEC Questionnaire  
 Forms Answer Navigate Options Year 11

**HAND CARD H501**  
 Did you have a head cold or chest cold that started during those 30 days?

1. YES  
 2. NO

00a07a H5Q490   
 07a H5Q493   
 07a H5Q496   
 99ab00a07a H5Q500

HSQ496 This question asks the SP to report on how many days he or she has felt worried, tense, or anxious.

HSQ500 This question is the first in a series of questions designed to determine the frequency of colds, and viral or bacterial infections. Sinus infections should also be coded as “yes” responses. We are interested in a condition that started during the 30-day period, whether or not the condition exists at the time of the interview.



1. YES  
 2. NO

99ab HSG510		
99ab07a HSG520		
02a07a HSG571		
99abk07a HSG580		

1. YES  
 2. NO

99ab HSG510	2	NO
99ab07a HSG520		
02a07a HSG571		
99abk07a HSG580		

1. YES  
 2. NO

99ab HSG510	2	NO
99ab HSG520	2	NO
02a HSG571		
99abk HSG580		
99ab HSG590		

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HSQ510 This question specifically asks about stomach or intestinal illness with vomiting or diarrhea. A stomach condition without the presence of vomiting or diarrhea should not receive a “yes” response. Vomiting that is secondary to another condition (e.g., vertigo accompanied by vomiting or pregnancy-related nausea) and not due to a stomach illness should be coded as a “no” response.

HSQ520 This question is used to assess the frequency of viral infections. Again, the reference period is the 30 days outlined on the hand card.

SPs younger than 16 years of age skip to the next section.

HSQ571 This item asks the SP to indicate if they have donated blood in the previous year. Both whole blood and plasma donations should be coded “yes.” Blood drawn for laboratory analysis or self blood banking situations should be coded “no.”

Responses other than “yes” skip to HSQ590.

PEIAMES IF MEC Questionnaire

Forms Answer Navigate Options Year 0

How long ago was your last blood donation?

IF LESS THAN ONE MONTH, ENTER "1"  
ENTER NUMBER OF MONTHS

99ab HSO510	2	NO
99ab07a HSO520	2	NO
02a07a HSO571	1	YES
52ab07a HSO590		

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Forms Answer Navigate Options

Except for tests you may have had as part of blood donations, have you ever had your blood tested for the AIDS virus infection?

1. YES  
2. NO

HivTest HSO590

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HSQ580 SPs who have donated blood in the past year are asked how many months ago the last donation occurred. If the donation was made in the past month, enter “1.”

HSQ590 With the exception of HIV testing done as part of a blood donation, this question asks if the SP has ever had his or her blood tested for the presence of the Human Immunodeficiency Virus, which causes AIDS. To qualify for a “yes” response, the SP would have received, or been able to receive, the test results indicating the presence or absence of HIV in his or her blood. If the SP indicates hesitancy in answering this question, reassure him or her that you are only interested in whether he or she has been tested and not in the test results. In addition to testing prior to blood donation, HIV testing is commonly done during pregnancy, offered to many health care workers, and when applying for life insurance.

DPQ1

Not at all

Several days

More than half the days

Nearly every day

### 5.2.7 Depression Screen (DPQ)

SPs 12 years and older will be administered a depression screener questionnaire. Depression will be assessed using the Patient Health Questionnaire (PHQ-9). This screening instrument has been validated against independent structured diagnostic interviews in both clinical and general population studies, and serves both as a depression severity measure as well as a diagnostic instrument for the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition (DSM-IV) depressive disorders. The PHQ-9 refers to the previous 2-week interval and consists of nine items of depression symptoms and one question on functional impairment.

Analysis of the NHANES 2005-2006 data showed that 5.4% of Americans 12 and older experienced depression in any 2 week period. Rates were higher in 40-59 year olds, women, non Hispanic black persons than other demographic groups. Rates of depression were also higher among poor persons compared to those with higher incomes.

The depression screen is not administered if the MEC interview is completed with a proxy.

Hand Card DPQ1 is used with DPQ010-DPQ090 to assist the SP in quantifying the frequency of the symptoms. Use the following guidelines for probing and/or coding items.

- If the SP reports experiencing the symptom only once during the 2-week period for DPQ010-DPQ080, enter a code of “0” (not at all). If the SP reports experiencing the symptom only once during the 2-week period for DPQ090, enter a code of “1” (several days).
- If the SP gives a response that seems to fit between two categories, repeat those two options. For example, if he or she said “off and on,” repeat “would that be several days?” or “more than half the days?”
- Code the response as “more than half the days,” if the SP reports experiencing the symptom for a week or more in the past 2 weeks, but less frequently than “nearly every day.”
- Code the response as “nearly every day” if the symptom occurred almost every day during the past 2 weeks, or if the SP reports that he or she experienced the symptom on 12 or more days.

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
Over the last 2 weeks, how often have you been bothered by any of the following problems:

little interest or pleasure in doing things? Would you say...

0. not at all,  
 1. several days,  
 2. more than half the days, or  
 3. nearly every day?

LABEL	DEPRESSION SCREEN
05ac DPQ010	<input type="checkbox"/>
05ac DPQ020	<input type="checkbox"/>
05ac DPQ030	<input type="checkbox"/>

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling down, depressed, or hopeless?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

LABEL	DEPRESSION SCREEN
05ac DPQ010	0 notatall
05ac DPQ020	<input type="checkbox"/>
05ac DPQ030	<input type="checkbox"/>

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

trouble falling or staying asleep, or sleeping too much?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

LABEL	DEPRESSION SCREEN
05ac DPQ010	0 notatall
05ac DPQ020	0 notatall
05ac DPQ030	<input type="checkbox"/>

DPQ010 This is the first item to assess the presence of symptoms associated with depression. The question asks the respondent to quantify how often he or she has been bothered by little interest or pleasure in doing things, or anhedonia. Be sure to emphasize the period of interest (“last 2 weeks”) when reading the question.

DPQ020 This item asks the SP to quantify how often he or she experienced a depressed mood during the past 2 weeks.

DPQ030 SPs are asked to report how frequently they experienced problems sleeping. The question refers to three types of sleeping difficulties: problems falling asleep; difficulty staying asleep, or sleeping too much.



NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling tired or having little energy?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040

05ac DPQ050

05ac DPQ060

05ac DPQ070

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

poor appetite or overeating?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040  1 several days

05ac DPQ050

05ac DPQ060

05ac DPQ070

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

feeling bad about yourself - or that you are a failure, or have let yourself, or your family down?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040  1 several days

05ac DPQ050  0 notatall

05ac DPQ060

05ac DPQ070

DPQ040      SPs are asked to quantify how often they experienced a lack of energy or felt tired during the last 2 weeks.

DPQ050      This item asks the SP to report how frequently he or she experienced problems eating, either a lack of appetite or eating too much.

DPQ060      This item asks the SP to quantify how often he or she felt bad about himself or herself, experienced feelings of failure, or felt he or she had let himself/herself or a family member down.

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

trouble concentrating on things, such as reading the newspaper or watching TV?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ040	<input type="text" value="1"/>	severaldays
05ac DPQ050	<input type="text" value="0"/>	notatall
05ac DPQ060	<input type="text" value="0"/>	notatall
05ac DPQ070	<input type="text"/>	

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HAND CARD DPQ1**  
[Over the last 2 weeks, how often have you been bothered by any of the following problems:]

moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ac DPQ080	<input type="text"/>	
05ac DPQ090	<input type="text"/>	
05a DPQ100	<input type="text"/>	

NIHANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 11

**HAND CARD DPQ1**  
Over the last 2 weeks, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

0. NOT AT ALL  
 1. SEVERAL DAYS  
 2. MORE THAN HALF THE DAYS  
 3. NEARLY EVERY DAY

05ad06a07a DPQ080	<input type="text" value="0"/>	notatall
05ad06a07a09a DPQ090	<input type="text"/>	
05a06a07a DPQ100	<input type="text"/>	

DPQ070 DPQ070 asks the SP to report how frequently he or she had difficulty concentrating.

DPQ080 This item asks the SP to quantify how often he or she experienced problems moving or speaking so slowly that other people noticed, or was more restless or fidgety than usual.

DPQ090 This is the final item to assess symptoms of depression. SPs are asked about suicidal ideation, or about whether they have thought about harming themselves. If the SP reports experiencing the symptom only once during the 2-week period for DPQ090, enter a code of “1” (several days). Subjects who respond affirmatively to this item (i.e., responses of “several days,” “more than half the days,” or “nearly every day”) will be seen by the MEC physician for assessment and possible mental health referral. A notice is automatically sent to the physician when the Blaise CAPI instrument is closed.

PHAROS IV MIC Questionnaire

Forms Answer Navigate Options Your 7

How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with people?

0. Not at all difficult,  
 1. somewhat difficult,  
 2. very difficult, or  
 3. extremely difficult?

05a DPC080	1	severaldays
05a DPC090	1	severaldays
05a DPC100		

DPQ100 DPQ100 assesses functional impairment. SPs are asked to quantify the extent to which symptoms of depression impair their ability to perform their daily activities or to get along with people. DPQ100 is only asked if at least one of the depressive symptoms is endorsed in DPQ010 through DPQ090.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

The following questions ask about use of tobacco or nicotine products in the past **5 days**.

During the past **5 days**, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

1. YES  
 2. NO

LABEL SMOKING SECTION

TobaccoP5Use SMQ680

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

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Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Which of these products did you use?

(CHECK ALL THAT APPLY)

1. CIGARETTES  
 2. PIPES  
 3. CIGARS  
 4. CHEWING TOBACCO  
 5. SNUFF  
 6. NICOTINE PATCHES, GUM, OR OTHER NICOTINE PRODUCT

LABEL SMOKING SECTION

TobaccoP5Use SMQ680 1 YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

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### **5.2.8 Tobacco (SMQ)**

The questions in this section cover current tobacco use for SPs 20 years of age and older. Questions focus only on the use of tobacco products during the past 5 days. Youths 12-19 years of age are asked detailed questions on tobacco use in the audio-CASI portion of the interview.

SMQ680 This question, and the series that follow it, are used to quantify the level of usage for current users of any type of tobacco product. Remember to read the entire question, even if the subject responds before you have completed reading the entire list of products.

Subjects who respond other than “yes” skip to the next section.

SMQ690 If the SP reports having used any type of tobacco product in the past 5 days, this question asks the SP to specify which types of products he or she has used. The remainder of this question series follows up with questions appropriate only to those products the SP reports using in the past 5 days. The “past 5 days” refers to the current day and the 4 days immediately preceding the interview.

Remember to probe for “What other products did you use?”



Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke cigarettes?

ENTER NUMBER OF DAYS

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

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Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked, how many cigarettes did you smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

ENTER NUMBER OF CIGARETTES

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

Old 7/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you smoke your last cigarette? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

TobaccoP5Use SMQ680  YES

TobaccoP5Types SMQ690

CigaretP5Freq SMQ710

CigaretP5AvgDay SMQ720

SmokeLastcigaret SMQ725

Old 7/218 Modified Dirty Navigate MEC

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SMQ710 This question quantifies the smoker's current use of cigarettes. In the 4 days immediately before the interview and the day of the interview, count the number of days the respondent smoked cigarettes, even if he or she took only a few puffs.

SMQ720 This question is asked of all current cigarette smokers to determine the number of cigarettes, not packs, smoked in the past 5 days. Note that one pack contains 20 cigarettes if the SP needs assistance converting number of packs to cigarettes. We are interested in the average number of cigarettes smoked per day, only for those days in the past five that the respondent smoked. If the respondent indicates that he or she smokes more than 95 cigarettes per day on average, enter a response of "95."

SMQ725 This question asks the respondent to indicate when in the past 5 days he or she last smoked a cigarette. Note that the response categories are read as part of the question.

The SP's response to SMQ725 should be consistent with the information in SMQ710. For example, if the SP reports smoking cigarettes on each of the past 5 days (including today) in SMQ710, she or he should respond in SMQ725 that she or he smoked today. The computer program does not contain an edit to check for this, so you need to be alert to potential discrepant responses.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke a pipe?

ENTER NUMBER OF DAYS

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

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Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked a pipe, how many pipes did you smoke each day?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

ENTER NUMBER OF PIPES

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you smoke your last pipe? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

PipeP5Freq SMQ740

PipeP5AvgDay SMQ750

SmokeLastPipe SMQ755

CigarP5Freq SMQ770

CigarP5AvgDay SMQ780

Old 8/218 Modified Dirty Navigate MEC

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SMQ740 If the respondent indicated that he or she smoked a pipe in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ750 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked less than one full pipe on the days that he or she smoked a pipe, enter '1.'

SMQ755 Follow the specifications for SMQ725.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you smoke cigars?

ENTER NUMBER OF DAYS

PipeP5Freq SMQ740	1
PipeP5AvgDay SMQ750	1
SmokeLastPipe SMQ755	1
CigarP5Freq SMQ770	
CigarP5AvgDay SMQ780	

Old 8/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 4:10 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

ENTER NUMBER OF CIGARS

PipeP5Freq SMQ740	1
PipeP5AvgDay SMQ750	1
SmokeLastPipe SMQ755	1
CigarP5Freq SMQ770	1
CigarP5AvgDay SMQ780	

Old 8/218 Modified Dirty Navigate MEC

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Forms Answer Navigate Options

When did you smoke your last cigar? Was it...

1. today.  
 2. yesterday, or  
 3. 3 to 5 days ago?

PipeP5Freq SMQ740	
PipeP5AvgDay SMQ750	
SmokeLastPipe SMQ755	
CigarP5Freq SMQ770	5
CigarP5AvgDay SMQ780	1
SmokeLastCigar SMQ785	

Old 8/214 Modified Dirty Navigate MEC

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SMQ770 If the respondent indicated that he or she smoked a cigar in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ780 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked less than one cigar on the days that he or she smoked a cigar, enter '1.'

SMQ785 Follow the specifications for SMQ725.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use chewing tobacco? Was it...

1. today,

2. yesterday, or

3. 3 to 5 days ago?

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800

LastChewTobacco SMQ815  Today

DaysUseSnuff SMQ817

LastUseSnuff SMQ819

NicotineP5Freq SMQ830

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:11 PM

SMQ800 This question refers to the use of chewing tobacco. This tobacco-containing product is taken by mouth. The tobacco is not burned. If the respondent indicated that he or she used chewing tobacco in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ815 Refer to the specifications from SMQ725.

SMQ817 If the respondent indicated that he or she used snuff in the past 5 days, he or she will be asked this question. Snuff is taken by mouth or rarely, by nose. The tobacco is not burned. Refer to the specifications from SMQ710.



Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use snuff? Was it...

1. today,  
 2. yesterday,or  
 3. 3 to 5 days ago?

ChewSnP5Freq SMQ800	1	
LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819		
NicotineP5Freq SMQ830		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

During the past **5 days** (including today), on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

ENTER NUMBER OF DAYS

ChewSnP5Freq SMQ800	1	
LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819	1	ToDay
NicotineP5Freq SMQ830		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 4:11 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

When did you last use a product containing nicotine? Was it...

1. today,  
 2. yesterday,or  
 3. 3 to 5 days ago?

LastChewTobacco SMQ815	1	ToDay
DaysUseSnuff SMQ817	1	
LastUseSnuff SMQ819	1	ToDay
NicotineP5Freq SMQ830	1	
LastUseNicotine SMQ840		

Old 9/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 4:11 PM

SMQ819 Follow the specifications for SMQ725.

SMQ830 This item applies to any nicotine-containing product that the respondent may have used in an effort to stop smoking. Use the specifications from SMQ710.

SMQ840 Follow the specifications for SMQ725.

NSMANS IV MEC Questionnaire

Forms Answer Navigate Options Year 10

The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage.

In **any one year**, have you had at least 12 drinks of any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

1. YES  
 2. NO

LABEL	ALCOHOL SECTION	
02a07a08a ALQ101	<input type="checkbox"/>	YES
99abc00a02a05d07a ALQ110	<input type="checkbox"/>	

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

In your **entire life**, have you had at least 12 drinks of any type of alcoholic beverage?

1. YES  
 2. NO

LABEL	ALCOHOL SECTION	
Had12Drinks1Yr ALQ100	<input type="checkbox"/>	NO
Had12DrinksLife ALQ110	<input type="checkbox"/>	

Old 10/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 4:12 PM

## 5.2.9 Alcohol Use (ALQ)

This section obtains information on the use of alcohol. Sample persons 20 years of age and older are asked these questions in the CAPI format, while SPs 12-19 years are asked alcohol-related questions in the audio-CASI section of the MEC Interview.

ALQ101 The introduction defines alcoholic beverages for the respondent. Be sure to read the entire introduction.

The question uses a reference period of any one year, not necessarily the last year. Make sure to emphasize the words “any one year.” The threshold for measuring alcohol intake for this question is 12 drinks, an average of one per month. If the SP answers “yes,” he or she skips to ALQ120. Otherwise, the SP continues with ALQ110.

ALQ110 Emphasize that this question is asking for lifetime consumption. SPs who only drink on special occasions would be included if they have had at least 12 drinks in their entire life. SPs who have not consumed at least 12 drinks in their lifetime are not asked additional questions in this section.

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the past 12 months, how often did you drink any type of alcoholic beverage?

PROBE: How many days per week, per month, or per year did you drink?

ENTER '0' FOR NEVER  
ENTER QUANTITY

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the past 12 months, how often did you drink any type of alcoholic beverage?

PROBE: How many days per week, per month, or per year did you drink?

ENTER '0' FOR NEVER  
ENTER QUANTITY

ENTER UNIT

1. WEEK  
 2. MONTH  
 3. YEAR

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 10

In the past 12 months, on those days that you drank alcoholic beverages, on the average, how many drinks did you have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)

IF LESS THAN 1 DRINK, ENTER 1.  
IF 96 DRINKS OR MORE, ENTER 96.  
ENTER NUMBER OF DRINKS.

99ab07a08a ALQ130

ALQ120 This item quantifies consumption of alcohol, with the timeframe of the past 12 months. The respondent has the option of choosing to estimate his or her answer in units of days per week, per month, or per year. If an SP's alcohol consumption varies widely over the course of the year (i.e. pregnancy, quit drinking, health condition), annual consumption is usually the best unit of measure.

If the SP indicates he or she didn't drink at all during the past 12 months, enter "0" in the quantity field. The program will automatically skip to the next appropriate question (ALQ150) without you having to enter a response in the unit field.

ALQ120

(cont.)

ALQ130 This question measures intensity of the respondents' alcohol consumption. Note that it asks for the average number of drinks on days in which the SP consumed alcohol.

The responses to ALQ120 and ALQ130 should be consistent with the response to ALQ101. For example, if the SP reports a pattern of consumption that totals 12 or more drinks in the past year, the SP should have answered "yes" to ALQ101. There is no edit to check for this, so you will need to be alert to possible discrepancies.

NMNIIS IV MEC Questionnaire

Forms Answer Navigate Options Year 11

In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?

PROBE: How many days per week, per month, or per year did you have 5 or more drinks in a single day?  
ENTER '0' FOR NONE.

ENTER QUANTITY

NMNIIS IV MEC Questionnaire

Forms Answer Navigate Options Year 11

In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage? 1

PROBE: How many days per week, per month, or per year did you have 5 or more drinks in a single day?  
ENTER '0' FOR NONE.

ENTER QUANTITY

ENTER UNIT

1. WEEK  
 2. MONTH  
 3. YEAR

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

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. YES  
 2. NO

MT5DrEveryDay ALQ150

Old 14/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagit/32 C... 4:13 PM

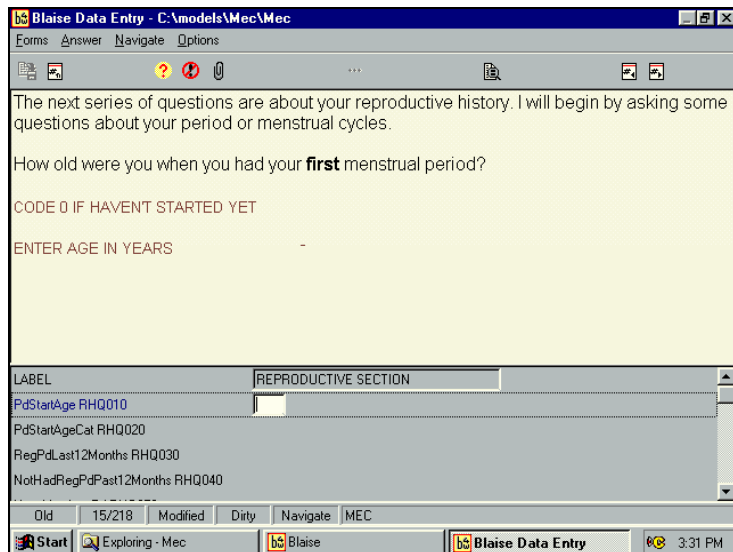
ALQ140 This item asks on how many days (per week, month, or year) in the past year the SP had five or more drinks per day. The response should be less than or equal to the answer given in ALQ120.

If the SP reports drinking an average of five or more drinks per day in ALQ130, then the responses to ALQ120 and ALQ140 should be consistent (both quantity and unit). There is no edit to check for this so you will need to listen carefully to the subject's response. You may find that an SP reports his or her answers to ALQ120 and ALQ140 in different units of time. When this occurs, code the units consistently. For example, in ALQ120 the SP reports that he or she drinks 2 times per week, in ALQ130 the SP indicates that he or she drinks an average of 6 drinks on the days he or she drinks, and in ALQ140 the SP states that he or she drank 5 or more drinks per day on 8 days per month. Instead of coding "8 days per month in ALQ140," convert it to "2 days per week" so it's consistent with ALQ120. Probe for clarification as needed.

ALQ140  
(cont.)

ALQ150 This is a sensitive item, which seeks to obtain information on problem drinking by probing the SP's past consumption habits. The emphasis of this question is that five or more drinks were consumed almost every day.





### **5.2.10 Reproductive Health (RHQ)**

The main purpose of the section on Reproductive Health is to obtain information from women on menstrual history, reproductive-related surgery, birth control practices, pregnancy and reproductive history, gestational diabetes, hormone replacement therapy, and breastfeeding practices. Questions on participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is asked of currently pregnant, recently pregnant, and breastfeeding women. This section is administered to all female respondents 12 years of age and older although the sequence of questions varies by age.

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 information will be kept completely confidential.

Many of the questions in this section ask the respondent to recall information covering long periods of time. The items may require considerable probing, using special personal events to place past events in time. If exact ages cannot be remembered, get a best estimate from the respondent. You may find it helpful to use the small calculator provided with your interviewing materials to assist the SP in determining her age when specific events occurred.

**RHQ010** Although older SPs must think back many years, it is important to obtain as exact an age as possible. If the SP cannot recall her exact age, ask her to give you a best estimate. Recalling a grade in school or other personal event around that time in her life may help her remember. If the SP remembers her age at the time her menstrual periods started in terms of a year, ask her to convert the year to her age at the time her periods began. If the SP is still unable to recall her age, code “99” for “don’t know.” Coding “don’t know” will cause the program to display a follow-up question that attempts to obtain an age range.

If the SP has not started her period, enter “0.” If the SP hasn’t begun menstruating, the program skips to the end of the section.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Were you...

1. younger than 10,  
 2. 10 to 12,  
 3. 13 to 15, or  
 4. 16 or older?

LABEL REPRODUCTIVE SECTION

PdStartAge RHQ010 ?

PdStartAgeCat RHQ020

RegPdLast12Months RHQ030

NotHadRegPdPast12Months RHQ040

Old 15/218 Modified Dirty Navigate MEC

Start Exploring - Mec Blaise Blaise Data Entry 3:31 PM

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

Have you had **at least one menstrual period** in the **past 12 months**? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

1. YES  
 2. NO

LABEL REPRODUCTIVE SECTION

93abc RHQ010 11

93abc RHQ020

03a RHQ031

03a RHQ041

03a RHQ051

Old 16/178 Modified Dirty Navigate MEC

Start Inbox - Microsoft Outlook Blaise Data Entry 4:34 PM

RHQ020 If the SP does not know her age in RHQ010, this question offers age range answers from which she can choose.

RHQ031 Women who have had at least one period in the past year should be coded as a “Yes.” Spotting or bleeding due to hormone use or surgery is not considered a period. Ninety-five percent of women have completed menopause by 55 years of age, so elderly women who respond affirmatively to this question should always be probed to determine whether the bleeding is caused by hormone replacement therapy.

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options Year 2

What is the reason that you have not had a period in the past 12 months?

1. PREGNANCY
  9. OTHER  
 2. BREAST FEEDING  
 7. MENOPAUSE/HYSTERECTOMY  
 8. MEDICAL CONDITIONS/TREATMENTS

LABEL REPRODUCTIVE SECTION

99abc RHQ010 12

99abc RHQ020

03a RHQ031 2 NO

03c RHQ042

03ac RHQ051 3 \_3\_monthsago

Old 16/177 Modified Dirty Navigate MEC

Blaise Data Entry - N:\NH4\Prig-Test\Mecv1\Beth\mec

Forms Answer Navigate Options

About how old were you when you had your last menstrual period?

ENTER AGE IN YEARS

AgeLastMPd RHQ060

HowOldWereYou RHQ070

Old 16/214 Modified Dirty Navigate MEC

Start HINTZE1 cc:Mail M... Exploring - Mec-nt Microsoft Word Blaise Data Entry 2:56 PM

NHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 8

Were you...

1. younger than 30,
  7. 55 or older?  
 2. 30 to 34.  
 3. 35 to 39.  
 4. 40 to 44.  
 5. 45 to 49.  
 6. 50 to 54, or

03c RHQ042 7 MenopauseORHysterectomy

03ac RHQ051

99abc RHQ060

99ab RHQ070

RHQ042 Women who have not had a period in the past 12 months are asked to indicate the reason. This is a “code one” response. If the SP reports multiple reasons, choose the appropriate response using recency as the selection criterion. For example, if a woman says her periods stopped because she was pregnant in the past year and she further reports that she is breastfeeding and her periods haven’t resumed, code “breastfeeding.”

Pregnancy – Code “1” if the SP is currently pregnant or was pregnant in the past year.

Breastfeeding – Code “2” if the SP is currently breastfeeding or was breastfeeding in the past year and this resulted in her having no periods.

Menopause/Hysterectomy – Code “7” for women who have gone through menopause. Menopause may have occurred naturally or abruptly as a result of a hysterectomy.

Medical conditions/treatments – Code “8” if the SP reports having a medical condition or treatment that has caused her period to cease. Examples include women receiving chemotherapy treatment, anorexia, and competitive athletes whose level of body fat is sufficiently low that it has caused their periods to stop. Women who go through menopause following a hysterectomy should not be included in this group. These women are captured in the previous category, “Menopause/Hysterectomy.”

Other – Code “9” if the SP reports any other reason not covered by the preceding categories.

RHQ060 Women who have gone through menopause or whose periods have ceased due to a medical condition, treatment, or other reason not covered by the categories listed (coded “7”, “8”, or “9” in RHQ042) are asked their age when they had their last period.

RHQ070 If the SP does not know her exact age in RHQ060, this question offers age ranges from which she can choose.

MEC Questionnaire

Forms Answer Navigate Options Year 3

HELP AVAILABLE

The next questions are about your pregnancy history.

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

MARK IF KNOWN OTHERWISE ASK.

\* 1. YES  
 2. NO

03c07a RHQ042  
 99abc RHQ060  
 99ab07a RHQ070  
 03a RHQ131  YES

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

HELP AVAILABLE

Question Text

**Miscarriage:** Miscarriage refers to a pregnancy that terminates naturally during the first 6 months of pregnancy.  
**Still Birth:** Stillbirth refers to a baby that is born dead after 7 or more months of pregnancy.  
**Tubal Pregnancy:** Tubal pregnancy refers to a pregnancy that occurs in the fallopian tube.  
**Abortion:** Abortion refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

1.  
 2.

Close Help

Old 20/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagl/32 C... 3:38 PM

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1\Bell\mec

Forms Answer Navigate Options Year 2

Are you pregnant now?

MARK IF KNOWN OTHERWISE ASK.

1. YES  
 2. NO

03a RHQ131  YES  
 03c RHQ143    
 03c RHQ152    
 99abc RHQ160    
 99abc RHQ170    
 99abc00a RHQ180    
 Old 19/177 Modified Dirty Navigate MEC

RHQ131 All women who have experienced menarche are asked this question. Remember to exclude the optional phrase “current pregnancy” when it is not relevant.

The answer to this question should include all pregnancies regardless of outcome. Possible outcomes and definitions are as follows:

Miscarriage: Refers to a pregnancy that terminates naturally during the first 6 months of pregnancy.

Stillbirth: Refers to a baby who is born dead after 7 or more months of pregnancy.

Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube.

Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

Help text is available for each of these outcomes by clicking on the Help icon or pressing F1.

RHQ.131  
(cont'd)

RHQ143 Only women who had a period in the past year or who have not gone through menopause or had a hysterectomy are asked this question:

Subjects who respond other than “yes” skip to RHQ160.



Blaise Data Entry - N:\NH4\Prg-Test\Mecv1VBeth\mec

Forms Answer Navigate Options Year 2

Which month of pregnancy are you in?

ENTER NUMBER OF MONTHS

03a RHQ131  1 YES

03c RHQ143  1 YES

03c RHQ152

99abc RHQ160  1

99abc RHQ170

99abc0a RHQ180

Old 19/177 Modified Dirty Navigate MEC

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1VBeth\mec

Forms Answer Navigate Options

HELP AVAILABLE

How many times have you been pregnant? (Again, be sure to count all your pregnancies including (current pregnancy) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

ENTER NUMBER OF PREGNANCIES

PregEver RHQ130  1 YES

PregNow RHQ140

PregMonthAseYouIn RHQ150

PregTimes RHQ160

PregLivBsthNum RHQ170

LivBsthFirstAge RHQ180

Old 20/214 Modified Dirty Navigate MEC

Start HINTZE1 cc:Mail M... Exploring - Mec-int Microsoft Word Blaise Data Entry 2:57 PM

RHQ152 Women who are currently pregnant are asked to indicate which month of pregnancy they are in.

In this question, we want the current month of pregnancy. For example, a woman in her fifth month of pregnancy has completed her fourth month, but five is the correct response. 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. If the SP is unsure, use probes to help her differentiate the last normal period from periodic spotting or bleeding during pregnancy. If the SP is still unsure, try to probe for which trimester she is in and indicate to the nearest month on her response to the probe.

RHQ160 Record the number of pregnancies regardless of outcome. Multiple outcomes from one pregnancy should be counted as only one pregnancy. Refer to the specifications for RHQ131 for definitions of various outcomes.

NEANES IV MEC Questionnaire

Form: Answer Navigate Options Year 9

HELP AVAILABLE

During any pregnancy, were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that you may have known about before the pregnancy.

1. YES  
 2. NO  
 3. BORDERLINE

03c RHQ143  NO  
03c07a RHQ152  
99abc07a RHQ160   
07a RHQ162

NEANES IV MEC Questionnaire

Form: Answer Navigate Options Year 9

HELP AVAILABLE

During your pregnancy, were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that you may have known about before the pregnancy.

1. YES  
 2. NO  
 3. BORDERLINE

03c RHQ143  
03c07a RHQ152  
99abc07a RHQ160   
07a RHQ162

Question Text

Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

1.  
2.  
3.

Close Help

RHQ162 Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes. Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases of gestational diabetes in the United States each year (American Diabetes Association, 2006). High blood sugar levels can be unhealthy for both the mother and baby. If the diabetes isn't treated, a baby may be more likely to have problems at birth, for example, low blood sugar level or jaundice, or a weight that is much more than is normal. If the baby is very large, the mother may have a more difficult delivery or need a cesarean section.

This question asks if the SP was ever told, during a pregnancy, by a doctor or other health professional that they had diabetes, sugar diabetes, or gestational diabetes. Some SPs may indicate that they had borderline diabetes during pregnancy. Borderline diabetes is when a fasting blood sugar level is above normal, but not high enough to be classified as diabetic. Do not count diabetes diagnosed before the pregnancy. Count the occurrence regardless of the outcome of the pregnancy.

RHQ162 Women who report only one pregnancy in RHQ160 are asked this alternate form of the (cont.) question.

RHQ162 Help text is available for this question.  
(cont.)

NIH/NHS IV MIC Questionnaire  
Form Answer Navigate Options Year 9

How old were you when you were first told you had diabetes during a pregnancy?

ENTER AGE IN YEARS

07a RHQ163

06a RHQ166

06a RHQ169

07a RHQ172

NIH/NHS IV MIC Questionnaire  
Form Answer Navigate Options Year 7

How many vaginal deliveries have you had? (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF VAGINAL DELIVERIES

05a RHQ166

05a RHQ169

05a RHQ171

99ab-c00a04d RHQ180

NIH/NHS IV MIC Questionnaire  
Form Answer Navigate Options Year 7

How many cesarean deliveries have you had? (Cesarean deliveries are also known as C-sections.) (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF CESAREAN DELIVERIES

05a RHQ166

05a RHQ169

05a RHQ171

99ab-c00a04d RHQ180

RHQ 163 This item asks for the SP's age when she was first told she had diabetes during a pregnancy.

RHQ166 Record the number of vaginal deliveries regardless of outcome. Do not count miscarriages. (Miscarriages occur within the first five months of pregnancy.) Multiple births should be counted as a single delivery.

RHQ169 Record the number of cesarean deliveries regardless of outcome. Do not count miscarriages. (Miscarriages occur within the first 5 months of pregnancy.) A cesarean delivery, or C-section, is the surgical delivery of a baby through the abdomen. Multiple births should be counted as a single delivery.

SPs who report a total of zero deliveries in their combined responses to RHQ166 and RHQ169 are skipped out of the remainder of the pregnancy history questions.

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

Did any of your deliveries result in a baby that weighed 9 pounds (4082 g) or more at birth? (Please count stillbirths as well as live births.)

1. YES  
 2. NO

07a RHQ168	18
05a RHQ166	1
05a RHQ169	1
07a RHQ172	

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

How old were you when you delivered a baby that weighed 9 pounds or more? (Please count stillbirths as well as live births.)

ENTER AGE IN YEARS

[IF MORE THAN 1 BABY WEIGHED 9 POUNDS OR MORE RECORD AGE FOR FIRST ONE]

07a RHQ173	
05ag RHQ171	
99abc00a04d RHQ180	
99abc00a04d RHQ190	

PHANIS IV MEC Questionnaire

Form: Answer Navigate Options Year 9

How many of your deliveries resulted in a live birth?

FOR SINGLE DELIVERIES:  
YES = 1  
NO = 0

COUNT THE NUMBER OF TOTAL DELIVERIES. NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF DELIVERIES:

05a RHQ166	1
05a RHQ169	1
05ag RHQ171	
99abc00a04d RHQ180	

RHQ172 This question seeks to determine if the SP gave birth to any children whose birth weight was 9 pounds or more, regardless of the outcome.

RHQ173 This item asks for the SP's age when she delivered a baby that weighed 9 pounds or more, regardless of the outcome. If more than one baby weighed 9 pounds or more, record the SP's age for the first one.

RHQ171 This question counts the number of deliveries that resulted in live births, not the number of live-born children. 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 should still be counted as a live birth.

Multiple births should be counted as a single delivery. For example, the birth of twins should be counted as a single delivery.

The skip pattern is dependent on the answer to RHQ171. If the SP reported no live births, she is skipped out of the remainder of the pregnancy history questions. If one live birth is reported, she is asked RHQ190. If more than one live birth is reported, she is asked both RHQ180 and RHQ190.



MIAMS IV MEC Questionnaire

Forms Answer Navigate Options Year 0

Did your delivery result in a live birth?

FOR SINGLE DELIVERIES:  
 YES = 1  
 NO = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

ENTER NUMBER OF DELIVERIES

05a RHQ166

05a RHQ169

05ag RHQ171

99abc00a04d RHQ180

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

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

ENTER AGE IN YEARS

PregNow RHQ140  NO

PregMonthAreYouIn RHQ150

PregTimes RHQ160

PregLivBirthNum RHQ170

LivBirthFirstAge RHQ180

Old 20/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... Snagit/32 C... 3:40 PM

MIAMS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

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

ENTER AGE IN YEARS

99abc00a04d RHQ190

99ab RHQ200

99abc RHQ210

99abc RHQ220

RHQ171 Women who report a total of one delivery in their combined responses to RHQ166 and  
(cont.) RHQ169 are asked this alternate form of the question. Please note that the alternate wording requires a “Yes” or “No” response, but the data entry field is intended for a numeric response. If the SP responds “Yes,” this implies that she had one delivery that resulted in a live birth, so enter a code of “1.” If the SP answers “No,” enter a code of “0.”

RHQ180 The item asks for the SP’s age at the time of her first live birth.

RHQ190 This item asks for the SP’s age at the time of her last live birth, or if the SP had only one live birth, for her age at the time of that birth.

If the SP has given birth within the past year, RHQ197 is asked. Otherwise, she proceeds to RHQ205.

99141815 IV MEC Questionnaire

Forms Answer Navigate Options Year 7

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

ENTER AGE IN YEARS

99abc00a04d RHQ190

99ab RHQ200

99abc RHQ210

99abc RHQ220

99141815 IV MEC Questionnaire

Forms Answer Navigate Options Year 7

How many months ago did you have your baby?

ENTER NUMBER OF MONTHS

07a RHQ197

99abc07a RHQ200

07a RHQ205

07a RHQ282

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you **now** breast feeding a child?

1. YES

2. NO

LivBirthLastAge RHQ190

BstFedNow RHQ200

BstFedDid1Child RHQ210

BstFedDid1Mth RHQ220

BstFedDid1MthHM RHQ230

Old 21/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... Snagl/32 C... 3:41 PM

RHQ190 Women who report more than one live birth receive this alternate form of the question.  
(cont.)

RHQ197 If the difference between the age at time of last delivery in RHQ 190 and current age is zero or 1, the SP is asked how many months ago she had her baby.

RHQ200 This question asks if the SP is currently breastfeeding a child.

REHANS IV MEC Questionnaire

File Answer Navigate Options Year 9

Did you breast feed any of your children for at least one month?

1. YES

2. NO

07a RHQ197	3	
99ab07a RHQ200	1	YES
07a RHQ205		
07a RHQ282		

RHQ205 This question asks if the SP breastfed any of her children for at least one month, or if the SP had only one child, if she breastfed that child for at least one month. Code reports of using a breast pump to express milk to give to the child as “Yes” as long as it was done for at least one month.

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

Have you had a hysterectomy, including a partial hysterectomy, that is, surgery to remove your uterus or womb?

MARK IF KNOWN, OTHERWISE ASK.

1. YES  
 2. NO

07a RHQ197	<input type="checkbox"/>	
99ab07a RHQ200	<input type="checkbox"/>	YES
07a RHQ205	<input type="checkbox"/>	YES
07a RHQ282	<input type="checkbox"/>	

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

How old were you when you had your (hysterectomy/uterus removed/womb removed)?

ENTER AGE IN YEARS

03a RHQ291	<input type="checkbox"/>	
07a RHQ305	<input type="checkbox"/>	
07a RHQ332	<input type="checkbox"/>	
06ad RHQ395	<input type="checkbox"/>	

NIHNS IV MEC Questionnaire

Form: Answer    Navigate    Options    Year 9

Have you had both of your ovaries removed (either when you had your uterus removed or at another time)?

1. YES  
 2. NO

03a RHQ291	<input type="checkbox"/>	20
07a RHQ305	<input type="checkbox"/>	
07a RHQ332	<input type="checkbox"/>	
06ad RHQ395	<input type="checkbox"/>	

Questions RHQ282 through RHQ332 obtain information about the SP's surgical history. Women younger than 20 years of age or currently pregnant are not asked these questions.

RHQ282 The surgical removal of the uterus or womb is called a hysterectomy. Note that a partial hysterectomy (that is, when the ovaries are not removed) should be recorded as a "Yes" response. A tubal ligation would not be counted as a "Yes" response to this question. Tubal ligation is a sterilization procedure which involves cutting and tying or blocking the fallopian tubes.

RHQ291 A "Yes" response to RHQ282 prompts this followup question. 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. The age reported here should be about the same age or older than the age of the last menstrual period reported in RHQ060.

RHQ305 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.

This question asks if the SP had both ovaries removed either when their uterus was removed or at another time. If the SP states that only parts of both ovaries were removed, the response should be coded as "no." An SP who had one ovary removed, but still has part of the second ovary, would also be coded as "no." Only total removal of both ovaries would result in a code of "Yes."

In a partial removal of the ovary, some portion of the ovary may be taken to remove a cyst, for example, but usually enough will be left to maintain hormone production and fertility. It is the continued production of hormones that is of interest in this question.



ABMANS IV MEC Questionnaire

Forms Answer Navigate Options Year 9

How old were you when you had your ovaries removed or last ovary removed if removed at different times?

ENTER AGE IN YEARS

05a RHQ291

07a RHQ305  YES

07a RHQ332

05ad RHQ395

ABMANS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

Do you experience bulging or something falling out that you can see or feel in the vaginal area?

C 1. YES

C 2. NO

05a RHQ395

99abcd00a RHQ420

99abc00a02a RHQ430

05c RHQ442

RHQ332 This question obtains the SP's age at the time her ovaries were removed or her age at the time the second ovary was removed if they were removed at different times.

RHQ395 This item seeks to obtain information on pelvic floor disorders. The pelvic floor is a network of muscle ligaments and tissues that support the organs of the pelvis: the uterus, bladder, and rectum. If the muscles become weak or the ligaments or tissues become stretched or damaged, the pelvic organs may drop down and protrude into the vagina. The intent of this question is to capture protrusion or prolapse of any of the pelvic organs into the wall of or through the vagina. This is not limited to the uterus. It includes the bladder, rectum, small bowel, and sigmoid colon. Bulging can occur after a hysterectomy.

Blaise Data Entry - N:\WH4\Fig-Test\Mecv1\Bsth\Mec

Forms Answer Navigate Options Year 2

Now I am going to ask you about your birth control history.

Have you **ever** taken birth control pills for any reason?

1. YES  
 2. NO

HomPI RHQ420  
 HomonePIAge RHQ430  
 HomPINow RHQ440  
 HomPIStoAge RHQ450

Old 25/214 Modified Dirty Navigate MEC

Start HNTZL1 cc:Mail M Exploring - Mec-nt Microsoft Word Blaise Data Entry 9:57 AM

Blaise Data Entry - N:\WH4\Fig-Test\Mecv1\Bsth\Mec

Forms Answer Navigate Options Year 2

Are you taking birth control pills **now**?

1. YES  
 2. NO

99abc RHQ380  NO  
 99abc00a RHQ390  
 99abc00a RHQ420  YES  
 99abc00a02a RHQ430   
 03c RHQ442  
 03c RHQ451

Old 23/177 Modified Dirty Navigate MEC

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

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

CODE "1" FOR LESS THAN ONE MONTH

ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 26/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:49 PM

The next series of questions, RHQ420 to RHQ520, ask about the use of birth control pills and other contraceptive use. These items may be sensitive to some women. It may be necessary to reiterate the confidentiality of their responses and the significance of the information to our research on women's health. Information on current and previous use of birth control methods are obtained in these questions.

RHQ420 This question is a screening question to determine whether an SP has ever taken birth control pills for any reason. Women who report using birth control pills primarily to regulate their periods and not as a form of contraception should be coded "Yes." Perimenopausal women (that is, women who have begun to exhibit menopausal symptoms but have not yet completed menopause) can be taking birth control pills.

RHQ442 This question provides information on whether the SP is currently taking birth control pills.

This item is asked of female SPs younger than 20 years of age who have experienced menarche and are not currently pregnant. Women 20 years of age and older who are not pregnant, not menopausal and have not had surgery that would prevent them from getting pregnant (i.e., hysterectomy or bilateral oophorectomy) are also asked RHQ442.

The normal cycle of birth control pill use is to take one pill per day for 21 days, followed by 7 days when no pills or a placebo are taken. It is possible that a woman in the "no pill" phase of this cycle would incorrectly report that she has stopped taking 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.

Some newer forms of oral contraceptives are taken on a 91-day cycle resulting in 4 periods a year. Seasonale™ is an example of this type of contraceptive. SPs taking this type of contraceptive should be considered as currently using birth control pills.

RHQ460 If the SP has started and stopped using the pill several times, ask her to subtract time periods when she did not use the pill, so that her response reflects only the actual time of using oral contraceptives. Remind the SP to subtract any time that she was pregnant as well as any time when she may have been trying to get pregnant and was not using oral contraceptives. Be sure to enter the number and to indicate whether it refers to months or years.

Offer to let the SP use the calculator if it will assist her in making the needed calculations, or you may calculate the length of time with her.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** used Depo-Provera or injectables to prevent pregnancy?

1. YES  
 2. NO

RHQ470K enovid  
RHQ470S ENOVID 10 MG 20 DAY  
DepoProEver RHQ510  
DepoProNow RHQ520  
FemHormoneEver RHQ540

Old 27/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Dat... SnagIt/32 C... 3:51 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you **now** using Depo-Provera or injectables to prevent pregnancy?

1. YES  
 2. NO

RHQ470K enovid  
RHQ470S ENOVID 10 MG 20 DAY  
DepoProEver RHQ510 1 YES  
DepoProNow RHQ520  
FemHormoneEver RHQ540

Old 27/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data... SnagIt/32 C... 3:51 PM

RHQ510 Depo-Provera is one brand of injectable birth control medication.

RHQ520 This question asks if the SP currently uses injectable pregnancy prevention. Examples of injectables include Depo Provera and Lunelle.

1. YES  
 2. NO

99ab RHQ610	2	NO
99ab06g RHQ620		
99abck00a07a06a RHQ540		
99ab00a RHQ541		

10. PILLS  
 11. PATCHES  
 12. CREAM/SUPPOSITORY/INJECTION

RHQ470S		
DepoProEver RHQ510	1	YES
DepoProNow RHQ520	2	NO
FemHormoneEver RHQ540	1	YES
FemHarused RHQ541		

The next series of questions obtains information on hormone replacement therapy (HRT). Women 20 years of age and older are asked these questions.

RHQ540 This item refers to the use of female hormones (e.g., estrogen, progestin) prescribed by a doctor. We are interested in all prescription forms of female hormones (pills, patches, creams, or hormone injections). However, do not include hormones used for birth control or for infertility treatment. In situations of hormone use for a non-menopausal condition (e.g., polycystic ovarian syndrome), code HRT use as “No.”

Female hormones may be used for the relief of menopausal symptoms, to prevent osteoporosis, or to prevent cardiovascular disease. Estrogen preparations are generally used to alleviate menopausal symptoms (hot flashes, night sweats, vaginal dryness), to prevent bone loss or thinning, or to prevent cardiovascular disease. Progesterone or progestin are used predominantly for their antiestrogenic effect in a woman using menopausal estrogens. Progesterone refers to a naturally occurring progestational hormone. Progestin refers to a large group of synthetic drugs that have a progesterone like effect.

RHQ541 Women who report using female hormones are asked to specify the form(s) they have used. Remember to probe for “What other forms have you used?”

Women who have never used female hormones other than birth control pills or to treat infertility, skip to the end of the interview, unless they are currently pregnant, or have given birth in the last 2 years. These women skip to the series of questions on programs for women with young children (FSQ652-FSQ671).



Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** taken female hormone **pills** containing **estrogen only** (like Premarin)? (Do not include birth control pills.)

1. YES  
 2. NO

FemHaReplmntHpy RHQ550  **StillHavingPerio**  
 EstrogenEver RHQ554   
 EstrogenAge RHQ556  
 EstrogenNow RHQ558

Old 28/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing estrogen only **now**?

1. YES  
 2. NO

FemHaReplmntHpy RHQ550  **StillHavingPerio**  
 EstrogenEver RHQ554  YES  
 EstrogenAge RHQ556   
 EstrogenNow RHQ558

Old 28/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing estrogen only?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 29/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... Snagl/32 C... 3:55 PM

RHQ554 This question asks specifically about the SP's use of hormone pills containing estrogen only. The SP should not consider birth control pills when answering this question. Commonly used estrogen pills include Premarin, Menrium and Milprem. If the SP knows the name of a particular medication she is currently taking or may have taken in the past but is unsure whether it contains only estrogen, refer to the female hormone charts and lists to assist you in coding the correct response. If the medication is not listed, code "Don't Know" and enter the name of the medication as an interviewer remark.

Women who have had a hysterectomy are generally prescribed estrogen only. Estrogen used alone increases the risk of endometrial cancer, but taking a progestin with estrogen almost eliminates the risk of endometrial cancer. Therefore, a woman whose uterus has been removed has no risk of developing this form of cancer and does not need to take progestin.

It is important to note that an SP may have taken pills containing estrogen only at the same time she was taking pills containing progestin only. Code "Yes" if the SP has taken both estrogen-only and progestin-only pills concurrently.

Subjects answering other than "Yes," skip to RHQ562.

RHQ558 This question asks the SP whether she is currently taking pills containing estrogen only.

RHQ560 The SP should be allowed time to consider her reply. Provide assistance in helping her add up periods of time during which she was taking estrogen only hormone pills. Use the calculator to assist you as needed. Enter both a number and a unit of time. Code "1" if the SP reports using estrogen pills for less than 1 month.

For periods of time less than 5 years, code the response in months if some fraction of a year is reported. For example, if the SP says she used pills for 3 ½ years, convert this to 42 months. For periods of time 5 years or greater, follow the general rounding rules described in Section 5.1.1.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you taken female hormone **pills** containing **progestin only** (like Provera)? (Do not include birth control pills.)

1. YES  
 2. NO

FemHarPillsProgestinOnly RHQ562

PrgstrAge RHQ564

PrgstrNow RHQ566

Old 30/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing progestin only **now**?

1. YES  
 2. NO

FemHarPillsProgestinOnly RHQ562  YES

PrgstrAge RHQ564

PrgstrNow RHQ566

Old 30/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:55 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing progestin only?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 31/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

The next series, RHQ562 through RHQ568 follows the same sequence as questions RHQ554 through 560. In this series, the SP is asked about the use of pills containing progestin only.

RHQ562 Provera is the most common type of progestin-only pill. Refer to the specification for RHQ554 for how to handle “Don’t Know” responses or how to use the female hormone charts/lists to assist you and the SP in obtaining accurate information.

Respondents answering other than “Yes” skip to RHQ570.

RHQ566 This question asks the SP whether she is currently taking pills containing progestin only.

RHQ568 Refer to the specifications for RHQ560 on how to assist the SP in determining the total period of time and in coding fractional amounts.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you taken female hormone **pills** containing **both estrogen and progestin** (like Prempro, Premphase)? (Do not include birth control pills.)

1. YES  
 2. NO

BothEstrognAndProgestn RHQ570

FirstEstrognAndProgestn RHQ572

EstrognProgestnNow RHQ574

Old 32/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you taking pills containing both estrogen and progestin **now**?

1. YES  
 2. NO

BothEstrognAndProgestn RHQ570  YES

FirstEstrognAndProgestn RHQ572

EstrognProgestnNow RHQ574

Old 32/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped taking them, for how long **altogether** did you take pills containing both estrogen and progestin?

CODE '1' FOR LESS THAN 1 MONTH  
 ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 33/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

The next series, RHQ570 through RHQ576 follows the same sequence as questions RHQ554 through RHQ560. In this series, the SP is asked about the use of combined hormone pills containing both estrogen and progestin.

RHQ570 Refer to the specification for RHQ554. The two most common types of combined pills are Prempro and Premphase.

Subjects who respond other than “Yes” skip to questions on the next form of hormone used as reported in RHQ541.

RHQ574 Refer to the specification for RHQ558.

RHQ576 Refer to the specifications for RHQ560.

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **ever** used female hormones **patches** containing **estrogen only**?

1. YES  
 2. NO

FemHarPatchesEstrogenOnly RHQ580

AgePatchesEstrogenOnly RHQ582

PatchEstrogenNow RHQ584

Old 34/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:56 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you using patches containing estrogen only **now**?

1. YES  
 2. NO

FemHarPatchesEstrogenOnly RHQ580 1 YES

AgePatchesEstrogenOnly RHQ582 35

PatchEstrogenNow RHQ584

Old 34/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped using them, for how long **altogether** did you use patches containing estrogen only?

CODE '1' FOR LESS THAN 1 MONTH

ENTER NUMBER

ENTER UNIT

1. MONTHS  
 2. YEARS

Old 35/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

The next questions, RHQ580 through RHQ586, ask about the use of female hormone patches containing estrogen only. The questions follow the same sequence as RHQ554 through RHQ560.

RHQ580 Refer to the specification for RHQ554. Subjects who respond other than “Yes” skip to RHQ596.

RHQ584 Refer to the specification for RHQ558.

RHQ586 Refer to the specifications for RHQ560.



Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Have you **used** female hormone **patches** containing **both estrogen and progestin**?

1. YES  
 2. NO

PatchesEstrogenProgestin RHQ596  
AgePatchesEstrogenProgestin RHQ598  
PatchestrgnPrgstnNow RHQ600

Old 38/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 3:57 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Are you using patches containing both estrogen and progestin **now**?

1. YES  
 2. NO

PatchesEstrogenProgestin RHQ596 1 YES  
AgePatchesEstrogenProgestin RHQ598 35  
PatchestrgnPrgstnNow RHQ600

Old 38/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:01 PM

Blaise Data Entry - C:\models\Mec\Mec

Forms Answer Navigate Options

Not counting any time when you stopped using them, for how long **altogether** have you used patches containing both estrogen and progestin?

CODE '1' FOR LESS THAN 1 MONTH  
ENTER NUMBER

ENTER UNIT  1. MONTHS  
 2. YEARS

Old 39/218 Modified Dirty Navigate MEC

Start Exploring - M... Blaise Blaise Data ... SnagIt/32 C... 4:01 PM

The next series of questions, RHQ596 through RHQ602, ask about the use of combined female hormone patches. They follow the same sequence as RHQ554 through RHQ560.

RHQ596 Refer to the specification for RHQ554. Subjects who respond other than “Yes” skip to questions about the next form of hormone use as reported in RHQ541.

RHQ600 Refer to the specification for RHQ558.

RHQ602 Refer to the specifications for RHQ560.

1. YES  
 2. NO

07a FSQ662

07a FSQ661

1. YES  
 2. NO

07a FSQ662

07a FSQ661

1 YES

FSQ652 This section of the Reproductive Health questionnaire contains questions about the Women, Infants, and Children Program (WIC). These questions are asked only of SPs who are currently pregnant, or who have been pregnant in the last 2 years.

This question asks if the SP personally received benefits from WIC in the past 12 months.

FSQ661 This item asks whether the SP is currently receiving WIC benefits.

PRIMIS IV MIC Questionnaire

Forms Answer Navigate Options Year 10

Thinking about your most recent pregnancies, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your last child and during your current pregnancy.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

PRIMIS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

Thinking about your most recent pregnancy, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your last child.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

PRIMIS IV MIC Questionnaire

Forms Answer Navigate Options Year 10

Thinking about your pregnancy, how long have you been receiving benefits from the WIC Program?

**PROBE:** We want to know about benefits meant just for you that you received for your current pregnancy.

ENTER QUANTITY

ENTER UNIT

1. MONTHS  
 2. YEARS

FSQ671 Enter both a number and a unit of time when recording the answer to this question. A probe is provided for this question to add clarification. The probe should be read immediately following the question. (There are many alternate forms of this question.)

If a response of more than 2 years (24 months) is entered, a soft edit will be triggered asking you to verify the SP's response.

FSQ671 Women who have had more than one pregnancy, are not currently pregnant, but have given (cont.) birth within the past year receive this alternate form of the question.

FSQ671 Women who are currently pregnant and do not report other pregnancies receive this alternate (cont.) form of the question.

NEIHHS IV MEC Questionnaire

Forms Answer Navigate Options Year 6

HELP AVAILABLE

Many people have leakage of urine. The next few questions ask about urine leakage.

How often do you have urinary leakage? Would you say...

1. never,  
 2. less than once a month,  
 3. a few times a month,  
 4. a few times a week, or  
 5. every day and/or night?

LABEL	KIDNEY CONDITION SECTION
05a KIQ005	<input type="checkbox"/>
05a KIQ010	<input type="checkbox"/>
01a KIQ042	<input type="checkbox"/>

Question Text

Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

1.  
2.  
3.  
4.  
5.

Close Help

NEIHHS IV MEC Questionnaire

Forms Answer Navigate Options Year 7

How much urine do you lose each time? Would you say...

1. drops,  
 2. small splashes, or  
 3. more?

LABEL	KIDNEY CONDITION SECTION
05a KIQ005	<input type="checkbox"/> 2 <b>LessOnceMonth</b>
05a KIQ010	<input type="checkbox"/>
01a KIQ042	<input type="checkbox"/>

### 5.2.11 **Kidney Conditions (KIQ)**

This section is administered to SPs 20 years of age and older. It obtains information about urinary incontinence and nocturia (the need to urinate frequently at night) that may be sensitive or embarrassing to some participants.

More than 13 million people in the United States—male and female, young and old, experience urinary incontinence. Women experience incontinence twice as often as men. This difference may be due to pregnancy and childbirth, menopause, and the structure of the female urinary tract. Both women and men can become incontinent from neurologic injury, birth defects, strokes, multiple sclerosis, and physical problems associated with aging. NHANES will provide national estimates on the prevalence of this condition and quality of life issues for those affected.

Self-reported information on urinary incontinence and nocturia will be used to assist in planning initiatives and other programs for the prevention and treatment of urologic conditions. KIQ questions on prostate cancer and benign prostatic hypertrophy were dropped from the survey in 2009.

**NOTE:** Pregnant women should respond according to their usual habits when NOT pregnant.

KIQ005 KIQ005 asks SPs to report how frequently they experience urinary leakage.

KIQ005 A help screen is available to provide assistance in defining urinary leakage. Other terms for (cont'd) urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, or loss of urine control.

KIQ010 SPs who respond other than “never,” “refused” or “don’t know” continue with KIQ010. This item asks SPs to indicate the amount of urine leakage experienced.



Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 0

During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

1. YES  
 2. NO

LABEL KIDNEY CONDITION SECTION  
 05a KIQ005 1 Never  
 05a KIQ010  
 01a KIQ042

Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 0

How frequently does this occur? Would you say this occurs...

1. less than once a month.  
 2. a few times a month.  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ450  
 01a KIQ044  
 05a KIQ450  
 01a KIQ046

Blaise Data Entry - NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 2

During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?

1. YES  
 2. NO

LABEL KIDNEY CONDITION SECTION  
 LeakageProbm KIQ042 1 YES  
 LeakageProbFreq KIQ043 1 EveryDay  
 LeakageUrge KIQ044  
 LeakageUrgeFreq KIQ045  
 LeakageWDact KIQ046

Old 6/218 Modified Dirty Navigate MEC

Start | Inboxes - Microsoft Outlook | Exploring - Mec-int | Blaise Data Entry | 10:48 AM

KIQ042 This item deals with uncontrolled loss of urine when coughing, straining, sneezing, exercising, or lifting heavy objects (i.e., stress incontinence). Note that the period of interest is the past year.

KIQ430 If the SP indicates the presence of a bladder control problem as defined by KIQ042, this question obtains an estimate of the frequency of the problem.

KIQ044 This item obtains information about problems with leakage or loss of control accompanied by feelings of urgency or pressure (i.e., urge incontinence). Again, the period of interest is the past 12 months.

NIHAMS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

How frequently does this occur? Would you say this occurs...

1. less than once a month,  
 2. a few times a month,  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ430	2	FewTimesMonth
01a KIQ444	1	YES
05a KIQ450		
01a KIQ446		

Blaise Data Entry - N:\NH4\Prj-Test\Mecv1\Both\mec  
Forms Answer Navigate Options Year 2

During the past 12 months, have you leaked or lost control of even a small amount of urine **without** an activity like coughing, lifting, or exercise, or an urge to urinate?

1. YES  
 2. NO

LABEL	KIDNEY CONDITION SECTION	
LeakageProbm KIQ042	1	YES
LeakageProbFreq KIQ043	1	EveryDay
LeakageUrge KIQ044	1	YES
LeakageUrgeFreq KIQ045	1	EveryDay
LeakageWDAct KIQ046		

Old 6/218 Modified Dirty Navigate MEC

Start | Inbox - Microsoft Outlook | Exploring - Mec-int | Blaise Data Entry | 10:49 AM

NIHAMS IV MEC Questionnaire  
Forms Answer Navigate Options Year 8

How frequently does this occur? Would you say this occurs...

1. less than once a month,  
 2. a few times a month,  
 3. a few times a week, or  
 4. every day and/or night?

05a KIQ470		LessOnceMonth
01a KIQ050		
01a KIQ052		
05a KIQ480		

KIQ450 If the SP indicates the presence of a bladder control problem as defined by KIQ044, this item obtains an estimate of the frequency of the problem.

KIQ046 This question asks subjects to indicate whether they have experienced uncontrolled loss of urine without a sensation of urgency or an activity such as coughing, exercise, or lifting that causes sudden increases of pressure within the abdomen. The time frame of interest is the past year.

KIQ470 Subjects who report the presence of a bladder control problem as defined by KIQ046 are asked to provide an estimate of the frequency of the problem.

Blaise Data Entry - N:\NH4\Prg-Test\Mecv1VBeth\mec

Forms Answer Navigate Options Year 2

During the **past 12 months**, how much did your leakage of urine bother you? Please select one of the following choices:

1. not at all.
  5. greatly?

2. only a little.

3. somewhat.

4. very much, or

LeakageWDAcfFreq KIQ047	<input type="text" value="1"/>	EveryDay
LeakageBother KIQ050	<input type="text"/>	
DaytoDayAffect KIQ052	<input type="text"/>	

Old 7/218 Modified Dirty Navigate MEC

Start Inbox - Microsoft Outlook Exploring - Mac-int Blaise Data Entry 10:49 AM

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 10

During the **past 12 months**, how much did your leakage of urine affect your day-to-day activities? (Please select one of the following choices:)

1. not at all.
  5. greatly?

2. only a little.

3. somewhat.

4. very much, or

05a KIQ470	<input type="text" value="2"/>	FewTimesMonth
01a KIQ050	<input type="text" value="2"/>	OnlyALittle
01a07a08a KIQ052	<input type="text"/>	
05a07a KIQ480	<input type="text"/>	

NHANES IV MEC Questionnaire

Forms Answer Navigate Options Year 7

During the **past 30 days**, how many times per night did you most typically get up to urinate, from the time you went to bed at night until the time you got up in the morning. Would you say...

0. 0
  5. 5 or more?

1. 1

2. 2

3. 3

4. 4

05a KIQ470	<input type="text" value="1"/>	LessOnceMonth
01a KIQ050	<input type="text" value="2"/>	OnlyALittle
01a KIQ052	<input type="text" value="2"/>	OnlyALittle
05a KIQ480	<input type="text"/>	

Subjects who report bladder control difficulties (i.e., KI042, KI044, or KI046 is coded “Yes”) are asked KI050 and KI052. All other subjects skip to KI480.

KIQ050 This item asks SPs to indicate how much their bladder control problems bothered them during the past year. Remember to read the entire list of response options.

KIQ052 In this question, subjects are asked to report how much their day-to-day activities were affected by bladder control difficulties. Again, the period of interest is the past year.

KIQ480 This item asks SPs to report whether and the extent to which they experienced excess urination at night (nocturia). Nocturia may be a symptom of prostate disease. The period of interest is the past month.

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### 5.2.12 Bowel Health (BHQ)

The Bowel Health section is administered to SPs 20 years of age and older. The questions will not be asked if the interview is conducted with a proxy.

Pelvic floor disorders are a group of clinical conditions that include urinary incontinence, pelvic organ prolapse, fecal incontinence, and other sensory and emptying abnormalities of the lower urinary and gastrointestinal tract. It is estimated that one or more of these conditions affects up to one third of adult women. With the steady increase in the population of older women, the national cost burden related to pelvic floor disorders is large in terms of direct health care costs, lost productivity, and decreased quality of life.

Fecal incontinence and defecatory disorders are the least studied of the pelvic floor disorders in women. The prevalence of fecal incontinence among women is not well known and data collected in this section will assist researchers in obtaining more accurate estimates. The Bowel Health questions will also be used to obtain the first national prevalence estimates of fecal incontinence and defecatory dysfunction in men, and to compare risk factors in males and females.

In order to better understand differences in etiology and risk factors for fecal incontinence, the questions obtain considerable detail about the specific characteristics of and frequency of incontinence. Respondents are also asked to report on bowel movement frequency and stool consistency. In 2005-06, NHANES Bowel Health data showed that an estimated 8.3% of non-institutionalized adults in the United States reported fecal incontinence at least once during the past 30 days, corresponding to 18 million people in the U.S. There were no statistically significant differences between women (8.9%) and men (7.7%). Liquid stool incontinence was the most common form of incontinence and was reported equally by women and men. Incontinence rose with age.

In 2009, new questions on diarrhea and constipation were added to the survey to provide information on the prevalence of these two conditions, which can negatively impact quality of life. Use of laxatives also was added.

Many SPs may find these questions embarrassing. By maintaining your professional demeanor and understanding the research objectives of this section, you can help put the SP at ease and obtain more accurate responses. **NOTE:** Pregnant women should respond according to their usual habits when NOT pregnant. This information will be useful in assessing constipation, which has been linked to pelvic floor disorders.



IRANIS IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

**HELP AVAILABLE**

**HAND CARD BHQ1**  
Next, we'd like to talk to you about bowel health. We'll start with accidental bowel leakage. There are four types of bowel leakage that can happen: leakage (passing) of gas, leakage of mucus, leakage of liquid stool, and leakage of solid stool. We will ask you about leakage of each of these one at a time.

How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of gas? Would you say...

1. 2 or more times a day,  
 2. once a day,  
 3. 2 or more times a week,  
 4. once a week,  
 5. 1-3 times a month, or  
 6. never?

LABEL	BOWEL HEALTH
05ac BHQ010	<input type="checkbox"/>
05ac BHQ020	<input type="checkbox"/>
05ac BHQ030	<input type="checkbox"/>

**BHQ 1**

2 or more times a day

Once a day

2 or more times a week

Once a week

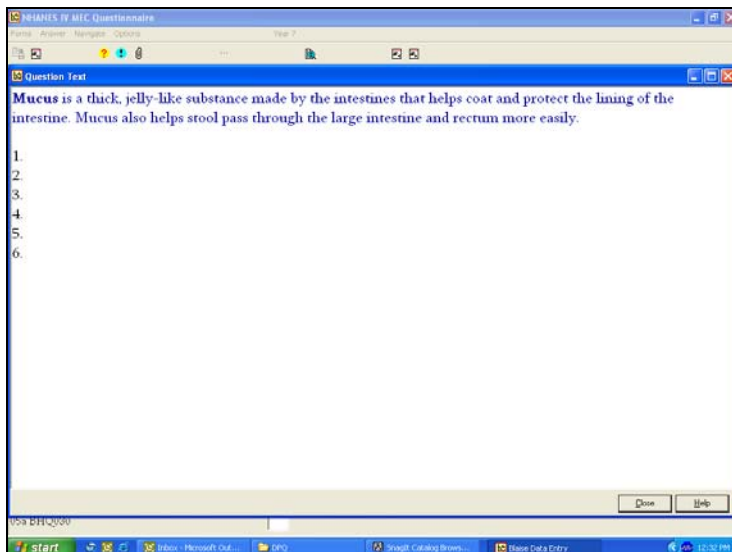
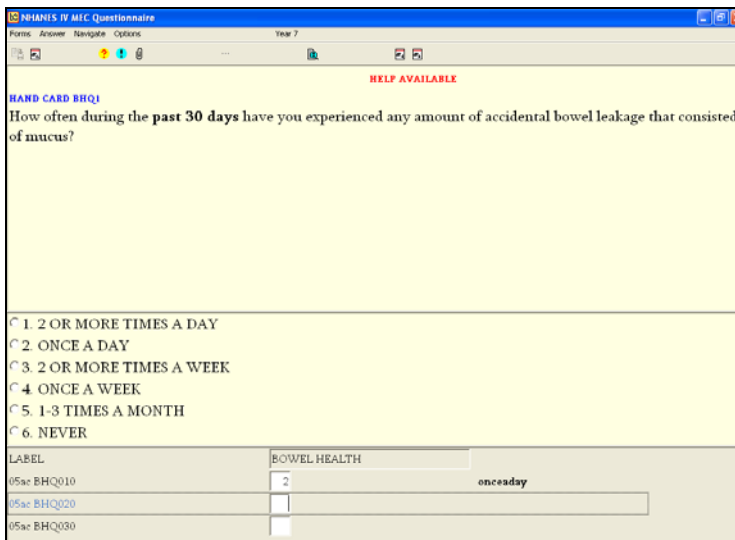
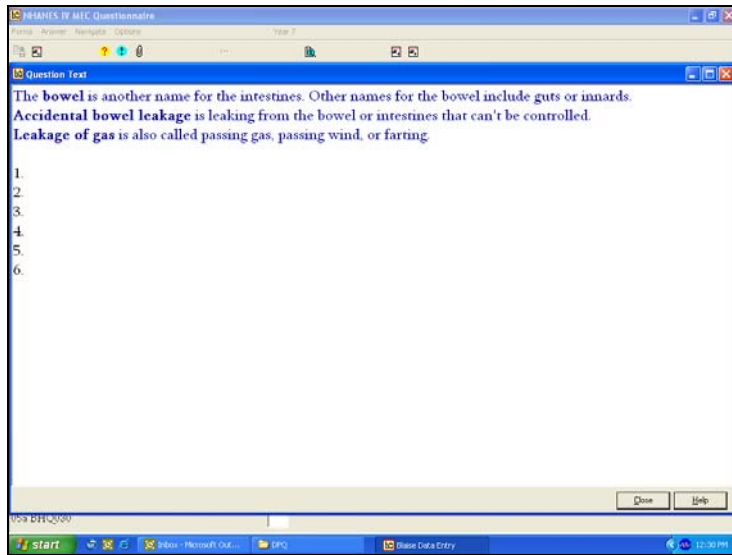
1-3 times a month

Never

BHQ010 The first question introduces the section and explains that we'll ask about four types of bowel incontinence.

The question then continues to obtain information on the frequency of gas incontinence. It is important to note that only accidental or uncontrolled bowel leakage is of interest in items BHQ.010 through BHQ.040. So, for example, in BHQ.010 the ability to hold the gas until the SP gets to the toilet does not count. However, if the SP reports passing gas unintentionally not in the toilet, it's considered accidental leakage.

Card BHQ1 is used with BHQ.010 through BHQ.040 to assist the respondent in remembering the response options.



BHQ010 (cont'd) Help text is available for this item to provide assistance in defining the following terms or phrases:

Bowel – The bowel is another name for the intestines. Other names for the bowel include guts or innards.

Accidental bowel leakage – Accidental bowel leakage is leaking from the bowel or intestines that can't be controlled.

Leakage of gas – Leakage of gas is also called passing gas, passing wind, or farting.

BHQ020 BHQ020 obtains information on the frequency of mucus incontinence.

BHQ020 (cont'd) Help text is available for this item if the SP does not understand the term mucus.

Mucus – Mucus is a thick, jelly like substance made by the intestines that helps coat and protect the lining of the intestines. Mucus also helps stool pass through the large intestine and rectum more easily.

IRMANIS IV MEC Questionnaire  
Form - Answer - Navigate - Options Year 7

**HELP AVAILABLE**

**HAND CARD BHQ1**  
How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of liquid stool?

1. 2 OR MORE TIMES A DAY  
 2. ONCE A DAY  
 3. 2 OR MORE TIMES A WEEK  
 4. ONCE A WEEK  
 5. 1-3 TIMES A MONTH  
 6. NEVER

LABEL	BOWEL HEALTH	
05ac BHQ010	2	onceaday
05ac BHQ020	6	never
05ac BHQ030		

IRMANIS IV MEC Questionnaire  
Form - Answer - Navigate - Options Year 7

**Question Text**

**Stool** is also called a bowel movement, BM, or poop.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Done Help

05ac BHQ030

start | Microsoft Outlook | RFP | Search Catalog Items... | Base Data Entry | 12:33 PM

IRMANIS IV MEC Questionnaire  
Form - Answer - Navigate - Options Year 7

**HAND CARD BHQ1**  
How often during the **past 30 days** have you experienced any amount of accidental bowel leakage that consisted of solid stool?

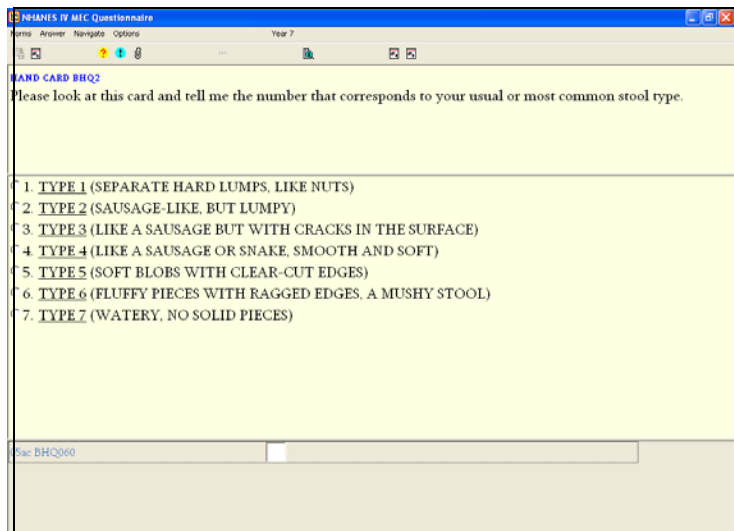
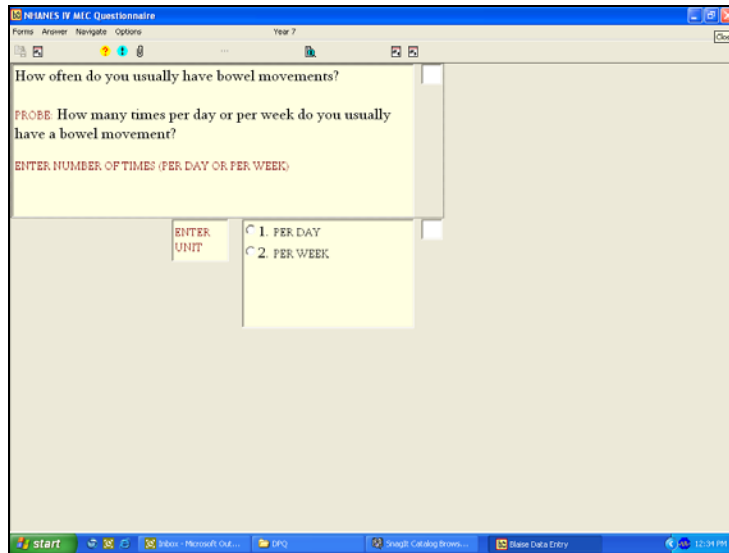
1. 2 OR MORE TIMES A DAY  
 2. ONCE A DAY  
 3. 2 OR MORE TIMES A WEEK  
 4. ONCE A WEEK  
 5. 1-3 TIMES A MONTH  
 6. NEVER

05ac BHQ040

BHQ030 The frequency of liquid stool incontinence is queried in this item.

BHQ030 Help text is available to provide alternative terms for stool.  
(cont'd) Stool – Stool is also called a bowel movement, BM, or poop.

BHQ040 This is the last item in the series to obtain information about various types of incontinence.  
BHQ040 asks SPs to report on the frequency of solid stool incontinence.



## BHQ2

THE BRISTOL STOOL FORM SCALE		
Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

BHQ050 BHQ050 asks subjects to specify how frequently they have a bowel movement. Read the probe: “How many times per day or per week do you usually have a bowel movement?” to help the SP focus on the units of interest.

Enter the quantity in the first data field, then press “Enter” to move the cursor to the unit field. Enter the code that corresponds to the correct unit and press “Enter” to proceed to the next item in the section.

BHQ060 This question asks SPs to report on the usual consistency of their bowel movements according to one of seven types in the Bristol Stool Form Scale. Card BHQ 2 is a visual aid with pictures and descriptive text for each type. Because this item may be extremely sensitive or embarrassing to subjects, hand the card to SPs and ask them to respond with the number that corresponds to their answer. Do not read the card aloud to the SP, unless the SP has severe vision problems and cannot see the card.

Type 1: Separate, hard lumps, like nuts.

Type 2: Sausage like, but lumpy.

Type 3: Like a sausage but with cracks in the surface.

Type 4: Like a sausage or snake, smooth and soft.

Type 5: Soft blobs with clear-cut edges.

Type 6: Fluffy pieces with ragged edges, a mushy stool.

Type 7: Watery, no solid pieces.



NHANES IV MEC Questionnaire  
 Forms Answer Navigate Options Year 11

**HAND CARD BHQ3**  
 During the past 12 months, how often have you had an urgent need to empty your bowels that makes you rush to the toilet? Would you say ...

1. always.  
 2. most of the time.  
 3. sometimes.  
 4. rarely, or  
 5. never?

09a BHQ070

09a BHQ080

09a BHQ090

09a BHQ100

### BHQ 3

Always

Most of the time

Sometimes

Rarely

Never

NHANES IV MEC Questionnaire  
 Forms Answer Navigate Options Year 11

**HAND CARD BHQ3**  
 During the past 12 months, how often have you been constipated?

1. ALWAYS  
 2. MOST OF THE TIME  
 3. SOMETIMES  
 4. RARELY  
 5. NEVER

09a BHQ070

09a BHQ080

09a BHQ090

09a BHQ100

BHQ070 BHQ070 through BHQ110 were added to the BHQ section to characterize the bowel habits of the US population and to fully understand correlations among responses to other questions in this section.

BHQ070 asks SPs how often the SP has had an urgent need to empty his/her bowels that requires him/her to rush to the toilet during the past 12 months.

BHQ070 Card BHQ3 is used with BHQ070 through BHQ090.  
(cont'd)

BHQ080 BHQ080 asks the SP how often he/she has been constipated during the past 12 months.

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

**HAND CARD BHQ3**

During the past 12 months, how often have you had diarrhea?

1. ALWAYS  
 2. MOST OF THE TIME  
 3. SOMETIMES  
 4. RARELY  
 5. NEVER

09a BHQ070	2	mostoftothetime
09a BHQ080	2	mostoftothetime
09a BHQ090		
09a BHQ100		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

In the past 30 days, did you take any laxatives or stool softeners, such as Ex-Lax, Metamucil or Fiberall, to help move your bowels?

1. YES  
 2. NO

09a BHQ070	2	mostoftothetime
09a BHQ080	2	mostoftothetime
09a BHQ090	2	mostoftothetime
09a BHQ100		

NHANES IV MIC Questionnaire

Forms Answer Navigate Options Year 11

How many times have you taken laxatives or stool softeners in the past 30 days? Would you say ...

1. most days.  
 2. 1-3 times a week.  
 3. 2-3 times a month, or  
 4. once a month?

09a BHQ110		
------------	--	--

BHQ090 This question asks the SP how often he/she has had diarrhea during the past 12 months.

BHQ100 BHQ100 asks the SP if he/she took laxatives or stool softeners to help move he/her bowels during the past 30 days. Examples of stool softeners include Ex-Lax, Metamucil, and Fiberall.

If SPs answer “no” to this question, they do not receive the last question of the section.

BHQ110 If the SP took laxatives or stool softeners, they receive this follow-up question that obtains information about the frequency of use during the past 30 days.

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### 5.2.13 Physical Activity and Physical Fitness (PAQ)

The PAQ section is administered to SPs 12 – 15 years old. The questionnaire used was developed by the World Health Organization for physical activity surveillance in countries. It collects information on physical activity participation in three settings/domains and sedentary behavior (i.e. reading, sitting with friends).

These settings/domains include:

- Activity at work;
- Travel to and from places; and
- Recreational activities.

It is important that the respondent focuses on the distinction between these settings/domains in the questions. Emphasize the setting you are asking about in the text of the question. There should be no overlap between the physical activities reported in the various settings.

Respondents are asked about the frequency of their physical activity in days of a typical week (7 days). Duration is asked in terms of minutes or hours.

A typical week is defined as a week when a person is doing vigorous or moderate intensity activities and not an average over a period.

Vigorous-intensity activities are activities that require **hard** physical effort and cause **large increases** in breathing or heart rate.

Moderate-intensity activities are activities that require **moderate** physical effort and **small increases** in breathing or heart rate.

Probes are provided for some of the questions. The probes appear in red font and should be read on an as needed basis.

NIH/NIA's IV MIC Questionnaire

Forms Answer Navigate Options Year 11

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, and yard work.

Does your work involve **vigorous-intensity** activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

1. YES  
 2. NO

07a09a PAQ605  
07ac PAQ610

NIH/NIA's IV MIC Questionnaire

Forms Answer Navigate Options Year 9

In a typical week, on how many days do you do **vigorous-intensity** activities as part of your work?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for **at least 10 minutes continuously**.

ENTER NUMBER OF DAYS

07a PAQ605      1      YES  
07ac PAQ610

NIH/NIA's IV MIC Questionnaire

Forms Answer Navigate Options Year 9

How much time do you spend doing **vigorous-intensity** activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity activities during your work.

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for **at least 10 minutes continuously**.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT       1. MINUTES  
 2. HOURS

PAQ605 This first series of questions ask about work. Examples of work include: paid and unpaid work, household chores, yard work.

This question asks about vigorous activities only.

If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **large increases** in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

Responses other than “Yes” skip to PAQ620.

PAQ610 This question asks how many days in a typical week the SP does vigorous-intensity activities as part of their work.

PAQ615 This question refers to the amount of time spent doing vigorous-intensity activities at work on a typical day. Only activities that were undertaken **continuously for 10 minutes or more** should be considered.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.



NIH/NHS WF MEC Questionnaire  
 Forms Answer Navigate Options Year 9

Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?

1. YES  
 2. NO

07a PAQ620  
 07a PAQ625

NIH/NHS WF MEC Questionnaire  
 Forms Answer Navigate Options Year 9

In a typical week, on how many days do you do moderate-intensity activities as part of your work?

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ620 1 YES  
 07ac PAQ625

NIH/NHS WF MEC Questionnaire  
 Forms Answer Navigate Options Year 9

How much time do you spend doing moderate-intensity activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity activities during your work.

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  1. MINUTES  2. HOURS

PAQ620 This question inquires about activities at work that are moderate only.

If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **small increases** in breathing or heart rate.

Responses other than “yes” skip to PAQ635.

PAQ625 This question asks how many days in a typical week the SP does moderate-intensity activities as part of their work.

PAQ630 This question refers to the amount of time spent doing moderate-intensity activities at work on a typical day. Only activities that were undertaken **continuously for 10 minutes or more** should be considered.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to school, for shopping, to work.

Do you walk or use a bicycle for **at least 10 minutes continuously** to get to and from places?

1. YES  
 2. NO

07a PAQ635  
07a PAQ640

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

In a typical week, on how many days do you walk or bicycle for **at least 10 minutes continuously** to get to and from places?

ENTER NUMBER OF DAYS

07a PAQ635 | 1 | YES  
07a PAQ640

NSMANS IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

How much time do you spend walking or bicycling for travel on a typical day?

PROBE IF NEEDED: Think about a typical day when you walk or bicycle for travel.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  
 1. MINUTES  
 2. HOURS

PAQ635 The introductory statement to the following questions transitions the SP to now focus on transport-related physical activities. It asks SPs to now think about how they travel around getting from place-to-place (i.e., to school, for shopping, to work). There should be no overlap between the physical activities already mentioned as part of work.

The following questions ask specifically about **walking** or **using a bicycle** for **at least 10 minutes continuously** to get to and from places.

Responses other than “yes” skip to PAQ650.

PAQ640 This question asks how many days in a typical week the SP walks or bicycles for **at least 10 minutes continuously** to get to and from places.

PAQ645 This question refers to the amount of time spent walking or bicycling for travel on a typical day. The SP should consider the total amount of time walking or bicycling for trips of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

Do you do any vigorous-intensity sports, fitness, or recreational activities that cause large increases in breathing or heart rate like running or basketball for at least 10 minutes continuously?

1. YES  
 2. NO

07a PAQ650  
07a PAQ655

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ650 1 YES  
07a PAQ655

NIH/NHS IV MIC Questionnaire

Forms Answer Navigate Options Year 9

How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity sports, fitness or recreational activities.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  1. MINUTES  
 2. HOURS

PAQ650 This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time activities. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned.

In this question, SPs are asked if they do any vigorous-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**.

Responses other than “yes” skip to PAQ665.

PAQ655 This question asks how many days in a typical week the SP does vigorous-intensity sports, fitness, or recreational activities.

If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted **large increases** in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

PAQ660 This question refers to the amount of time spent doing vigorous-intensity sports, fitness or recreational activities on a typical day. SPs should consider the total amount of time doing vigorous recreational activities for periods of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.

NIH/NHS IV MEC Questionnaire  
 Forms Answer Navigate Options Year 9

Do you do any moderate-intensity sports, fitness, or recreational activities that cause a small increase in breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball for at least 10 minutes continuously?

1. YES  
 2. NO

07a PAQ665  
 07a PAQ670

NIH/NHS IV MEC Questionnaire  
 Forms Answer Navigate Options Year 9

In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER OF DAYS

07a PAQ665 1 YES  
 07ac PAQ670

NIH/NHS IV MEC Questionnaire  
 Forms Answer Navigate Options Year 9

How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity sports, fitness or recreational activities.

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at least 10 minutes continuously.

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT  1. MINUTES  
 2. HOURS

PAQ665 This question asks about moderate activities only.

If the individual is uncertain as to whether or not the physical activity engaged in was moderate, emphasize that this activity should have been performed for at least **10 minutes continuously** and resulted in **small increases** in breathing or heart rate.

Responses other than “yes” skip to PAQ680.

PAQ670 This question asks how many days in a typical week the SP does moderate-intensity sports, fitness, or recreational activities.

PAQ675 This question refers to the amount of time spent doing moderate intensity sports, fitness, or recreation activities on a typical day. SPs should consider the total amount of time doing moderate recreational activities for periods of **10 minutes or more**.

If the SP has trouble calculating the amount of time, they should think of one day they can recall easily.



NIMNIS IV MIC Questionnaire

Forms Answer Navigate Options Year 11

The following question is about sitting at school, at home, getting to and from places, or with friends including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

How much time do you usually spend sitting on a typical day?

ENTER NUMBER (OF MINUTES OR HOURS)

ENTER UNIT

1. MINUTES

2. HOURS

PAQ680 This question asks how much time is spent sitting on a typical day. The SP should consider the total time spent sitting at school, reading, watching television, using a computer, doing hand crafts (i.e., knitting), resting, etc. Do not include time spent sleeping.

NIHANS IV MEC Questionnaire

Form: Answer Navigate: Options Year: 9

Do you consider yourself now to be...

1. fat or overweight,  
 2. too thin, or  
 3. about the right weight?

LABEL	WEIGHT HISTORY
05a07a WHQ030c	<input type="checkbox"/>
05a WHQ500	<input type="checkbox"/>
07a WHQ511	

NIHANS IV MEC Questionnaire

Form: Answer Navigate: Options Year: 9

Which of the following are you trying to do about your weight:

1. lose weight,  
 2. gain weight,  
 3. stay the same weight, or  
 4. not trying to do anything about your weight?

LABEL	WEIGHT HISTORY
05a07a WHQ030c	3 rightweight
05a WHQ500	<input type="checkbox"/>
07a WHQ511	

#### **5.2.14 Weight History (WHQ)**

The weight history section includes questions on the reasons for weight loss and the types of weight loss practices used by children and adolescents ages 8-15. WHQ is not administered if the interview is conducted with a proxy or if the interview is conducted with an interpreter that is a relative, neighbor, or friend.

One in six children and adolescents 2-19 years of age in the U.S. is now overweight. Overweight children have a 70 percent chance of becoming overweight or obese adults. High cholesterol and high blood pressure, risk factors for heart disease, occur with increased frequency in overweight children and adolescents compared to children with a healthy weight. The child overweight trends pose significant health and financial burden for our children and the Nation. A related problem has to do with weight loss practices. Children and adolescents are especially prone to fad diets and eating disorders. Unhealthy methods of weight loss can compromise growth and are not recommended by health care professionals. The NHANES is the first to provide national data on the reasons children and adolescents try to lose weight and the methods they employ to lose weight. The information from this section will be used with sociodemographic and related nutrition and health information to develop public policies and programs to prevent and manage overweight among children and adolescents.

In 2005-2006, underweight and normal weight females 8-15 years of age were more likely than underweight and normal weight males of the same age to report that they were trying to lose weight (16.4 percent of females ages 8-11 and 19.1 percent of females ages 12-15 as opposed to 10.1 percent of males ages 8-11 and 7.5 percent of males ages 12-15).

Data from 2005-2006 show that underweight and normal weight youth who were trying to lose weight were more likely to eat less sweets or fatty foods (77.6 percent reported that they did this a lot or sometimes) or exercise (87.7 percent reported that they did this a lot or sometimes) than the less commonly reported methods of skipping meals or starving for a day or more.

WHQ030C The first item in this section asks SPs to indicate whether they consider themselves overweight, underweight, or the right weight. We are interested in the SPs' perception of their weight, not what they may have been told by someone else.

WHQ500 WHQ500 obtains information about whether an SP is currently trying to lose weight, gain weight, or maintain their weight. There is also an option for SPs to report that they're not actively engaging in any type of weight control or loss practices.

10. I WANT TO LOOK BETTER  
 11. I WANT TO BE HEALTHIER  
 12. I WANT TO BE BETTER AT SPORTS AND OTHER PHYSICAL ACTIVITIES  
 13. I GET TEASED ABOUT MY WEIGHT  
 14. I THINK MY CLOTHES WILL FIT BETTER  
 15. I THINK BOYS WILL LIKE ME BETTER  
 16. I THINK GIRLS WILL LIKE ME BETTER  
 17. MY FRIENDS ARE TRYING TO LOSE WEIGHT  
 18. SOMEONE IN MY FAMILY IS TRYING TO LOSE WEIGHT  
 19. MY MOTHER OR FATHER WANTS ME TO LOSE WEIGHT  
 20. MY TEACHER OR COACH WANTS ME TO LOSE WEIGHT  
 21. A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL WANTS ME TO LOSE WEIGHT  
 22. I DON'T WANT TO BE FAT  
 23. I WANT TO BE SKINNY  
 24. I WANT TO FEEL GOOD/BETTER ABOUT MYSELF  
 30. OTHER (SPECIFY)

LABEL	WEIGHT HISTORY	
05a07a WHQ030c	3	rightweight
05a WHQ050	1	loseweight
07a WHQ0511		

## CARD WHQ1

I want to look better

I want to be healthier

I want to be better at sports and other physical activities

I get teased about my weight

I think my clothes will fit better

I think boys will like me better

I think girls will like me better

My friends are trying to lose weight

Someone in my family is trying to lose weight

My mother or father wants me to lose weight

My teacher or coach wants me to lose weight

A doctor, nurse, or other health professional wants me to lose weight

Other (specify)

WHQ511 SPs who indicate in WHQ500 that they're currently trying to lose weight are asked their reasons for wanting to lose weight.

Always show the respondent card WHQ1 to assist him or her in categorizing his or her response according to the listed categories. This is a "code all that apply" item so remember to probe: "Anything else?" or "Are there any other reasons?"

**NOTE:** Categories 22, 23, and 24 appear on the interviewer's screen only. We would like the SPs to select one of the more descriptive categories on the hand card as a reason for trying to lose weight. However, if after additional probing, the SP still cannot select one of the listed categories on the hand card and responds with category 22, 23, or 24, the response can be recorded easily. Categories 22, 23, and 24 were added to only the interviewer's screen in order to reduce the amount of data entry needed. Other reasons for wanting to lose weight that aren't listed on the screen can be entered under the "Other (specify)" category.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you tried to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ5100S

05a WHQ520

05a WHQ530

05a WHQ540

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you been on a diet to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ5100S

05a WHQ520  
 2 sometimes

05a WHQ530

05a WHQ540

NHANES IV WHQ Questionnaire  
Forms Answer Navigate Options Year 11

In the past year, how often have you gone without eating for a day or more (starved) to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

07a WHQ6110S

05a WHQ620  
 2 sometimes

05a WHQ630  
 2 sometimes

05a09a WHQ640

WHQ520 WHQ520 asks SPs to specify how frequently they've tried to lose weight in the past 12 months.

SPs who respond "never" (coded "1"), skip to the end of this section if they are younger than 12 years old. Otherwise, they skip to the final item in this section, DBQ091.

WHQ530 through WHQ580 are a series of items that elicit information on specific behaviors an SP may have engaged in for the purpose of losing weight.

WHQ530 WHQ530 obtains information on how often the SP has been on a diet for the purpose of losing weight. The period of interest is the past year.

WHQ540 This item asks SPs to report how frequently during the past year they have gone without eating for 24 hours or longer in order to lose weight. Failure to eat due to some illness or sickness is not of interest.



NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you cut back on what you ate to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550	<input type="checkbox"/>	
05a WHQ560	<input type="checkbox"/>	
05a WHQ570	<input type="checkbox"/>	
05a WHQ580	<input type="checkbox"/>	

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you skipped meals to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550	<input checked="" type="checkbox"/>	1 never
05a WHQ560	<input type="checkbox"/>	
05a WHQ570	<input type="checkbox"/>	
05a WHQ580	<input type="checkbox"/>	

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you exercised to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

05a WHQ550	<input checked="" type="checkbox"/>	1 never
05a WHQ560	<input checked="" type="checkbox"/>	1 never
05a WHQ570	<input type="checkbox"/>	
05a WHQ580	<input type="checkbox"/>	

WHQ550 WHQ550 obtains information on how frequently the SP cut back on the amount of food he or she ate. Again, the period of interest is the past year.

WHQ560 SPs are asked to report how often in the past year they've skipped meals for the purpose of losing weight.

WHQ570 This item asks SPs to report how frequently during the past year they engaged in exercise or physical activity for the purpose of losing weight.

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 7

In the past year, how often have you eaten less sweets or fatty foods to lose weight? Would you say...

1. never,  
 2. sometimes, or  
 3. a lot?

65a WHQ550	1	never
65a WHQ560	1	never
65a WHQ570	1	never
65a WHQ580		

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 10

Next, I'm going to ask you about meals.

By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

Please **do not** include meals provided as part of the school lunch or school breakfast.

1. ENTER NUMBER  
 2. NONE

NHANES IV MEC Questionnaire  
Forms Answer Navigate Options Year 9

How many of those meals did you get from a fast-food or pizza place?

1. ENTER NUMBER  
 2. NONE

ENTER NUMBER

WHQ580 WHQ580 obtains information about how often the SP changed the type of food he or she ate, specifically fewer sweet or fatty foods.

For SPs 8-11 years old this is the final item in WHQ.

DBQ895 This item asks SPs to provide the number of meals eaten during the past 7 days that were prepared somewhere other than at home or as part of the school lunch/breakfast program. Meals include breakfast, lunch, or dinner. Do not include snacks. Please remember to read the entire question so that the SP hears the complete list of food establishments and/or sources of meals they need to consider when answering the question.

If asked, school meals from “a la carte” counters or from vending machines that are not part of the school lunch/breakfast program should be counted as meals not prepared at a home. Frozen meals eaten at home count as meals prepared at a home. Fully cooked foods (such as a roast chicken) from a deli counter count as meals not prepared at a home. However, if only the chicken is bought at a deli, but the rest of the foods were prepared at home, the meal should be counted as prepared in a home. Leftovers from a restaurant that were taken home and then taken to school the next day (for 2 meals) should be counted as meals not prepared at a home.

Note: Meals prepared at “a” home, which does not have to be the SP’s own home, still count as meals prepared at home. Therefore, a meal eaten at a grandmother’s or friend’s house counts as a meal prepared at home.

The unit of interest is the number of times in past 7 days. If the SP reports that he or she never eats meals that are prepared outside a home, code “2” in the first data field. Otherwise, code “1” in the first data field, press “Enter” to enable the second data field and type in the number of meals in the past 7 days.

DBQ900 Among foods-away-from-home, fast food has been singled out as the source most closely associated with poor diets and obesity. This question asks how many of the meals reported in DBQ895 were from a fast food or pizza place.

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 9

Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the past 30 days, how often did you buy "ready to eat" foods at the grocery store? Please do not count frozen or canned foods.

# 1. ENTER NUMBER 1  
 2. NEVER

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) 2

ENTER UNIT  1. DAY  
 2. WEEK  
 3. MONTH

NIHANS IV MEC Questionnaire

Forms Answer Navigate Options Year 9

HAND CARD WHQ2

During the past 30 days, how often did you eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

# 1. ENTER NUMBER 1  
 2. NEVER

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH) 2

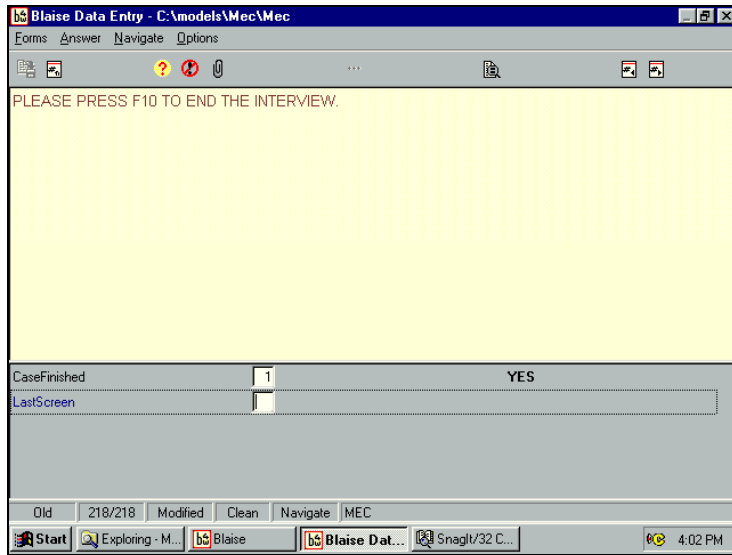
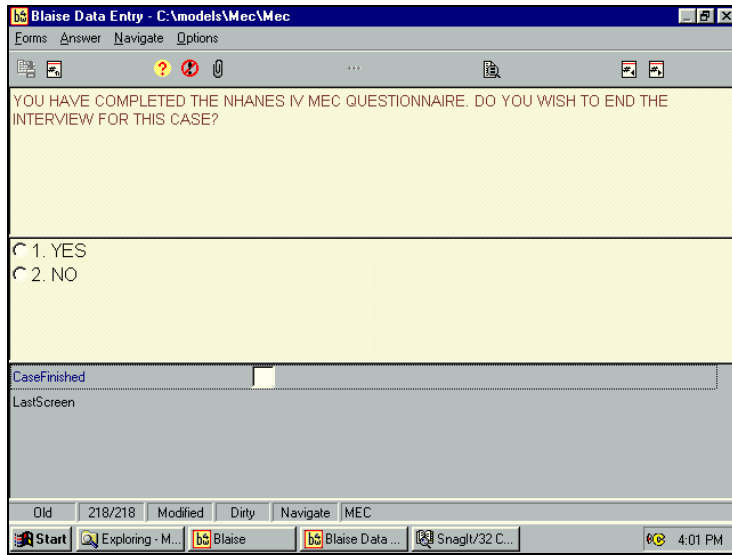
ENTER UNIT  1. DAY  
 2. WEEK  
 3. MONTH

**CARD WHQ2**



DBQ905 In addition to foods-away-from-home, ready-to-eat meals bought in stores are another increasingly important category of foods. This question asks how often the SP bought “ready to eat” foods at the grocery store during the past 30 days. Frozen and canned foods should not be counted.

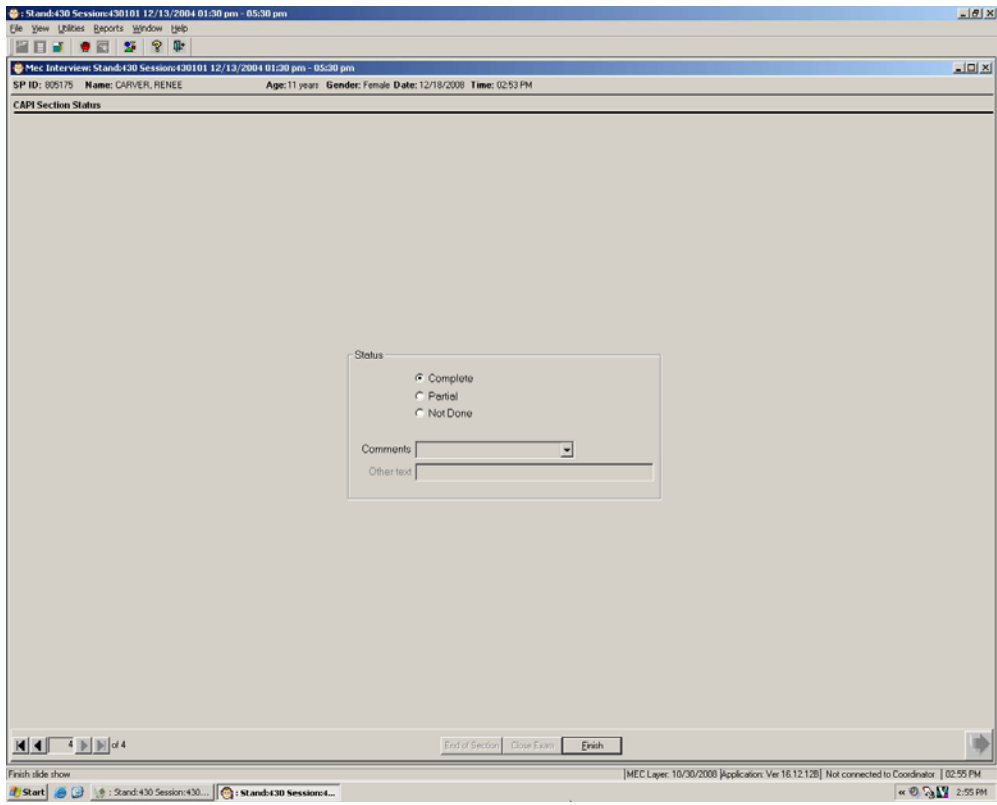
DBQ910 This question asks the respondent to indicate the number of times per day, week, or month that they ate frozen meals or frozen pizza during the past 30 days. Always show the respondent card WHQ2 to assist in his or her response.



### **5.2.15 Ending the CAPI Interview**

After completing the final CAPI section appropriate to the SP's age and gender, the computer program displays the "Case Finished" screen. Unless you need to backup for some reason or to change an answer to a previous question, enter "1" and proceed to the last screen. Press F10 to exit the interview.





## Blaise-CAPI

### Section

Status      The section status code will automatically prefill.

This page intentionally left blank.

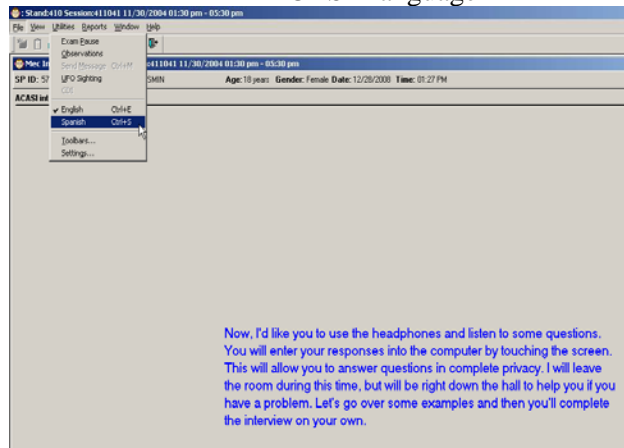
### **5.3 Audio-CASI Sections of the MEC Interview**

The audio-CASI section of the MEC interview consists of five sections of questions, which are asked in this format because they contain sensitive topics. Research on the mode of interview indicates that respondents will be more honest and forthcoming in their answers if they can answer a self-administered mode. The audio-CASI allows SPs to both hear and read the questions and to move at their own speed through the sections as they touch the computer screen to indicate their response.

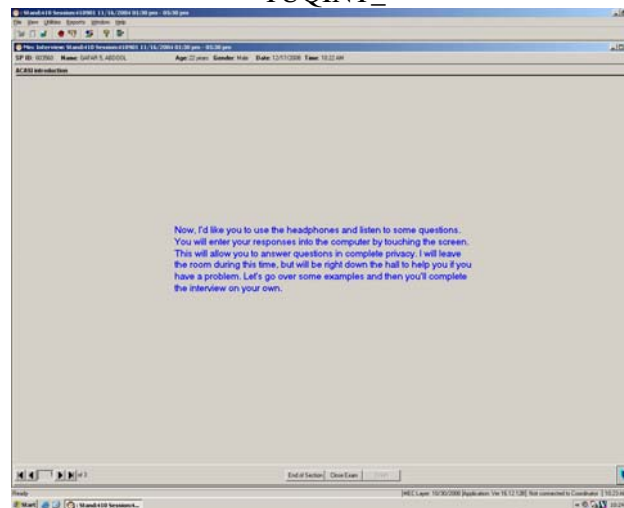
This method of administration is thought to be especially effective in eliciting answers from young people. Therefore, SPs aged 12 to 19 will be administered questions on tobacco and alcohol use in audio-CASI. A set of sensitive items on food security issues will be asked of SPs 12 to 15 years of age in the audio-CASI interview.

SPs aged 12 to 69 receive the section on drug use in audio-CASI, and SPs aged 14 to 69 receive the sexual behavior section in audio-CASI.

## ACASI Language



## TUQINT\_



## ACASI first screen



### 5.3.1 Beginning and Navigating the Audio-CASI Interview

The computer launches the audio-CASI section following the Blaise-CAPI interview for SPs 12 to 69 years old.

**ACASI Language** The language selected on the proxy/interpreter status screen at the beginning of the interview will carry over to the ACASI section. To change the language of the introduction screen, select “utilities” from the menu bar and select the appropriate language.

**TUQINT\_** The interview begins with a brief set of practice screens. Read the ACASI Interview Introduction from screen and click the “next” arrow in the bottom right hand corner of the screen.

**ACASI First Screen** The first ACASI screen allows you to select either the “English” or “Spanish” version of the screens and corresponding voice files. Using the touch screen, select the correct language for the interview and touch the “next” button. The interview will begin with a brief set of practice screens. Turn the screen toward the SP and assist him or her with the practice screens. Have the SP work through the practice screens without the headphones, by listening to the audio through the speakers. If you need to change the language of the ACASI interview at any time, return to the first screen and change the language.

## TUQ000\_

These questions are for practice.

Please press the  button to see the question.

## TUQ010

Here is an example of one type of question:

'Are you tired?' Please select ...

## TUQ020

Another type of question requires a number response. Answer by pressing the number buttons on the keypad.

'How many hours did you sleep last night?'  
Please enter a number.

TUQ000\_ This is the first practice screen. Instruct the SP to touch the “Next” button in the lower right hand corner to proceed to the next practice screen.

TUQ010 TUQ010 demonstrates how to record a simple yes or no response.

TUQ020 TUQ020 demonstrates how to record an answer to a question that requires a number response.



## TUQ025

Another type of question requires you to answer with both a number and a unit of time. Answer by pressing the numbers on the keypad and then selecting a unit of time.

How long has it been since you watched a movie?

*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1	2	3	Days
4	5	6	Weeks
7	8	9	Months
	0		Years
Clear			Clear

[← BACK](#) [NEXT →](#)

## TUQ030

To go back to a previous question to change your response, touch the [← BACK](#) button.

[← BACK](#) [NEXT →](#)

## TUQ040

Like all of the other questions that you have answered today, your responses will be kept confidential. If you are not sure about an answer, give us your best estimate. If you have any questions about how to use the computer, please ask your interviewer now.

[← BACK](#) [NEXT →](#)

TUQ025 TUQ025 demonstrates how to record a more complex response that requires entering a number and a unit of time.

TUQ030 After listening to the recorded instructions, demonstrate by backing up to TUQ020. Use the “clear” button to erase the response, and then enter a new response.

TUQ040 After listening to the recorded instructions and answering any questions, instruct the SP to put on the headphones. Make sure he or she is comfortable and can hear the questions before you leave the room. Instruct the SP to open the door when she or he is done with the ACASI interview.

## Non-Response Screen

Here is an example of one type of question:

'Are you tired?' Please select ...

**You did not answer the previous question. Did you mean to answer, would you prefer not to answer the question, or you don't know the answer? Please select...**

I really meant to answer.

I'd rather not answer.

I don't know the answer.



The specifications that follow are intended to assist you in answering questions that an SP may have in the course of responding to the computer-managed questioning.

Non-  
response  
Screen

The audio-CASI is designed not to provide the respondent with an obvious option of stating that they don't know an answer or refusing to answer. However, there is a nonresponse option for the SP. This option exists in the form of a second screen which appears if the SP presses the "Next" button on the screen without answering the question. The screen will present SPs with three options: the first, that they really meant to answer the question; second, that they would rather not answer; and third, that they don't know the answer. Choosing the first response will take the SP back to the original question, while choosing the second or third option will skip the SP forward to the next appropriate question. If the SP goes back to a previous question to which they answered "I'd rather not answer" or "I don't know the answer", the answer categories will be unselected and if the SP decides to answer the question, they can simply select a response.

## FSQ700\_

The next questions are about the food situation in your home during the last 30 days.

[Back](#) [Next](#)

## FSQ700

In the last 30 days, was the **size of your meals cut** because your family didn't have enough money for food?

Please select one of the following choices.

A lot

Sometimes

Never

Clear

[Back](#) [Next](#)

## FSQ710

In the last 30 days, did you **eat less** than you thought you should because your family didn't have enough money for food?

Please select one of the following choices.

A lot

Sometimes

Never

Clear

[Back](#) [Next](#)

### 5.3.2 Food Security (FSQ)

Questions about food security were first asked in NHANES III. The food security questionnaire used since NHANES 1999 includes the 18-item U.S. Household Food Security Survey Module (FSSM). Individual-level food security questions for participants less than 12 years and greater than 15 years were added to NHANES in 2000. The FSSM is asked in the household interview; the child and adult individual-level questions are asked in the MEC. In NHANES 2005, recently validated individual-level food security questions for youths will be included in the audio-CASI interview so that individual level data will be collected for participants of all ages.

FSQ is a short section consisting of five items that ask SPs to indicate the frequency with which they have modified their meals or eating habits because their family didn't have enough money for food. The period of interest is the past month.

Youths 12-15 years are administered in the ACASI section when information collected in the FSSM indicates that family members may have altered their eating behaviors because of insufficient financial resources. Due to the sensitive nature of these questions, the items are asked in audio-CASI mode for this age group.

FSQ700\_ This screen introduces the section.

FSQ700 In this question, the SP is asked how often the size of his or her meals was cut.

FSQ710 This item asks respondents to indicate how often they ate less than they think they should.

### FSQ720

In the last 30 days, were you **hungry** but didn't eat because your family didn't have enough food?  
Please select one of the following choices.

A lot

Sometimes

Never

### FSQ730

In the last 30 days, did you **skip a meal** because your family didn't have enough money for food?  
Please select one of the following choices.

A lot

Sometimes

Never

### FSQ740

In the last 30 days, did you **not eat for a whole day** because your family didn't have enough money for food?  
Please select one of the following choices.

Sometimes

Once or twice

Never

FSQ720 FSQ720 obtains information on how frequently SPs were hungry but didn't eat because the family didn't have enough food.

FSQ730 In this question, SPs are asked to indicate how often they skipped meals because of the family's financial situation.

FSQ740 FSQ740 asks respondents how frequently they didn't eat anything for an entire day.



## SMQ620\_

The following questions are about cigarette smoking and other tobacco use.

[← BACK](#) [NEXT →](#)

## SMQ620

Have you ever tried cigarette smoking, even 1 or 2 puffs?  
*Please select ...*

Yes

No

Clear

[← BACK](#) [NEXT →](#)

### **5.3.3 Tobacco (SMQ)**

The questions in this section cover smoking history and current tobacco use. SPs 12-19 years of age are asked tobacco questions in the audio-CASI section of the interview.

SMQ620\_ This section introduces the Tobacco section. Touch “Next” to proceed to the first question.

SMQ620 This question identifies respondents who have never tried smoking cigarettes. Notice that the definition of “tried” includes just smoking 1 or 2 puffs. Respondents who respond other than “Yes” are skipped to SMQ680.

### SMQ630

How old were you when you smoked a whole cigarette for the **first** time?  
*Please enter an age or select zero for never smoked a whole cigarette.*

1	2	3
4	5	6
7	8	9
0		
Clear		

← BACK      NEXT →

### SMQ640

During the past **30 days**, on how many days did you smoke cigarettes?  
*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		
Clear		

← BACK      NEXT →

### SMQ650

During the past **30 days**, on the days that you smoked, how many cigarettes did you smoke per day?  
*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		
Clear		

← BACK      NEXT →

SMQ630 This item asks for the age when the sample person first smoked a cigarette. Respondents can enter any age up to and including their age at the time of the interview. Respondents are instructed to enter zero if they never smoked a whole cigarette. Subjects who have never smoked a whole cigarette skip to SMQ680.

SMQ640 This question is important to quantify the SP's smoking habit by asking the number of days he or she actually smoked over the month prior to the interview.

If the SP did not smoke cigarettes in the past 30 days, he or she is instructed to enter a zero. The program then skips to SMQ670.

SMQ650 This question is important to establish the current intensity of the SPs smoking habit. The SP is asked, on the days that he or she smoked, for the average number of cigarettes smoked.

### SMQ077

How soon after you wake up do you smoke? Would you say ...

Within 5 minutes

From 6 to 30 minutes

From more than 30 minutes to one hour

More than one hour

### SMQ660

During the **past 30 days**, on the days that you smoked, which brand of cigarettes did you **usually** smoke?

*Please select one of the following choices.*

Marlboro

Benson and Hedges

Camel

Salem

Newport

Other

Kool

Winston

### SMQ664

Were the Marlboro cigarettes menthol or non-menthol?

*Please select ...*

Menthol

Non-menthol

SMQ077 This is the second question that establishes the intensity of the SP's habit. Current smokers are asked to indicate how soon after they wake up they smoke.

SMQ660 The top seven brands used by smokers under age 20 are displayed, and the respondent is asked which one they usually smoke. An "other" option is offered should the SP smoke a brand other than the most popular brands for their age group.

SMQ664 SPs who report smoking Marlboro, Camel, Winston, or Benson and Hedges cigarettes or "some other brand" in SMQ660 are asked to indicate whether they smoked the menthol or non-menthol type of these cigarettes.

All other SPs skip to SMQ666.

### SMQ666

Were the Marlboro cigarettes regular, lights, or ultralights?  
*Please select ...*

Regular

Lights

Ultralights

### SMQ670

During the past **12 months**, have you stopped smoking for one day or longer **because you were trying to quit smoking**?  
*Please select ...*

Yes

No

SMQ666 This question asks the SP to indicate whether his or her usual brand of cigarettes reported in SMQ660 are regular, light, or ultra-light cigarettes.

SMQ670 This question is used to determine if the SP has made any attempt in the past year to quit smoking.



## SMQ680\_

The following questions ask about use of tobacco or nicotine products in the past **5 days**.

## SMQ680

During the past **5 days**, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

*Please select ...*

Yes

No

## SMQ690

Which of these products did you use?

*Please select all that you used.*

Cigarettes

Snuff

Pipes

Nicotine patches, gum, or other nicotine product

Cigars

Chewing tobacco

SMQ680\_ Introductory screen

SMQ680 This question, and the series that follow it, are used to quantify the level of usage for current users of any type of tobacco product.

Subjects who respond other than “yes” skip to the next section.

SMQ690 If the SP reports having used any type of tobacco product in the past 5 days, this question asks the SP to specify which types of products he or she has used. The remainder of this question series follows up with questions appropriate only to those products the SP reports using in the past 5 days. The “past 5 days” refers to the current day and the 4 days immediately preceding the interview.

### SMQ710

During the past **5 days**, including today, on how many days did you smoke cigarettes?  
*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

← BACK      NEXT →

### SMQ720

During the past **5 days**, on the days you smoked, how many cigarettes did you smoke each day?  
*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

← BACK      NEXT →

### SMQ725

When did you smoke your last cigarette? Was it ...

Today

Yesterday

3 to 5 days ago

Clear

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SMQ710 This question quantifies the smoker's current use of cigarettes. SPs should count the number of days in the 4 days immediately before the interview and the day of the interview that they smoked cigarettes, even if they took only a few puffs.

SMQ720 This question is asked of all current cigarette smokers to determine the number of cigarettes, not packs, smoked in the past 5 days. We are interested in the average number of cigarettes smoked per day, only for those days in the past five that the respondent smoked. If the respondent indicates that he or she smokes more than 95 cigarettes per day on average, the program will store a response of "95." The "95" response is visible to the SP only if the SP backs up to review his or her response.

SMQ725 This question asks the respondent to indicate when in the past 5 days he or she last smoked a cigarette.

### SMQ740

During the past **5 days**, including today, on how many days did you smoke a pipe?  
*Please enter a number.*

1 2 3  
4 5 6  
7 8 9  
0

Clear

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### SMQ750

During the past **5 days**, on the days you smoked a pipe, how many pipes did you smoke each day?  
*Please enter a number.*

1 2 3  
4 5 6  
7 8 9  
0

Clear

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### SMQ755

When did you smoke your last pipe? Was it ...

Today  
Yesterday  
3 to 5 days ago  
Clear

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SMQ740 If the respondent indicated that he or she smoked a pipe in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ750 Refer to the specifications from SMQ720. If the respondent indicates that he or she smoked more than 59 pipes on the days that he or she smoked a pipe, the program stores a response of "59." The "59" response is visible to the respondent if he or she backs up to review the question.

SMQ755 Refer to the specifications for SMQ725.

### SMQ770

During the past **5 days**, including today, on how many days did you smoke cigars?  
*Please enter a number.*

1 2 3  
4 5 6  
7 8 9  
0  
Clear

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### SMQ780

During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?  
*Please enter a number.*

1 2 3  
4 5 6  
7 8 9  
0  
Clear

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### SMQ785

When did you smoke your last cigar? Was it ...

Today  
Yesterday  
3 to 5 days ago  
Clear

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SMQ770 If the respondent indicated that he or she smoked a cigar in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ780 Refer to the specifications from SMQ720.

SMQ785 Refer to the specifications for SMQ725.



### SMQ800

During the past **5 days**, including today, on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SMQ815

When did you last use chewing tobacco? Was it ...

Today
Yesterday
3 to 5 days ago
Clear

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### SMQ817

During the past **5 days**, including today, on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SMQ800 This question refers to the use of chewing tobacco. This tobacco-containing product is taken by mouth. The tobacco is not burned. If the respondent indicated that he or she used chewing tobacco in the past 5 days, he or she will be asked this question. Refer to the specifications from SMQ710.

SMQ815 Refer to the specifications from SMQ725.

SMQ817 If the respondent indicated that he or she used snuff in the past 5 days, he or she will be asked this question. Snuff is taken by mouth or rarely, by nose. The tobacco is not burned. Refer to the specifications from SMQ710.

### SMQ819

When did you last use snuff? Was it ...

Today

Yesterday

3 to 5 days ago

### SMQ830

During the past **5 days**, including today, on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

*Please enter a number.*

### SMQ840

When did you last use a product containing nicotine? Was it ...

Today

Yesterday

3 to 5 days ago

SMQ819 Follow the specifications for SMQ725.

SMQ830 This item applies to any nicotine-containing product that the respondent may have used in an effort to stop smoking. Refer to the specifications from SMQ710.

SMQ840 Refer to the specifications for SMQ725.

ALQ010\_

The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

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ALQ010

How old were you when you had your **first** drink of alcohol, other than a few sips?

*Please select one of the following choices.*

I have never had a drink of alcohol other than a few sips

13 or 14 years old

8 years old or younger

15 or 16 years old

9 or 10 years old

17 years old or older

11 or 12 years old

Clear

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### 5.3.4 Alcohol Use (ALQ)

This section obtains information on the use of alcohol. Sample persons 12-19 years are asked alcohol-related questions in the audio-CASI format.

ALQ010\_ This screen introduces the section and provides the SP with a definition of a drink. A “drink” is essentially, what the SP considers a drink to be; for example, a glass or can of beer, a glass of wine, a shot of hard liquor, or a mixed drink. It does not include drinking small amounts of wine for religious purposes.

ALQ010 This question obtains information on when a respondent had his or her first drink of alcohol other than just a few sips. Note that there is a response option that allows an SP to indicate that he or she has never had a drink of alcohol. The SP is presented with several age ranges.

### ALQ022

During your life, on how many days have you had at least one drink of alcohol?  
*Please select one of the following choices.*

<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 40 to 99 days
<input type="checkbox"/> 3 to 9 days	<input type="checkbox"/> 100 or more days
<input type="checkbox"/> 10 to 19 days	<input type="button" value="Clear"/>
<input type="checkbox"/> 20 to 39 days	

### ALQ031

During the past 30 days, on how many days did you have at least one drink of alcohol?  
*Please select one of the following choices.*

<input type="checkbox"/> 0 days	<input type="checkbox"/> 10 to 19 days
<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 20 to 29 days
<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> All 30 days
<input type="checkbox"/> 6 to 9 days	<input type="button" value="Clear"/>

### ALQ041

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?  
*Please select one of the following choices.*

<input type="checkbox"/> 0 days	<input type="checkbox"/> 6 to 9 days
<input type="checkbox"/> 1 day	<input type="checkbox"/> 10 to 19 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 20 or more days
<input type="checkbox"/> 3 to 5 days	<input type="button" value="Clear"/>

ALQ022 Note that this question asks for the number of days in the SP's life that he or she had at least one drink of alcohol. Response categories presented are ranges in the number of days. Responses of zero days skip the subject to the end of the alcohol section.

ALQ031 This question narrows the reference period to the past 30 days. Note that there is a response option of "all 30 days." Responses of zero days skip the subject to the end of the alcohol section.

ALQ041 This item obtains information on potential alcohol abuse and problem drinking. Note that it asks for the number of days in the past 30 on which five or more drinks were consumed.



## DUQ200\_

The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential.

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## DUQ200

The first questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

Have you **ever**, even once, used marijuana or hashish?

Please select ...

Yes

No

Clear

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## DUQ210

How old were you the **first time** you used marijuana or hashish?

Please enter an age

1

2

3

4

5

6

7

8

9

0

Clear

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### 5.3.5 Drug Use (DUQ)

This section is administered to SPs aged 12 to 69 years. (SPs 60-69 years old only receive select questions in this section.) The questions focus on lifetime and regular use of marijuana and hashish and street or recreational drugs, as well as, the intravenous use of these drugs. Additional questions on age of initiation of specific drugs, duration of drug use, frequency of use in the past 30 days, and lifetime history of drug treatment are included in this section. No measurements for the presence of drug metabolites will be conducted. The use of drugs has been demonstrated to be a risk factor for sexually transmitted diseases. Injection drug use is also a risk for blood borne pathogens such as HIV, HBV, and HCV. Researchers will use the information on drug use along with sexual behavior questions to develop a profile of risk-taking behavior. Questions were added to the 2009-2010 NHANES survey to determine “regular” use of marijuana and hashish. These data are collected as co-factors to look at the potential association between oral HPV and head and neck squamous cell carcinoma.

DUQ200\_ This screen introduces the section and reminds respondents that the information collected in the study is kept confidential.

After this introduction to the Drug Use section, SPs 60-69 years old skip to DUQ240.

DUQ200 DUQ200 through DUQ230 obtain information on marijuana and hashish use. This screen provides alternate terms that may be used to refer to marijuana or hashish and describes the various ways in which the drugs can be used.

The first question of the section also appears on this screen. This question asks SPs to indicate whether they have used marijuana at least one time in their life.

SPs who answer other than “yes” skip to DUQ240.

DUQ210 SPs who report having used marijuana or hashish in DUQ200 are asked their age when they first used these drugs.

### DUQ211

Have you ever smoked marijuana or hashish at least **once a month for more than one year**?

*Please select ...*

Yes

No

Clear

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### DUQ213

How old were you when you started smoking marijuana or hashish at least **once a month for one year**?

*Please enter an age.*

1 2 3

4 5 6

7 8 9

0

Clear

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### DUQ215

How long has it been since you last smoked marijuana or hashish at least **once a month for one year**?

*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1 2 3

4 5 6

7 8 9

0

Clear

Days

Weeks

Months

Years

Clear

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DUQ211 In 2009, five new questions (DUQ211, DUQ213, DUQ215, DUQ217, and DUQ219) were added to collect information on participants who “regularly” use marijuana. These questions were added because they may be related to oral human papillomavirus (HPV).

This question asks SPs if they have ever smoked marijuana at least once a month for more than one year.

DUQ213 SPs who report using marijuana regularly (at least once a month for more than one year) in DUQ211 are asked their age when they started smoking marijuana at least once a month for one year.

DUQ215 This question asks SPs to indicate the length of time since they last used marijuana at least once a month for one year.

This item is more complex than many questions in the ACASI interview. It contains two data fields on the same screen. First, SPs must enter a number using the calculator keypad. Next, the SP must select the appropriate unit of time (days, weeks, months, or years) from the options displayed on the right side of the screen.

### DUQ217

During the time that you smoked marijuana or hashish, how often would you **usually** use it?  
*Please select ...*

Once per month	9-24 times per month (about 3-6 times per week)
2-3 times per month	25-30 times per month (one or more times per day)
4-8 times per month (about 1-2 times per week)	Clear

### DUQ219

During the time that you smoked marijuana or hashish, how many joints or pipes would you **usually** smoke in a day?  
*Please select ...*

<input type="checkbox"/> 1 per day
<input type="checkbox"/> 2 per day
<input type="checkbox"/> 3-5 per day
<input type="checkbox"/> Six or more per day
Clear

### DUQ220

How long has it been since you **last** used marijuana or hashish?  
*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1	2	3	Days
4	5	6	
7	8	9	
0			
Clear			
			Weeks
			Months
			Years
			Clear

DUQ217 This question asks how often the SP usually used marijuana during the time they smoked it.

DUQ219 The final question used to collect information on participants who “regularly” use marijuana asks the SP how many joints or pipes he/she usually smoked in a day.

DUQ220 This question asks SPs to indicate the length of time since they last used marijuana or hashish.

This item requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ215.

## DUQ220 Error Message

Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear" and try again.

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## DUQ230

During the **past 30 days**, on how many days did you use marijuana or hashish?  
*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

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## DUQ240

Have you **ever** used cocaine, crack cocaine, heroin, or methamphetamine?  
*Please select ...*

Yes

No

Clear

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DUQ220 The program contains an edit to check whether the SP's response is valid based on the SP's  
Error current age and the age reported in DUQ210. An error window is displayed if the response to  
Message DUQ220 is invalid. To proceed with the interview, SPs must change either their response to  
DUQ220, or the age reported in DUQ210.

DUQ230 Only SPs who report using marijuana or hashish within the past month in DUQ220 are asked  
DUQ230, which asks SPs to report on how many days in the past 30 they used marijuana.

DUQ240 This question is a screener to determine whether the SP has ever used any of the following  
types of street or recreational drugs: cocaine, crack cocaine, heroin, or methamphetamine.  
SPs who respond other than "yes" skip to DUQ370.



## DUQ250\_

The following questions are about cocaine, including all the different forms of cocaine such as powder, "crack", "free base", and coca paste.

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## DUQ250

Have you **ever**, even once, used cocaine, in any form?

*Please select ...*

Yes

No

Clear

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## DUQ260

How old were you the **first time** you used cocaine, in any form?

*Please enter an age.*

1

2

3

4

5

6

7

8

9

0

Clear

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DUQ250\_ This screen introduces the series of questions on cocaine use (DUQ250–DUQ280). It lists the forms of cocaine of interest including powder, crack, free base, and coca paste.

DUQ250 DUQ250 asks respondents whether they have used any form of cocaine at least once in their lifetime. SPs who respond other than “yes” skip to DUQ290.

DUQ260 SPs who report having used cocaine in DUQ250 are asked their age at first use.

## DUQ270

How long has it been since you **last** used cocaine, in any form?  
*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1	2	3	Days	
4	5	6		Weeks
7	8	9		Months
0				Years
Clear				Clear

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## DUQ272

During your **life**, altogether how many times have you used cocaine, in any form?  
*Please select one of the following choices.*

Once	50-99 times
2-5 times	100 times or more
6-19 times	Clear
20-49 times	

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## DUQ280

During the **past 30 days**, on how many days did you use cocaine, in any form?  
*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		
Clear		

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DUQ270 This question asks SPs to indicate the length of time since they last used cocaine.

This item requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ215.

The program contains an edit to check whether the SP's response is valid based on the SP's current age and the age reported in DUQ260. An error window is displayed if the response to DUQ270 is invalid. (Refer to the screen for DUQ220 Error Message.) To proceed with the interview, SPs must change either their response to DUQ270, or the age reported in DUQ260.

DUQ272 DUQ272 asks respondents to indicate how many times they've used cocaine in their lifetime. SPs are asked to select from six predefined categories. SPs who report having used cocaine within the past month in DUQ270 continue with DUQ280. Otherwise, the interview skips to DUQ290.

DUQ280 SPs are asked to report the number of days they've used cocaine in the past month.

## DUQ290\_

The following questions are about heroin.

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## DUQ290

Have you **ever**, even once, used heroin?

Please select ...

Yes

No

Clear

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## DUQ300

How old were you the **first time** you used heroin?

Please enter an age.

1 2 3

4 5 6

7 8 9

0

Clear

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DUQ290\_ This screen introduces a series of questions on heroin use (DUQ290 – DUQ320).

DUQ290 DUQ290 asks respondents to indicate whether they've used heroin at least once in their lifetime.

SPs who answer other than "Yes" skip to DUQ330.

DUQ300 SPs who report having used heroin in DUQ290 are asked their age at first use.

### DUQ310

How long has it been since you **last** used heroin?

*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1	2	3	Days Weeks Months Years Clear
4	5	6	
7	8	9	
0			
Clear			

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### DUQ320

During the **past 30 days**, on how many days did you use heroin?

*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		
Clear		

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### DUQ330\_

The following questions are about methamphetamine, also known as crank, crystal, ice or speed.

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DUQ310 DUQ310 asks SPs to indicate the length of time since they last used heroin.

This item requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ215.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ300. An error window is displayed if the response to DUQ310 is valid. (Refer to DUQ220 Error Message.)

To proceed with the interview the respondent must change either their response to DUQ310, or the age reported in DUQ300.

SPs who report using heroin during the past month continue with DUQ320. Otherwise, the interview skips to DUQ330.

DUQ320 SPs are asked to report the number of days they've used heroin in the past month.

DUQ330\_ This screen introduces a series of items on methamphetamine use (DUQ330–DUQ360). Various street names for methamphetamine are provided.



### DUQ330

Have you **ever**, even once, used methamphetamine?

*Please select ...*

Yes

No

Clear

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### DUQ340

How old were you the **first time** you used methamphetamine?

*Please enter an age.*

1 2 3

4 5 6

7 8 9

0

Clear

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### DUQ350

How long has it been since you **last** used methamphetamine?

*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1 2 3

4 5 6

7 8 9

0

Days

Weeks

Months

Years

Clear

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DUQ330 This item asks SPs to indicate whether they've used methamphetamine at least once in their lifetime.

SPs who answer other than "Yes" skip to DUQ370.

DUQ340 SPs who report having used methamphetamine in DUQ330 are asked their age at first use.

DUQ350 This item asks SPs to indicate the length of time since they last used methamphetamine.

DUQ350 requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ215.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ340. An error window is displayed if the response to DUQ350 is invalid. (Refer to DUQ220 Error Message.) To proceed with the interview the respondent must change either their response to DUQ350, or the age reported in DUQ340.

### DUQ352

During your **life**, altogether how many times have you used methamphetamine?  
*Please select one of the following choices.*

Once      50-99 times

2-5 times      100 times or more

6-19 times      Clear

20-49 times

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### DUQ360

During the **past 30 days**, on how many days did you use methamphetamine?  
*Please enter a number.*

1      2      3

4      5      6

7      8      9

0

Clear

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### DUQ370\_

The following questions are about the different ways that certain drugs can be used.

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DUQ352 DUQ352 asks respondents to indicate how many times they've used methamphetamine in their lifetime. SPs are asked to select from six predefined categories.

SPs who report having used methamphetamine within the past month in DUQ350 continue with DUQ360. Otherwise, the interview skips to DUQ370.

DUQ360 SPs are asked to report the number of days they've used methamphetamine in the past month.

DUQ370\_ This screen introduces a series of questions on injection drug use (DUQ370–DUQ420).

### DUQ370

Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor?  
*Please select ...*

Yes

No

Clear

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### DUQ380

Which of the following drugs have you injected using a needle?  
*Please select all the drugs that you injected.*

Cocaine       Steroids

Heroin       Any other drugs

Methamphetamine      Clear

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### DUQ390

How old were you when you **first** used a needle to inject any drug not prescribed by a doctor?  
*Please enter an age.*

1    2    3

4    5    6

7    8    9

0

Clear

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DUQ370 DUQ370 asks respondents to indicate whether they've ever used a needle to inject drugs not prescribed by a doctor.

SPs who respond other than "Yes" skip to either DUQ430, or to the end of the drug use questions, depending upon their responses to previous items.

DUQ380 This item asks SPs to specify the drug or drugs they've injected. Response options include cocaine, heroin, methamphetamine, or steroids. Respondents may also choose "any other drugs" if they've injected a drug that's not listed. This is a "code all that apply" item so SPs may select multiple responses.

DUQ390 SPs who report injecting a drug not prescribed by a doctor in DUQ370 are asked their age the first time they injected drugs.

### DUQ400

How long ago has it been since you **last** used a needle to inject a drug not prescribed by a doctor?  
*Please enter the number of days, weeks, months, or years, then select the unit of time.*

1	2	3	Days
4	5	6	Weeks
7	8	9	Months
	0		Years
Clear			Clear

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### DUQ410

During your **life**, altogether how many times have you injected drugs not prescribed by a doctor?  
*Please select one of the following choices.*

Once	50-99 times
2-5 times	100 times or more
6-19 times	Clear
20-49 times	

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### DUQ420

Think about the period of your life when you injected drugs the **most often**. How often did you inject then?  
*Please select one of the following choices.*

More than once a day	At least once a month but not every week
About once a day	Less than once a month
At least once a week but not every day	Clear

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DUQ400 This item asks SPs to indicate the length of time since they last injected a drug not prescribed by a doctor.

DUQ400 requires the SP to enter a number and select a unit response. Refer to the specifications for DUQ215.

The program contains an edit to check whether the response is valid based on the SP's current age and the age reported in DUQ390. An error window is displayed if the response to DUQ400 is invalid. (Refer to DUQ220 Error Message.) To proceed with the interview the respondent must change either his or her response to DUQ400, or the age reported in DUQ390.

DUQ410 DUQ410 asks respondents to indicate the number of times in their lifetime they've injected drugs not prescribed by a doctor. SPs select from six predefined categories.

Respondents who've injected drugs only once skip to DUQ430. Otherwise, the interview continues with DUQ420.

DUQ420 This item asks SPs to report how frequently they injected drugs during the time in their life when they injected drugs the most often. SPs select from one of five predefined responses.



DUQ430

Have you **ever** been in a drug treatment or drug rehabilitation program?

*Please select ...*

Yes

No

Clear

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DUQ430 SPs who report having used marijuana, cocaine, heroin, methamphetamine, or engaged in injection drug use, at least once in their lifetime, get asked DUQ430. Respondents are asked whether they've ever been in a drug treatment or rehab program.

## SXQ615\_

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

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## SXQ615

Have you **ever** had **any** kind of sex?

Please select ...

Yes

No

Clear

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## SXQ700

Have you **ever** had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.

Please select ...

Yes

No

Clear

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### **5.3.6 Sexual Behavior (SXQ)**

Information on sexual behavior is key to reducing the risk of STDs, including acquired immunodeficiency syndrome (AIDS). Such behaviors include delaying onset of sexual intercourse by adolescents, minimizing number of sexual partners and utilizing barrier contraceptives. Participants 14-69 years are asked about types of sexual behavior they have participated in, age of first intercourse, number of total sexual partners, number of partners for specific types of sexual behavior, use of condoms, and history of sexually-transmitted diseases. (SPs 60-69 years old only receive select questions in this section.) The questions on sexual behavior are included to provide for: targeting risk reduction efforts; assessing the results of such effort, and improving current understanding of the epidemiology of STDs. Additional questions on oral sex are also included in order to assess associations between oral sexual behavior and oral HPV infection. In 2009, the Sexual Behavior questionnaire was revised and split into two questionnaires, female and male.

#### **5.3.6.1 Female Sexual Behavior (SXQ)**

SXQ615\_ This screen introduces the section. It provides a definition of sex to include vaginal, oral, or anal sex. The introduction includes a statement reassuring confidentiality, as the questions in this section deal with very private behaviors and issues.

SPs 14-17 years old will go to SXQ615. SPs 18+ years will go to SXQ700.

SXQ615 This question screens out SPs 14-17 years old who have never had sex. If the SP has never had sex, she will go to the end of the section.

SXQ700 This is the first question in the section for SPs 18+ years. This question asks if the SP ever had vaginal sex (sexual intercourse) with a man. A definition of vaginal sex is provided.

### SXQ703

Have you **ever performed** oral sex on a man? This means putting your mouth on a man's penis or genitals.

*Please select ...*

Yes

No

### SXQ706

Have you **ever** had anal sex? This means contact between a man's penis and your anus or butt.

*Please select ...*

Yes

No

### SXQ709

Have you **ever** had **any** kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or genitals.

*Please select ...*

Yes

No

SXQ703 This question asks if the SP ever performed oral sex on a man. A definition of performing oral sex is provided.

SXQ706 This question asks if the SP ever had anal sex with a man. A definition of anal sex is provided.

SXQ709 This question asks if the SP ever had any kind of sex with a woman. A definition of “sex with a woman” is provided.

### SXQ618

How old were you the first time you had **any** kind of sex, including vaginal, anal, or oral?  
*Please enter an age.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ712

In **your lifetime**, with how many **men** have you had **any** kind of sex?  
*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ718

In the **past 12 months**, with how many **men** have you had **any** kind of sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

← BACK      NEXT →

SXQ618 This question asks how old the SP was the first time she had any kind of sex.

SXQ712 Female SPs are asked for the total number of men with whom they've had any kind of sex in their entire lifetime. If the SP enters a response of zero, an error message will appear alerting the SP that her response is inconsistent with her previous responses about male sex partners.

SXQ718 Female SPs are asked for the total number of men with whom they've had any kind of sex in the past 12 months. If the SP's response is greater than the lifetime number of male partners that was previously reported, an error message will appear.



### SXQ724

In **your lifetime**, with how many **men** have you had **vaginal** sex? Vaginal sex means a man's penis in your vagina.

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ727

In the **past 12 months**, with how many **men** have you had **vaginal** sex? Vaginal sex means a man's penis in your vagina.

*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ621

How old were you when you first **performed** oral sex on a man? Performing oral sex means your mouth on a man's penis or genitals.

*Please enter an age.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SXQ724 Female SPs who report having vaginal sex in SXQ700 are asked for the total number of men with whom they've had vaginal sex in their entire lifetime. A definition is provided.

If the SP enters a response of zero, an error message will appear alerting the SP that her response is inconsistent with her previous responses about male vaginal sex partners. If the SP's response is greater than the lifetime number of male partners that was previously reported, an error message will appear.

SXQ727 Female SPs who report having vaginal sex in SXQ700 are asked for the total number of men with whom they've had vaginal sex in the past 12 months. A definition is provided.

If the SP's response is greater than the lifetime number of male vaginal sex partners that was previously reported, an error message will appear.

SXQ621 Female SPs who report performing oral sex on a man in SXQ703 are asked how old they were when they first performed oral sex on a man. A definition is provided.

### SXQ624

In your **lifetime**, on how many **men** have you **performed oral sex**?

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ627

In the **past 12 months**, on how many **men** have you **performed oral sex**?

*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

← BACK      NEXT →

### SXQ630

How long has it been since the last time you **performed oral sex** on a **new male** partner? A new sexual partner is someone that you had never had sex with before.

*Please enter a number.*

[Redacted]			Days
1	2	3	Weeks
4	5	6	Months
7	8	9	Years
0			Clear
Clear			

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SXQ624 Female SPs who report performing oral sex on a man in SXQ703 are asked for the total number of men on whom they've performed oral sex in their entire lifetime.

If the SP enters a response of zero, an error message will appear alerting the SP that her response is inconsistent with her previous responses about male oral sex partners.

SXQ627 Female SPs who report performing oral sex on a man in SXQ703 are asked for the total number of men on whom they've performed sex in the past 12 months.

If the SP's response is greater than the lifetime number of male oral sex partners that was previously reported, an error message will appear.

SXQ630 Females reporting more than one lifetime oral sex partner in SXQ624 are asked how long it has been since the last time she performed oral sex on a new male partner. A definition is provided for "a new sexual partner".

If the SP's response is earlier than her response to the age when she first performed oral sex on a man, an error message will appear.

### SXQ736

In **your lifetime** with how many **women** have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.

*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ739

In the **past 12 months**, with how many **women** have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.

*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ741

Have you **ever performed oral** sex on a **woman**? Performing oral sex means your mouth on a woman's vagina or genitals.

*Please select ...*

Yes

No

Clear

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SXQ736 Female SPs who report having sex with a woman in SXQ709 are asked for the total number of women with whom they've had sex in their entire lifetime. A definition is provided.

If the SP enters a response of zero, an error message will appear alerting the SP that her response is inconsistent with her previous responses about sex with a female partner.

SXQ739 Female SPs who report having sex with a woman in SXQ709 are asked for the total number of women with whom they've had sex in the past 12 months. A definition is provided.

If the SP's response is greater than the lifetime number of female partners that was previously reported, an error message will appear.

SXQ741 This question asks if the SP has ever performed oral sex on a woman. A definition is provided.

### SXQ633

How old were you when you first **performed** oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.

*Please enter an age.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ636

In **your lifetime**, on how many **women** have you **performed oral sex**?

*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ639

In the **past 12 months**, on how many **women** have you **performed oral sex**?

*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		

Clear

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SXQ633 Female SPs who report performing oral sex on a woman in SXQ741, receive questions SXQ633-SXQ639.

This question asks how old the SP was when she first performed oral sex on a woman. A definition is provided.

SXQ636 Female SPs who report performing oral sex on a woman in SXQ741 are asked for the total number of women on whom they've performed oral sex in their entire lifetime.

If the SP enters a response of zero, an error message will appear alerting the SP that her response is inconsistent with her previous responses about female oral sex partners.

SXQ639 Female SPs who report performing oral sex on a woman in SXQ741 are asked for the total number of women on whom they've performed oral sex in the past 12 months.

If the SP's response is greater than the lifetime number of female oral sex partners that was previously reported, an error message will appear.



### SXQ642

How long has it been since the last time you **performed oral** sex on a **new female** partner? A new sexual partner is someone that you had never had sex with before.

*Please enter a number.*

1	2	3	Days
4	5	6	Weeks
7	8	9	Months
	0		Years
Clear			Clear

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### SXQ744

The next set of questions is about all of your partners, males and females.

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### SXQ645

When you **performed oral** sex in the **past 12 months**, how often would you use **protection**, like a condom or dental dam?

*Please select one of the following choices.*

<input type="checkbox"/> Never	<input type="checkbox"/> Always
<input type="checkbox"/> Rarely	<input type="checkbox"/> Unsure
<input type="checkbox"/> Usually	<input type="checkbox"/> Clear

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SXQ642 Females reporting more than one lifetime oral sex partner in SXQ636 are asked how long it has been since the last time she performed oral sex on a new female partner. A definition is provided for “a new sexual partner”.

If the SP’s response is earlier than her response to the age when she first performed oral sex on a woman, an error message will appear.

SXQ744 Women who report having sex with men and women receive this introduction before the next set of questions.

SXQ645 If an SP reports having oral sex in the past 12 months in SXQ627 or SXQ639, they are asked how often during the past 12 months they used a condom or dental dam when performing oral sex.

### SXQ648

In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before?

*Please select ...*

Yes

No

Clear

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### SXQ610

In the **past 12 months**, about how many **times** have you had vaginal or anal sex?

*Please select one of the following choices.*

Never

52-103 times

Once

104-364 times

2-11 times

365 times or more

12-51 times

Clear

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### SXQ250

In the **past 12 months**, about how often have you had vaginal or anal sex without using a condom?

*Please select one of the following choices.*

Never

Not always, but more than half the time

Less than half of the time

Always

About half of the time

Clear

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SXQ648 Females reporting sexual activity in the past 12 months (SXQ718, SXQ727, and SXQ739) are asked if they had sex with a person during that time that they never had sex with before.

SXQ610 Female SPs who report having vaginal or anal sex (SXQ700 & SXQ706) are asked how many times they had vaginal and/or anal sex in the past 12 months.

SXQ250 Female SPs who have had vaginal or anal sex at least once in the past year are asked how frequently they had unprotected sex.

### SXQ651

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **older** than you?

*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ654

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **younger** than you?

*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ260

Has a doctor or other health care professional **ever** told you that you had genital herpes?

*Please select ...*

Yes

No

Clear

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SXQ651 A female SP with at least one sexual partner in the past year is asked how many of her partners were five or more years older than her.

If the SP's response is greater than the total number of partners reported in the past 12 months, an error message will appear.

SXQ654 A female SP with at least one sexual partner in the past year is asked how many of her partners were five or more years younger than her.

If the SP's response is greater than the total number of partners reported in the past 12 months, an error message will appear. If the sum of the responses to SXQ651 and SXQ654 are greater than the total number of partners reported in the past 12 months, an error message will appear alerting the SP that her response is inconsistent with her previous responses.

SXQ260 All SPs (14-59) who have indicated that they have ever been sexually active are asked a series of questions regarding sexually transmitted diseases.

Questions SXQ260 – SXQ753 ask SPs if a health care professional has **ever** told them that they had these conditions.

Genital herpes is a highly contagious venereal disease of the genitalia of either sex.

### SXQ265

Has a doctor or other health care professional **ever** told you that you had genital warts?

*Please select ...*

Yes

No

Clear

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### SXQ753

Has a doctor or other health care professional **ever** told you that you had human papillomavirus or HPV?

*Please select ...*

Yes

No

Clear

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### SXQ270

In the **past 12 months**, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?

*Please select ...*

Yes

No

Clear

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SXQ265 Genital warts are an elevation of viral origin upon the skin of the genitalia.

SXQ753 Genital human papillomavirus (HPV) is the most common sexually transmitted infection (STI). The virus infects the skin and mucous membranes. There are more than 40 HPV types that can infect the genital areas of men and women, including the skin of the penis, vulva (area outside the vagina), and anus, and the linings of the vagina, cervix, and rectum.

Approximately 20 million Americans are currently infected with HPV, and another 6.2 million people become newly infected each year. At least 50 percent of sexually active men and women acquire genital HPV infection at some point in their lives.

SXQ270 SPs who have indicated that they have ever been sexually active are then asked if a health care professional has ever told them that they had these conditions **in the past 12 months**.

Gonorrhea, GC, or clap, is an infectious disease of the genital tract, rectum, or cervix, transmitted chiefly by sexual intercourse.



### SXQ272

In the **past 12 months**, has a doctor or other health care professional told you that you had chlamydia?

*Please select ...*

Yes

No

Clear

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### SXQ294

Do you think of yourself as ...

Heterosexual or straight (attracted to men)

Something else

Homosexual or lesbian (attracted to women)

Not sure

Bisexual (attracted to men and women)

Clear

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SXQ272 Chlamydia is a venereal disease of the genital tract or cervix caused by the organism chlamydia trachomatis.

SXQ294 SXQ294 asks female SPs 18-59 years of age to indicate their sexual orientation. Gender appropriate definitions of the terms are provided in the verbal instructions with abbreviated definitions displayed on the screen. "Not sure" is a valid response option for this item.

### Error 1

Your response is not consistent with your previous responses about male sex partners. Please press the "Back" button, press "Clear," and try again.

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### Error 2

Your response is not consistent with your previous responses about sex with a female partner. Please press the "Back" button, press "Clear," and try again.

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### Error 3

Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again.

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Error 1 This is an example of an error message that will appear if an SP enters a response that is inconsistent with previous responses.

Error 2 This is another example of an error message that will appear if an SP enters a response that is inconsistent with previous responses.

Error 3 This is an example of an error message that will appear if an SP enters a response that is greater than the lifetime number of partners than was previously reported.

## SXQ615\_

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

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## SXQ615

Have you **ever** had **any** kind of sex?

Please select ...

Yes

No

Clear

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## SXQ800

Have you **ever** had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina.

Please select ...

Yes

No

Clear

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### **5.3.6.2 Male Sexual Behavior (SXQ)**

SXQ615\_ This screen introduces the section. It provides a definition of sex to include vaginal, oral, or anal sex. The introduction includes a statement reassuring confidentiality, as the questions in this section deal with very private behaviors and issues.

SPs 14-17 years old will go to SXQ615. SPs 18+ years will go to SXQ800.

SXQ615 This question screens out SPs 14-17 years old who have never had sex. If the SP has never had sex, he will go to the end of the section.

SXQ800 This is the first question in the section for SPs 18+ years. This question asks if the SP ever had vaginal sex (sexual intercourse) with a woman. A definition of vaginal sex is provided.

### SXQ803

Have you **ever performed** oral sex on a woman? This means putting your mouth on a woman's vagina or genitals.

*Please select ...*

Yes

No

Clear

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### SXQ806

Have you **ever** had anal sex with a woman? Anal sex means contact between your penis and a woman's anus or butt.

*Please select ...*

Yes

No

Clear

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### SXQ809

Have you **ever** had **any** kind of sex with a man, including oral or anal?

*Please select ...*

Yes

No

Clear

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SXQ803 This question asks if the SP ever performed oral sex on a woman. A definition of performing oral sex is provided.

SXQ806 This question asks if the SP ever had anal sex with a woman. A definition of anal sex is provided.

SXQ809 This question asks if the SP ever had any kind of sex with a man, including oral or anal.



### SXQ618

How old were you the first time you had **any** kind of sex, including vaginal, anal, or oral?  
*Please enter an age.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ812

In **your lifetime**, with how many **women** have you had **any** kind of sex?  
*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ818

In the **past 12 months**, with how many **women** have you had **any** kind of sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SXQ618 This question asks how old the SP was the first time he had any kind of sex.

SXQ812 Male SPs are asked for the total number of women with whom they've had any kind of sex in their entire lifetime. If the SP enters a response of zero, an error message will appear alerting the SP that his response is inconsistent with his previous responses about female sex partners.

SXQ818 Male SPs are asked for the total number of women with whom they've had any kind of sex in the past 12 months. If the SP's response is greater than the lifetime number of female partners that was previously reported, an error message will appear.

### SXQ824

In **your lifetime**, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman's vagina.

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ827

In the **past 12 months**, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman's vagina.

*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ633

How old were you when you first **performed** oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.

*Please enter an age.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SXQ824 Male SPs who report having vaginal sex in SXQ800 are asked for the total number of women with whom they've had vaginal sex in their entire lifetime. A definition is provided.

If the SP enters a response of zero, an error message will appear alerting the SP that his response is inconsistent with his previous responses about female vaginal sex partners. If the SP's response is greater than the lifetime number of female partners that was previously reported, an error message will appear.

SXQ827 Male SPs who report having vaginal sex in SXQ800 are asked for the total number of women with whom they've had vaginal sex in the past 12 months. A definition is provided.

If the SP's response is greater than the lifetime number of female vaginal sex partners that was previously reported, an error message will appear.

SXQ633 Male SPs who report performing oral sex on a woman in SXQ803, receive questions SXQ633-SXQ639.

This question asks how old the SP was when he first performed oral sex on a woman. A definition is provided.

### SXQ636

In **your lifetime**, on how many **women** have you **performed oral sex**?

*Please enter a number.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ639

In the **past 12 months**, on how many **women** have you **performed oral sex**?

*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ642

How long has it been since the last time you **performed oral sex** on a **new female partner**? A new sexual partner is someone that you had never had sex with before.

*Please enter a number.*

[Redacted]			Days
1	2	3	Weeks
4	5	6	Months
7	8	9	Years
0			Clear
Clear			

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SXQ636 Male SPs who report performing oral sex on a woman in SXQ803 are asked for the total number of women on whom they've performed oral sex in their entire lifetime.

If the SP enters a response of zero, an error message will appear alerting the SP that his response is inconsistent with his previous responses about female oral sex partners.

SXQ639 Male SPs who report performing oral sex on a woman in SXQ803 are asked for the total number of women on whom they've performed oral sex in the past 12 months.

If the SP's response is greater than the lifetime number of female oral sex partners that was previously reported, an error message will appear.

SXQ642 Males reporting more than one lifetime oral sex partner in SXQ636 are asked how long it has been since the last time he performed oral sex on a new female partner. A definition is provided for "a new sexual partner".

If the SP's response is earlier than his response to the age when he first performed oral sex on a woman, an error message will appear.

### SXQ410

In **your lifetime**, with how many **men** have you had anal or oral sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ550

In the **past 12 months**, with how many **men** have you had anal or oral sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ836

In **your lifetime**, with how many **men** have you had anal sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SXQ410 Male SPs are asked for the total number of men with whom they have had anal or oral sex in their entire lifetime.

If the SP enters a response of zero, an error message will appear alerting the SP that his response is inconsistent with his previous responses about male sex partners.

SXQ550 Male SPs who have had at least one male sexual partner in their lifetime are asked how many males they've had anal or oral sex with in the past year.

If the SP's response is greater than the lifetime number of male partners that was previously reported, an error message will appear.

SXQ836 Male SPs who report having sex with a man in SXQ809 are asked for the total number of men with whom they've had anal sex in their entire lifetime.



### SXQ841

In the **past 12 months**, with how many **men** have you had anal sex?  
*Please enter a number or enter zero for none.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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### SXQ853

Have you **ever performed oral** sex on a **man**? Performing oral sex means your mouth on a man's penis or genitals.  
*Please select ...*

<input type="checkbox"/> Yes
<input type="checkbox"/> No
Clear

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### SXQ621

How old were you when you first **performed oral** sex on a man? Performing oral sex means your mouth on a man's penis or genitals.  
*Please enter an age.*

[Redacted]		
1	2	3
4	5	6
7	8	9
0		
Clear		

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SXQ841 Male SPs who report having sex with a man in SXQ809 are asked for the total number of men with whom they've had anal sex in the past 12 months.

If the SP's response is greater than the lifetime number of male partners that was previously reported, an error message will appear.

SXQ853 This question asks if the SP has ever performed oral sex on a man. A definition is provided.

SXQ621 Male SPs who report performing oral sex on a man in SXQ703 are asked how old they were when they first performed oral sex on a man. A definition is provided.

### SXQ624

In your **lifetime**, on how many **men** have you **performed oral sex**?

*Please enter a number.*

1	2	3
4	5	6
7	8	9
0		

Clear

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### SXQ627

In the **past 12 months**, on how many **men** have you **performed oral sex**?

*Please enter a number or enter zero for none.*

1	2	3
4	5	6
7	8	9
0		

Clear

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SXQ624 Male SPs who report performing oral sex on a man in SXQ803 are asked for the total number of men on whom they've performed oral sex in their entire lifetime.

If the SP enters a response of zero, an error message will appear alerting the SP that his response is inconsistent with his previous responses about male oral sex partners.

SXQ627 Male SPs who report performing oral sex on a man in SXQ803 are asked for the total number of men on whom they've performed sex in the past 12 months.

If the SP's response is greater than the lifetime number of male oral sex partners that was previously reported, an error message will appear.

### SXQ630

How long has it been since the last time you **performed oral sex** on a **new male** partner? A new sexual partner is someone that you had never had sex with before.

*Please enter a number.*

1	2	3	Days	
4	5	6		Weeks
7	8	9		Months
0				Years
Clear				Clear

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### SXQ844

The next set of questions is about all of your partners, males and females.

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SXQ630 Males reporting more than one lifetime oral sex partner in SXQ624 are asked how long it has been since the last time he performed oral sex on a new male partner. A definition is provided for “a new sexual partner.”

If the SP’s response is earlier than his response to the age when he first performed oral sex on a man, an error message will appear.

SXQ844 Men who report having sex with men and women receive this instruction before the next set of questions.

### SXQ645

When you **performed oral sex** in the **past 12 months**, how often would you use **protection**, like a condom or dental dam?

*Please select one of the following choices.*

<input type="checkbox"/> Never	<input type="checkbox"/> Always
<input type="checkbox"/> Rarely	<input type="checkbox"/> Unsure
<input type="checkbox"/> Usually	<input type="button" value="Clear"/>

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### SXQ648

In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before?

*Please select ...*

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="button" value="Clear"/>

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### SXQ610

In the **past 12 months**, about how many **times** have you had vaginal or anal sex?

*Please select one of the following choices.*

<input type="checkbox"/> Never	<input type="checkbox"/> 52-103 times
<input type="checkbox"/> Once	<input type="checkbox"/> 104-364 times
<input type="checkbox"/> 2-11 times	<input type="checkbox"/> 365 times or more
<input type="checkbox"/> 12-51 times	<input type="button" value="Clear"/>

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SXQ645 If an SP reports having oral sex in the past 12 months in SXQ627 or SXQ639, they are asked how often during the past 12 months they used a condom or dental dam when performing oral sex.

SXQ648 Males reporting sexual activity in the past 12 months (SXQ818, SXQ827, and SXQ841) are asked if they had sex with a person during that time that they never had sex with before.

SXQ610 Male SPs who report having vaginal or anal sex (SXQ800 & SXQ806) are asked how many times they had vaginal and/or anal sex in the past 12 months.



### SXQ250

In the **past 12 months**, about how often have you had vaginal or anal sex without using a condom?  
*Please select one of the following choices.*

<input type="checkbox"/> Never	<input type="checkbox"/> Not always, but more than half the time
<input type="checkbox"/> Less than half of the time	<input type="checkbox"/> Always
<input type="checkbox"/> About half of the time	Clear

◀ BACK      NEXT ▶

### SXQ651

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **older** than you?  
*Please enter a number or enter zero for none.*

[Redacted]		
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>
<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="6"/>
<input type="button" value="7"/>	<input type="button" value="8"/>	<input type="button" value="9"/>
<input type="button" value="0"/>		
Clear		

◀ BACK      NEXT ▶

### SXQ654

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **younger** than you?  
*Please enter a number or enter zero for none.*

[Redacted]		
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>
<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="6"/>
<input type="button" value="7"/>	<input type="button" value="8"/>	<input type="button" value="9"/>
<input type="button" value="0"/>		
Clear		

◀ BACK      NEXT ▶

SXQ250 Male SPs who have had vaginal or anal sex at least once in the past year are asked how frequently they had unprotected sex.

SXQ651 A male SP with at least one sexual partner in the past year is asked how many of his partners were five or more years older than him.

SXQ654 A male SPs with at least one sexual partner in the past year is asked how many of his partners were five or more years younger than him.

If the SP's response is greater than the total number of partners reported in the past 12 months, an error message will appear. If the sum of the responses to SXQ651 and SXQ654 are greater than the total number of partners reported in the past 12 months, an error message will appear alerting the SP that his response is inconsistent with his previous responses.

### SXQ260

Has a doctor or other health care professional **ever** told you that you had genital herpes?

*Please select ...*

Yes

No

Clear

[← BACK](#) [NEXT →](#)

### SXQ265

Has a doctor or other health care professional **ever** told you that you had genital warts?

*Please select ...*

Yes

No

Clear

[← BACK](#) [NEXT →](#)

### SXQ270

In the **past 12 months**, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?

*Please select ...*

Yes

No

Clear

[← BACK](#) [NEXT →](#)

SXQ260 All SPs (14-59) who have indicated that they have ever been sexually active are asked a series of questions regarding sexually transmitted diseases.

Questions SXQ260 and SXQ265 ask SPs if a health care professional has **ever** told them that they had these conditions.

Genital herpes is a highly contagious venereal disease of the genitalia of either sex.

SXQ265 Genital warts are an elevation of viral origin upon the skin of the genitalia.

SXQ270 SPs who have indicated that they have ever been sexually active are then asked if a health care professional has ever told them that they had these conditions **in the past 12 months**.

Gonorrhea, GC, or clap, is an infectious disease of the genital tract, rectum or cervix, transmitted chiefly by sexual intercourse.

### SXQ272

In the **past 12 months**, has a doctor or other health care professional told you that you had chlamydia?

Please select ...

Yes

No

Clear

[Back](#) [Next](#)

### SXQ280

Are you circumcised or uncircumcised?

Please select ...

  Circumcised

  Uncircumcised

Clear

[Back](#) [Next](#)

### SXQ292

Do you think of yourself as ...

Heterosexual or straight (attracted to women)

Something else

Homosexual or gay (attracted to men)

Not sure

Bisexual (attracted to men and women)

Clear

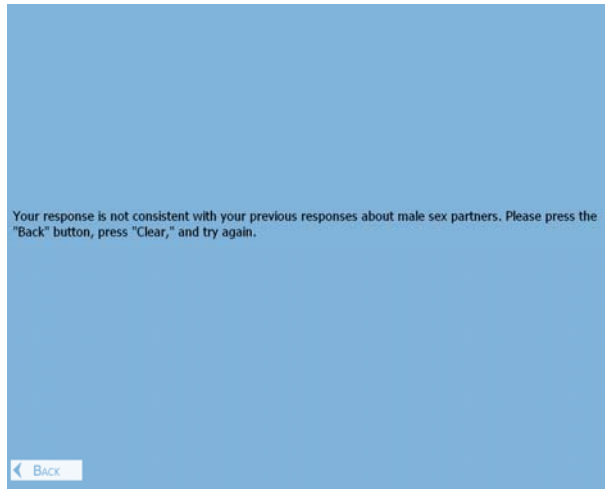
[Back](#) [Next](#)

SXQ272 Chlamydia is a venereal disease of the genital tract or cervix caused by the organism chlamydia trachomatis.

SXQ280 Male SPs age 14-59, regardless of whether they've been sexually active, answer question SXQ280. Circumcision is the surgical process of removing the foreskin of the penis. This procedure, if done, is performed on babies, often within a few days of being born.

SXQ292 Male SPs 18-59 years of age are asked SXQ292. This question asks the subject to indicate his sexual orientation. Gender appropriate definitions of the terms are provided in the verbal instructions with abbreviated definitions included on the screen. "Not sure" is a valid response category for this item.

### Error 1



### Error 2



### Error 3



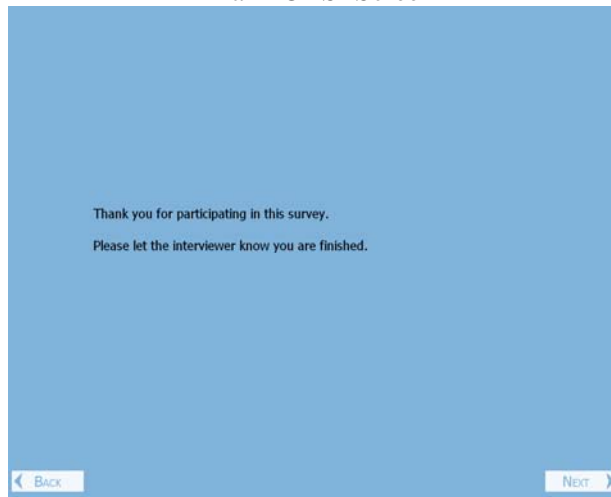
Error 1 This is an example of an error message that will appear if an SP enters a response that is inconsistent with previous responses.

Error 2 This is another example of an error message that will appear if an SP enters a response that is inconsistent with previous responses.

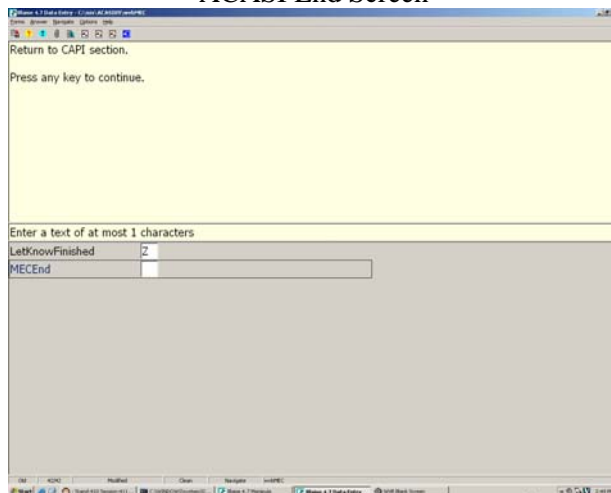
Error 3 This is an example of an error message that will appear if an SP enters a response that is greater than the lifetime number of partners than was previously reported.



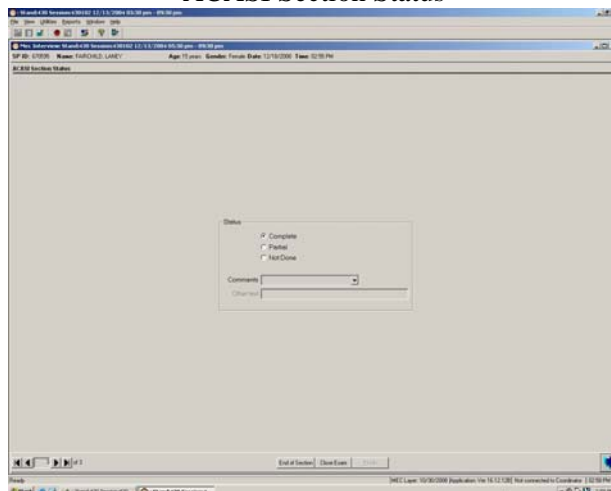
## Final ACASI Screen



## ACASI End Screen



## ACASI Section Status



### 5.3.7 Ending the Audio-CASI Interview

Final  
ACASI  
Screen

When the SP has answered the final question appropriate for his or her age and gender, the program displays a screen that thanks the SP for his or her participation and instructs the SP to inform the MEC interviewer that he or she is finished.

After the SP notifies you that he or she has completed the audio-CASI portion of the interview, you will return to the interview room to close out this section of the interview and proceed with the remainder of the interview.

Unless the SP needs to back-up or change an answer, turn the computer so that it is facing you. Select “Next” on the touch screen.

ACASI  
End  
Screen

Press “Enter” on the keyboard to exit the ACASI interview.

ACASI  
Section  
Status

The ACASI section status will be pre-selected. Press “Next” to continue.

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This page intentionally left blank.

Stand410 Session: 410060 08/24/2004 08:30 am - 12:30 pm

File View Utilities Reports Window Help

Std Interview: Stand410 Session: 410060 08/24/2004 08:30 am - 12:30 pm

SP ID: 316905 Name: FONTANA2, FREDDIE Age: 16 years Gender: Male Date: 12/23/2008 Time: 01:44 PM

**Verify Street Address**

I would like to verify your address. Please give me your complete address.

Additional Address Line

Street #	Dir	Pre	Street Name	SU/Bd/Ave	Dir	Post
177			NORTHERN	AVE		

Unit/Apt/Blk	Unit #	PO Box	RRHC #	RRHC Box
APT	2			

City	State	Zip
FAIRFAX	VA	22049

Is your mailing address the same as your street address?

Did you live at this address on 5/17/2005?

End of Section Close Exam Finish

Ready | MEC Layer: 10/30/2008 | Application: 3.0.0 | Not connected to Coordinator | 01:45 PM

Start | Stand410 Session4...

1:45 PM

## 5.4 Critical Data Items (CDI)

Critical data items (CDI) are verified and/or collected for SPs 12 years of age and older in the final section of the MEC interview. For most SPs this information will have been collected previously by one of the field interviewers. At the time of the MEC interview, it is your responsibility to attempt data collection for all missing items and to verify the existing information for selected items.

Verify Street Address      The CDI section begins with a request to verify the SP's street address. Verify that the existing information is correct and make any changes, as necessary.

Enter the address in the appropriate fields as follows:

- **Additional Address Line:** Use this field to enter additional address information that is not a street address. Examples include a university name, a nursing home name, or the name of an apartment complex. You should also use this field if a subject receives mail in care of another person (e.g., c/o John Jones).
- **Street #, Dir Pre, Street Name, St/Rd/Ave, Dir Post:** Enter the street number in the first data field on this line. When applicable, select the appropriate directional prefix or suffix (N, S, NE, SW, etc.) from the drop-down menu in the second and fifth data fields. Enter the complete street name in the third data field. Use the drop-down menu in the fourth field to select the street type (e.g., ST, RD, AVE, etc.).
- **Unit/Apt./Bldg.:** Use this field in conjunction with Unit # to indicate whether the number refers to an apartment, lot, room, suite, building, etc.
- **Unit #:** Enter the actual apartment (room, suite, bldg., etc.) unit number in this field.
- **PO Box, RRHC #, RRHC Box:** When applicable, enter a post office box number in the first field, a rural route number in the second field, and a rural post office box number in the third field. If a PO box number or Rural Route number is added and there is a street address, there will be a prompt to "Remove the street address." Delete the street address as directed.
- **City, State, Zip:** Enter the full name of the city in the first field. Use the drop-down menu in the second field to select the appropriate state abbreviation. Enter the full six-digit ZIP code plus the four-digit suffix, when known.

After verifying the street address, determine whether the SP's mailing address is the same as his or her street address and whether he or she lived at his or her current address at the time of the screener interview.

SP ID: 10000 Name: FONTAINE, FREDDIE Age: 10 years Gender: Male Date: 12/23/2008 Time: 01:44 PM

**Verify Mailing Address**

In case we have to contact you again, please give me your complete mailing address.

Additional Address Line

Street #	Dir	Pre	Street Name	City/Town	Dir	Post
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post Office Box	Line #	PO Box	PO Box	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City  State  Zip

End of Section Close Exit

SP ID: 10000 Name: FONTAINE, FREDDIE Age: 10 years Gender: Male Date: 12/23/2008 Time: 01:44 PM

**Verify Phone numbers**

Please give me your home telephone number.

IF NO HOME PHONE  
Is there another number where you can be reached? (where is that phone located?)

Phone Type	Phone No.	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>

End of Section Close Exit

SP ID: 10000 Name: FONTAINE, FREDDIE Age: 10 years Gender: Male Date: 12/23/2008 Time: 01:44 PM

**Verify SSN**

We also need your Social Security Number. The Department of Health and Human Services will use your Social Security Number to conduct health-related research by linking your name data with vital statistics and other records, such as health reporting. We may also use it if we need to recontact you in your study. Except by these provisions, the Department will not release your SSN to anyone, including any government agency. Turning the information in voluntary and is collected under the authority of the Public Health Service Act, United States Code, section 362c.

What is your Social Security Number?

End of Section Close Exit

Click the arrow in the bottom right hand corner to bring up the next appropriate screen. If the mailing address differs from the street address, the program displays the “Verify Mailing Address” screen. Otherwise, the program displays the “Verify Phone Numbers” screen.

Verify Mailing Address The screen will contain any mailing address information we have for the SP. Verify that the information is correct and make any changes, as necessary, in the same manner as for street address. After verifying the mailing address, click the arrow in the bottom right hand corner to proceed to the “Verify Phone Numbers” screen.

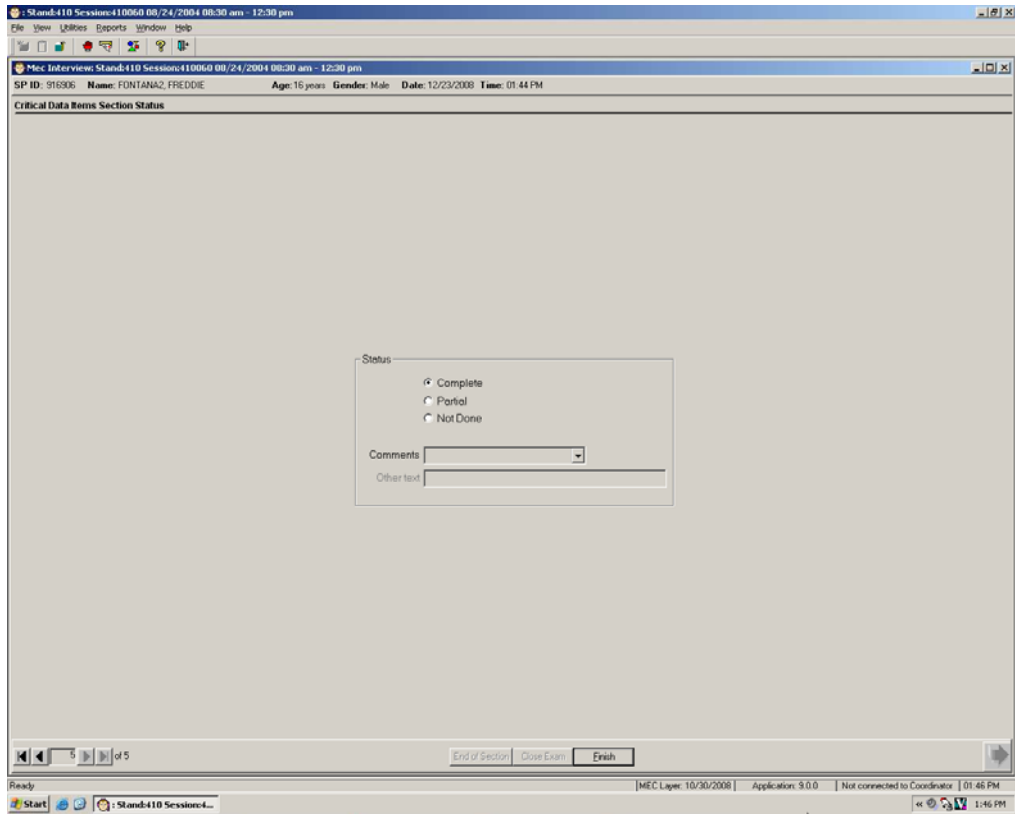
Verify Phone Numbers The screen will display any phone numbers we have collected for the SP. You can not delete an existing phone number. You can only update existing number or add new numbers.

Verify that the home phone number reported by the SP is among the numbers listed. If not, click on “Insert” and the program will provide another row for an additional number. Select “Home” from the drop-down menu under “Phone type,” and enter the phone number and extension, as applicable, in the designated fields. If the SP reports that he or she does not have a home phone, check that this information isn’t already in the system. If not, click on “Insert” to enter a new phone number, highlight “Home” under phone type, and click on the box labeled “Don’t Have.”

If the SP does not have a home phone, read the probes to obtain additional phone numbers where the SP can be contacted. After checking that any additional numbers are not in the system, choose the correct phone type (office, mobile, other) and enter the phone number and extension, as appropriate. If you select a phone type of “other” an additional data field appears in which you should type in an explanation of where the phone is located.

Verify SSN If a valid Social Security Number (SSN) has been collected previously for this SP, the software will not display this screen. You will attempt data collection if the SSN is missing, or a response of “don’t know” or “don’t have” is recorded. If a response of “don’t have” is recorded, confirm that the SP does not have a Social Security number. Occasionally, the SP may not have had an SSN at the time of the interview in the home, but has since obtained one. When attempting data collection for this item, you must read the entire question, including the lengthy disclaimer text. Press the arrow in the bottom right hand corner to proceed to the CDI Section Status screen.





CDI Section Status      The section status will be prefilled and does not allow you to edit it. The status for the CDI section should always prefill to a “complete” status. Press “Finish” to exit the critical data section and exit the MEC Interview application.

## 6. MENTAL HEALTH REFERRALS

This chapter describes the role of the MEC interviewer in identifying and documenting situations that warrant a referral to the MEC physician.

### 6.1 Referral Procedures

Certain information volunteered or reported during the MEC interview should prompt a referral to the mobile examination center (MEC) physician. These situations are listed in Section 6.2. When the interviewer exits the Blaise CAPI instrument, the application will extract the DPQ.090 response and automatically post a mental health observation to the physician, alerting the physician that the examinee needs to be seen prior to leaving the MEC. The physician is responsible for assessing the mental health problem and facilitating a referral, when needed.

### 6.2 Situations Requiring a Mental Health Referral

SPs 12 years of age and older will be referred to the MEC physician prior to leaving the examination center in the following circumstances:

- During the Depression section (DPQ) of the Blaise CAPI interview, the SP reports that in the **past two weeks**, there have been several days or more when the SP had thoughts that he or she would be better off dead **or** the SP had thoughts about hurting him/herself [i.e., SP responds “several days” (code “1”), more than half the days (code “2”), or “nearly every day” (code “3”) to DPQ.090.]
- The participant becomes visibly upset while answering the question about suicide (e.g., crying, unable to answer question).

### 6.3 Generating a Mental Health Observation

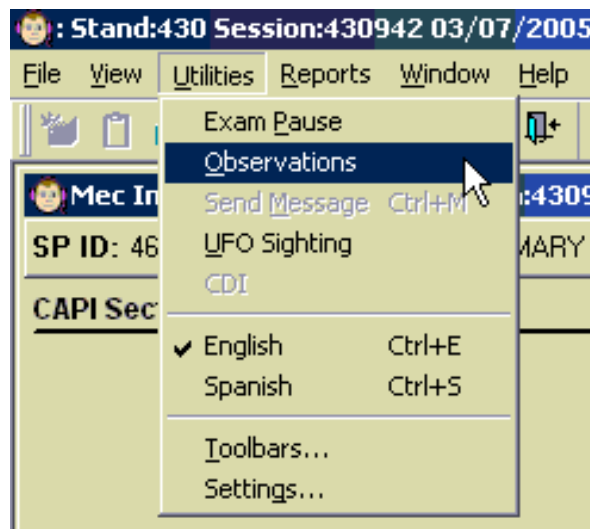
Whenever you encounter any of the situations listed in Section 6.2, a mental health observation to the physician must be generated. When you exit the Blaise CAPI instrument, the application will extract the DPQ.090 response and automatically post a mental health observation to the physician if the response/code to DPQ.090 is greater than zero.

A physician observation must be entered manually if:

- The participant becomes visibly upset while answering the question about suicide, but answers “not at all” to the suicide question.
- The participant becomes too upset to answer the suicide question.

To manually enter an observation to the physician, select “Utilities” and “Observations” in the menu bar immediately after closing out the Blaise CAPI portion of the interview (Exhibit 6-1). A physician Observations window will appear (Exhibit 6-3). Write a note to the physician in the physician Observations window.

Exhibit 6-1. Physician Observations – manual entry



When entering an observation after exiting the MEC interview application, the interviewer must select the correct SP from a pick list of SPs within the current session (Exhibit 6-2). A physician Observations window will appear. Write a note to the physician in the physician Observations window (Exhibit 6-3).

Exhibit 6-2. Sample Person Pickup Window

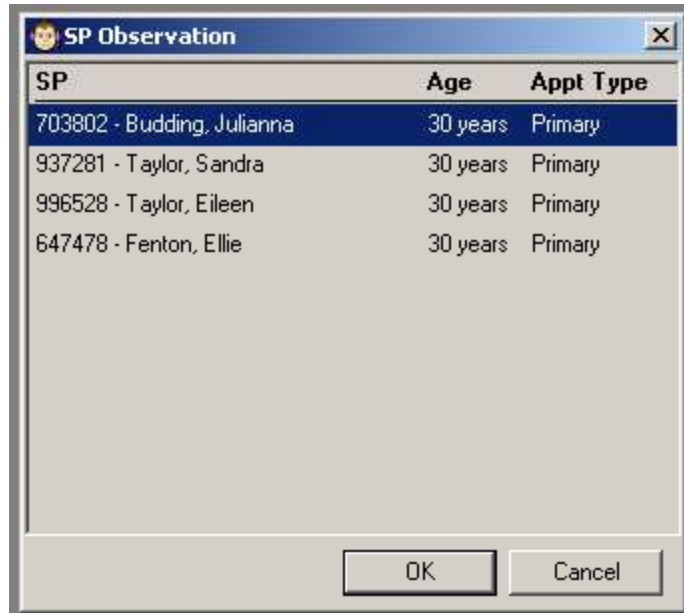
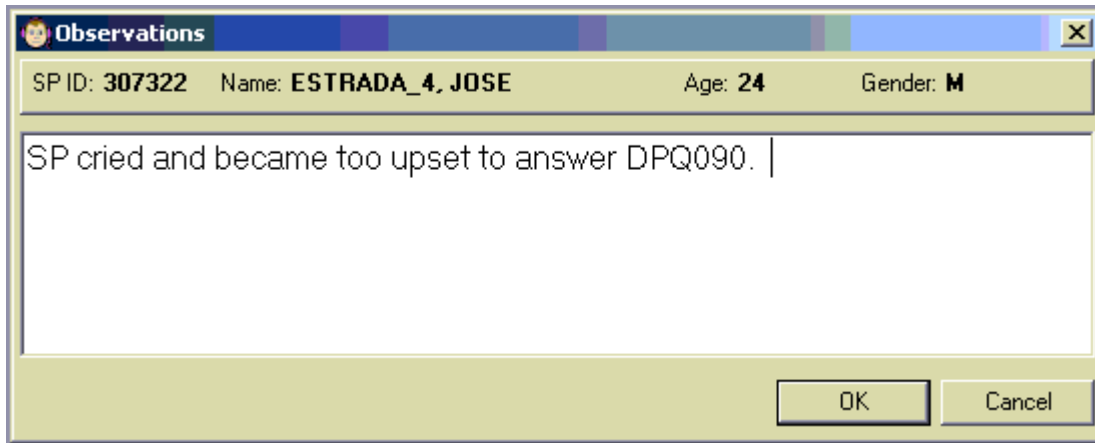


Exhibit 6-3. Physician Observations Window



## **7. QUALITY CONTROL**

Quality control for the MEC interview consists of three main activities: data edits, observation/review of actual interviews, and data monitoring and review.

### **7.1 Data Edits**

The MEC interview data are keyed directly into an automated data entry system. Each of the three sections of the MEC interview (CAPI, audio-CASI, and CDI) contains built-in error and consistency checks, although the number and type of checks varies across the sections. Checks may include range and valid response checks, skip pattern or branching checks, and checks for logical relationships. Depending upon the section, checks may be either soft or hard edits. Soft edits alert the interviewer to a potential error or problem but allow the interviewer to proceed after confirming that the entered value(s) are correct. Hard edits prohibit the interviewer from continuing with the interview until the error has been corrected.

### **7.2 Observation and Review of Interviews**

NHANES home office and NCHS staff will observe a small number of live interviews for each MEC interviewer. The purpose of the observations is to determine whether appropriate interviewing techniques are being used. The observer will refer to a standard checklist of items (Exhibit 7-1) against which the interviewer will be evaluated. Among the items the observer will assess are ability to gain and maintain rapport, use of appropriate probes, ability to respond to SP questions, and accurate entry of data.

Interviewers will be asked to tape record additional interviews for review by home office staff. Recorded interviews will be returned to the home office on a weekly basis and evaluated using the same evaluation criteria as for interviews that are observed live.

Any problems identified during either observation or review of recorded interviews will be brought to the interviewer's attention and corrected.

## Exhibit 7-1. NHANES MEC Interviewer Evaluation Form

<b>NHANES MEC INTERVIEWER EVALUATION FORM</b>			
Interviewer name: _____	Evaluator name: _____		
Date: _____	SP ID/Age/Gender: _____		
Interview/Form:      Assent/Consent <input type="checkbox"/>	CAPI <input type="checkbox"/>	ACASI <input type="checkbox"/>	CDI <input type="checkbox"/>
	satisfactory	unsatisfactory	comments
<b>A. COMFORT WITH COMPUTER</b>			
1. General ease with computer	<input type="checkbox"/>	<input type="checkbox"/>	
2. Uses appropriate function/navigational keys	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. INTERVIEWER CHARACTERISTICS</b>			
1. Manner (is friendly yet professional)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Rapport (effectively engages respondent)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Eye contact (maintains eye contact)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Overall comfort with interview contents/materials	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. GENERAL ADMINISTRATION</b>			
1. Gives appropriate instructions to respondent	<input type="checkbox"/>	<input type="checkbox"/>	
2. Answers respondent's questions clearly and accurately	<input type="checkbox"/>	<input type="checkbox"/>	
3. Reads questions as written	<input type="checkbox"/>	<input type="checkbox"/>	
4. Reads questions with expression	<input type="checkbox"/>	<input type="checkbox"/>	
5. Reads questions clearly and with appropriate volume	<input type="checkbox"/>	<input type="checkbox"/>	
6. Adjusts pace of interview to accommodate respondent	<input type="checkbox"/>	<input type="checkbox"/>	
7. Identifies "active" part of questions (including time period)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Backs up in interview when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
9. Processes interviewer instructions correctly	<input type="checkbox"/>	<input type="checkbox"/>	
10. Uses note functions as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
11. Uses hand cards/interviewer materials as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
12. Records responses accurately	<input type="checkbox"/>	<input type="checkbox"/>	
13. Generates mental health observation as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. PROBING</b>			
1. Listens to entire answer	<input type="checkbox"/>	<input type="checkbox"/>	
2. Listens for what may not be said and probes	<input type="checkbox"/>	<input type="checkbox"/>	
3. Probes unclear responses	<input type="checkbox"/>	<input type="checkbox"/>	
4. Uses nondirective probes	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. ACASI</b>			
1. Changes ear covers for each respondent	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. Critical Data Items</b>			
1. Asks items as needed	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.2.1 Procedures for Audiotaping the Interview

Each interviewer will tape one interview per week according to the following procedures:

1. Refer to the appropriate MEC Interview Taping Schedule to determine which subjects have been identified for audiotaping. An example is shown in Exhibit 7-2. The schedule assumes that each interviewer on a team will conduct four interviews per session. If, for any reason, you are unable to tape the selected interview (e.g., SP refuses, insufficient SPs, other reason), you should attempt to tape the next available interview.
2. Before logging the SP into the interview, inform the SP (parent/guardian, as appropriate) that you would like to record the interview by reviewing the statement on the top of the permission form (Exhibit 7-3). If the SP (parent/guardian) agrees, have the SP (parent/guardian) sign and date the form in the space provided. Sign your name, date the form, print the SP's name, and print the SP ID number in the appropriate spaces.

**NOTE:** A parent or guardian must sign the form for children 17 years of age or younger.

3. Log the SP into the MEC interview and begin recording. Read the script for obtaining recorded permission of taping (Exhibit 7-4). If the SP (parent/guardian) provides verbal permission as well as written, you may continue recording the interview. Record only one interview per audiotape. Tape the introduction to the audio-CASI section and the practice questions, but **DO NOT** tape the actual audio-CASI questions. Also, **DO NOT** tape the critical data information.
4. At the end of taping, obtain verbal permission to keep the tape by reading the scripted statement. If the SP (parent/guardian) denies permission to retain the tape, destroy the tape immediately in his/her presence.
5. Label the completed audiotape with the examination date, session, SP's age, and your initials. Do not label the tape with the SP ID number. If the interview was conducted in Spanish, indicate this on the label.
6. Immediately place the completed audiotape in a labeled mailing envelope and seal it.
7. As soon as possible after the interview, give the envelope and the completed permission form to the MEC manager. The MEC manager is responsible for keeping the items in a locked cabinet until they are given to the Field Office staff to mail to the home office.



Exhibit 7-2. Sample taping schedule

**SAMPLE MEC INTERVIEW TAPING SCHEDULE**

**MEC INTERVIEWER 1**

STAND 203	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1	SP2					
Week 2				SP3		
Week 3			SP3			
Week 4				SP1		
Week 5	SP3					
Week 6		SP4				

**MEC INTERVIEWER 2**

STAND 203	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP2				
Week 2			SP4			
Week 3				SP4		
Week 4			SP3			
Week 5			SP2			
Week 6			SP3			

STAND 205	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1				SP4		
Week 2	SP4					
Week 3		SP3				
Week 4					SP1	
Week 5			SP3			
Week 6		SP3				

STAND 205	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1			SP3			
Week 2			SP3			
Week 3			SP4			
Week 4				SP1		
Week 5		SP2				
Week 6		SP3				

STAND 207	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1	SP1					
Week 2		SP2				
Week 3			SP1			
Week 4			SP2			
Week 5			SP2			

STAND 207	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1			SP4			
Week 2			SP4			
Week 3				SP4		
Week 4		SP3				
Week 5			SP3			

STAND 209	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP1				
Week 2					SP1	
Week 3				SP3		
Week 4			SP3			
Week 5				SP2		
Week 6				SP3		
Week 7		SP2				

STAND 209	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Week 1		SP4				
Week 2			SP1			
Week 3			SP2			
Week 4					SP3	
Week 5		SP2				
Week 6	SP1					
Week 7				SP1		

Exhibit 7-3. Taping permission form

**National Health and Nutrition Examination Survey (NHANES)  
Permission to Audiotape the MEC Interview**

We would like to tape record your/your child's interview so that survey staff may check the quality of my work. You may allow us to record the interview or not. That is your choice. As with all of the examination procedures, the information on the audiotape is protected and kept confidential. Once the interview begins, you may stop the audiotaping at any time. At the end of the interview, you may request to have the audiotape destroyed.

I have read the information above. I freely choose to let survey staff tape record the interview.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(Required if the participant is 17 years and younger)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of interviewer

\_\_\_\_\_  
Date

Print name  
of participant \_\_\_\_\_  
                                    First                                    Middle                                    Last

Exhibit 7-4. Scripts for obtaining recorded permission

**Script for Obtaining Recorded Permission of Taping**

The audiotape is now recording our conversation. Do I have your permission to record this interview? This recording will only be used to review the quality of my work.

*If Respondent answers Yes: Continue the taping of the interview.*

*If Respondent answers No: Stop the taping immediately, then proceed with the interview.*

**Script for Obtaining Recorded Permission of Keeping the Tape**

We have now completed the recording of the interview. Do I have your permission to keep this tape?

*If Respondent answers Yes: Keep the tape and send it back to the home office as instructed.*

*If Respondent answers No: Destroy the tape immediately in the presence of the SP.*

8. Complete the MEC Interview QC Recording Log (Exhibit 7-5). Complete the log for each interview selected for audiotaping, regardless of the outcome, following the procedures outlined below.
  - a. Print the SP ID number in column 1.
  - b. Indicate the SP type in column 2. “P” is the designation for a primary SP and “A” is for an alternate SP. Enter “P” if the SP is the SP identified on the taping schedule. Enter “A” if the SP is other than the primary SP.
  - c. Enter the date of the interview in column 3.
  - d. Indicate whether the session was a morning, afternoon, or evening session by entering “a.m.,” “p.m.,” or “eve” in column 4.
  - e. Indicate whether the interview was recorded by entering “Y” for yes or “N” for no in column 5.
  - f. Indicate whether the interview was done in Spanish by entering “Y” for yes or “N” for no in column 6.
  - g. Enter the reason code in column 7 for all interviews that should have been taped and were not recorded. Leave this column blank for interviews that are successfully recorded.

**Refusal (Code 1)** – Enter a code of “1” if the subject (parent/guardian) did not grant permission for you to tape the interview.

**Equipment/Software Failure (Code 2)** – Enter “2” if there was any type of equipment failure. This includes situations where the tape recorder malfunctions or your computer/application malfunctions and you are unable to administer any portion of the interview. If the computer/application malfunctions after you have initiated the interview and you have recorded up to the point where the equipment/application fails, code “Y” in column 5 and leave column 7 blank.

**Interviewer Error (Code 3)** – Enter “3” for interviewer error, that is, you forgot to tape the selected interview.

**Insufficient SPs (Code 4)** – Enter “4” when too few SPs are interviewed during the session for you to record the selected interview.

**Other (Code 5)** – Enter “5” for any other reason and offer a brief explanation of what occurred.
  - h. Print your initials in column 7.
9. At the end of each stand, send completed logs to the home office.



### **7.3 Data Monitoring and Review**

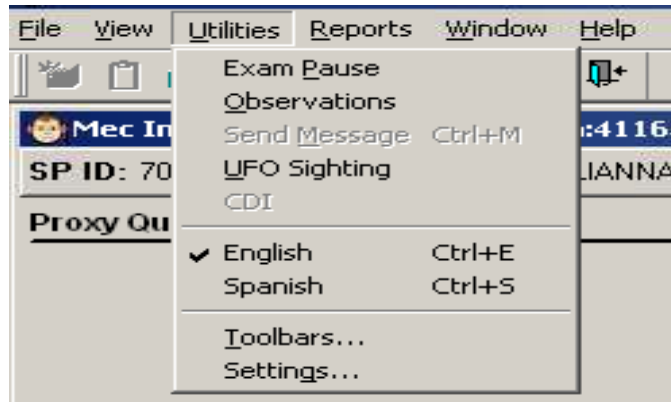
The home office will evaluate completed MEC interviews to look for problem interviews (incompletes, refusals, extremely long interviews, etc.), additional interviewer notes, and comments. Home office staff will also review administrative data generated by the ISIS to assist in the identification of problem interviews and in the assessment of interview administration times.

## **Section A.1**

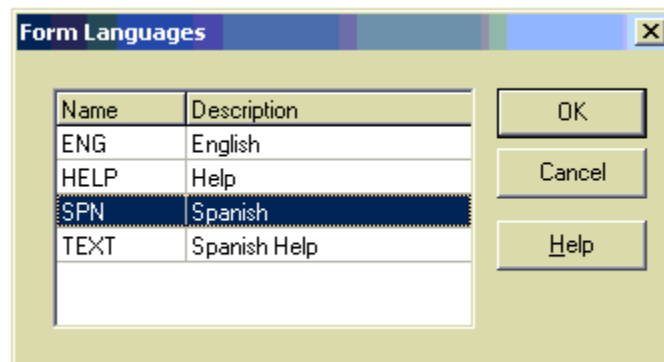
### **Launching the Spanish MEC Interview**

## A.1 Launching the Spanish MEC Interview

After logging the SP into the MEC Interview as described in Section 4.5, the application allows you to select the interview language and proxy status. In the toolbar under “**Utilities**” you can set the interview language to either English or Spanish. Please note, this sets the language for the ACASI introduction and Critical Data section of the interview.



To set or switch the language of the Blaise CAPI interview, select **F2** or “**Options**” then “**Form language**” from the Blaise menu bar. Choose “ENG English” to display the questions in English or “SPN Spanish” to display the questions in Spanish.

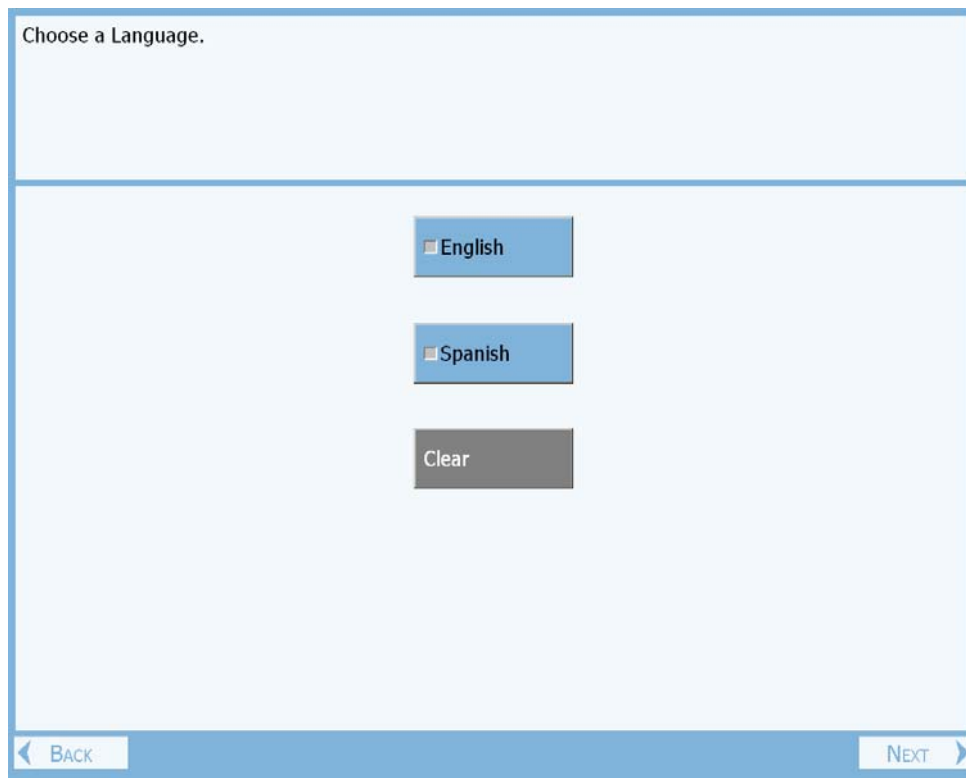


To switch the language of the help text associated with an item, select “**Options**” then “**Form language.**” Choose “**TEXT Spanish Help**” to display the help text in Spanish. Choose “**HELP Help**” to display the Help text in English.



You can change the language of the ACASI introduction screen to English or Spanish. The language selected on the proxy/interpreter status screen at the beginning of the interview will carry over to this section. If the wrong language is pre-selected or if the SP changes his or her mind about the preferred language, click on **“Utilities”** in the toolbar and then select **“English”** or **“Spanish.”**

Once ACASI is launched, the first screen allows you to select the language of the ACASI screens and corresponding voice files.



To change the language after the ACASI interview has started, right click on the mouse, select **“Go To”** and **“Start”** to go back to the first ACASI screen and change the language. Touch the **“next”** button on the touch screen until you return to where you left off.

## **Section A.2**

### **The Spanish CAPI Interview**



**RESPONDENT SELECTION SECTION - RIQ - MEC**

**Target Group:** SPs 12+

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

- SP..... 1 (RIQ.090)
- MOTHER..... 2
- FATHER..... 3
- SPOUSE..... 4
- SISTER OR BROTHER..... 5
- CHILD..... 6
- GRANDPARENT..... 7
- LEGAL GUARDIAN..... 8
- OTHER (SPECIFY)..... 9

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

- SP HAS COGNITIVE PROBLEMS..... 1
- SP HAS PHYSICAL PROBLEMS  
(SPECIFY)..... 2
- OTHER (SPECIFY)..... 3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

- YES..... 1
- NO..... 2

RIQ.090 INTERPRETER USED FOR THIS INTERVIEW?

- YES..... 1
- NO..... 2 (END OF SECTION)

RIQ.100 CODE TYPE OF INTERPRETER.

- RELATIVE..... 1
- NEIGHBOR OR FRIEND..... 2
- PAID INTERPRETER..... 3

RIQ.140 LANGUAGE OF INTERVIEW.

- CHINESE..... 1
- FRENCH..... 2
- GERMAN..... 3
- ITALIAN..... 4
- JAPANESE..... 5
- RUSSIAN..... 6
- VIETNAMESE..... 8
- SPANISH..... 9
- OTHER (SPECIFY)..... 10

**BOX 1**

**CHECK ITEM RIQ.149:**

- IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT:  
"Durante esta entrevista, le haré preguntas acerca de su salud y su peso. Sus respuestas se mantendrán privadas. ¿Desea hacer alguna pregunta antes de que empecemos?"
- IF SP 12 YEARS OR OLDER AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "Durante esta entrevista, le haré preguntas sobre su casa, dieta, estado de salud actual y sobre otros comportamientos de salud. Recuerde, todas sus respuestas a estas preguntas serán mantenidas estrictamente en confidencia. ¿Desea hacer alguna pregunta antes de que empecemos?"
- OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "Durante esta entrevista, le haré preguntas sobre el estado de salud actual de {SP} y sobre otros comportamientos de salud."

**VOLATILE TOXICANT – VTQ**  
**Target Group: SPs 12-150 Sub-Sampled into VOC**

The VOC section is applicable for only those SPs that are subsampled into VOC. To determine if a particular SP is subsampled into VOC, check the mec\_sp\_subsample. If the SP in question has a record for subsample 1, they are subsampled for VOC and so should get the VOC section.

VTQ.210\_ Primero quisiera hacerle algunas preguntas acerca de {su hogar/el hogar de SP}.

VTQ.210 ¿Tiene {su hogar/el hogar de él/ella} (una cochera/un garaje) unido(a) al hogar?

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

VTQ.220 ¿Es la fuente de agua para {su hogar/el hogar de él/ella} de un pozo privado?

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

VTQ.200a ¿Guarda {usted/él/ella} pinturas o combustibles dentro de su hogar? Incluya el sótano {y (la cochera/el garaje) unido(a) a su hogar}.

**CAP I INSTRUCTION:**

IF SP HAS AN ATTACHED GARAGE (CODED '1' IN VTQ.210), DISPLAY {y (la cochera/el garaje) unido(a) a su hogar}.

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

VTQ.230a ¿Usa {usted/él/ella} desodorante para la taza del (inodoro/excusado/wáter) dentro de su hogar?

HELP SCREEN SHOULD READ: Algunos desodorantes para el (inodoro/excusado/wáter) se cuelgan en la orilla de la taza, otros, como desodorantes en barras y gelatinas, se ponen en el tanque o se cuelgan dentro de la pared del tanque. Algunas marcas conocidas son Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way, y Sno Bol.

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

VTQ.230b ¿Usa {usted/él/ella} bolas o cristales de naftalina para las polillas dentro de su hogar?

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

VTQ.240\_ Ahora le voy a hacer algunas preguntas acerca de {sus actividades/las actividades de SP} durante los últimos tres días. Esto significa hoy, ayer o anteayer.

VTQ.240a En los últimos tres días, ¿le echó gasolina {usted mismo/él mismo (MPR)/ella misma (FPR)} a un carro u otro vehículo de motor?

YES ..... 1  
NO ..... 2 (VTQ.250a)  
REFUSED ..... 7 (VTQ.250a)  
DON'T KNOW ..... 9 (VTQ.250a)

VTQ.240b ¿Cuánto tiempo hace, en horas, que {usted/él/ella} le echó gasolina a un carro?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.250a En los últimos tres días, ¿pasó {usted/él/ella} algún tiempo en una (alberca/piscina), en una tina tipo “hot tub” o en un cuarto de vapor?

YES ..... 1  
NO ..... 2 (VTQ.260a)  
REFUSED ..... 7 (VTQ.260a)  
DON'T KNOW ..... 9 (VTQ.260a)

VTQ.250b ¿Cuánto tiempo hace, en horas, desde que {usted/él/ella} pasó algún tiempo en una (alberca/piscina), en una tina tipo “hot tub” o en un cuarto de vapor?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.260a En los últimos tres días, ¿visitó {usted/él/ella} una (limpiaduría/tintorería/lavandería) de lavado en seco o usó ropa que había sido lavada en seco dentro de la última semana?

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

VTQ.260b En los últimos tres días, ¿pasó {usted/él/ella} 10 minutos o más cerca de una persona que estaba fumando (cigarro/cigarrillo), (puro/cigarro/tabaco) o pipa?

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

VTQ.270a En los últimos tres días, ¿se dio {usted/él/ella} una ducha o un baño caliente por cinco minutos o más?

YES ..... 1  
NO ..... 2 (VTQ.280a)  
REFUSED ..... 7 (VTQ.280a)  
DON'T KNOW ..... 9 (VTQ.280a)

VTQ.270b ¿Cuánto tiempo hace, en horas, desde la última vez que {usted/él/ella} se dio una ducha o un baño caliente?

HARD EDIT: Range - 1 – 72

|\_|\_|  
HOURS

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

VTQ.280a En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:

Pinturas?

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



VTQ.280b [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Limpiadores desengrasantes?

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

VTQ.280c [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Combustible de diesel o querosén?

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

VTQ.280d [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Líquido para diluir pintura, limpiar brochas o quitar la pintura de los muebles?

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

VTQ.280e [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Líquido para lavar en seco o para quitar manchas?

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

VTQ.280f [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Esmalte para las uñas o líquido para quitar el esmalte de las uñas?

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

VTQ.280g [En los últimos tres días, ¿aspiró {usted/él/ella} los gases de alguno de los siguientes productos:]

Goma de pegar o adhesivos que se usan para pasatiempos o artesanías?

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

**PESTICIDE USE – PUQ**  
**Target Group: SPs 8+**

PUQ.100 En los **últimos 7 días**, ¿se usó algún producto químico en {su hogar/el hogar de {él(M)/ella(F)}} para controlar las pulgas, cucarachas, hormigas, termitas u otros insectos?

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

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

PUQ.110 En los **últimos 7 días**, ¿se usó algún producto químico en {su jardín o césped/el jardín o césped de {él(M)/ella(F)}} para matar las malas hierbas/la maleza?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

CAPI INSTRUCTION:

IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

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

**DIETARY SCREENER MODULE (DTQ)**

**2-11 –Household**

**12 - 69 – MEC**

DTQ.010 G/Q/U Estas preguntas se refieren a los distintos tipos de alimentos que {usted/SP} comió o bebió durante el mes pasado, es decir, en los últimos 30 días. En su respuesta, por favor incluya comidas y meriendas consumidas en el hogar, trabajo, escuela, restaurantes, y cualquier otro sitio.

Durante el mes pasado, ¿con qué frecuencia comió {usted/SP} **cereales de caja o cocidos como avena**? Me puede decir por día, por semana o por mes.

|\_|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.030)  
REFUSED ..... 777 (DTQ.030)  
DON'T KNOW ..... 999 (DTQ.030)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.015.

DTQ.015 Usted dijo (DISPLAY NUMBER FROM DTQ.010) veces por (DISPLAY UNIT FROM DTQ.010). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.010)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.020 Durante el mes pasado, ¿qué tipo de cereal comió {usted/SP} **usualmente**?

ENTER FIRST FEW LETTERS OF CEREAL NAME TO START THE LOOKUP.  
SELECT CEREAL FROM LIST. IF CEREAL NOT ON LIST, PRESS BS TO DELETE THE ENTRY AND TYPE \*\* TO ENTER CEREAL NAME.

CAPI INSTRUCTION:

DISPLAY CEREAL LIST. INTERVIEWER SHOULD BE ABLE TO SELECT CEREAL FROM LIST OR PRESS BS TO DELETE ENTRY AND TYPE \*\* TO ENTER NAME OF CEREAL.

**NEW BOX 0**

**CHECK ITEM DTQ.300:**

IF THIS IS THE FIRST ENTRY, CONTINUE.  
OTHERWISE, GO TO DTQ.030.

DTQ.025 IS THERE ANOTHER CEREAL SP USUALLY EATS?

OR ASK IF NECESSARY (¿Hay algún otro cereal que {usted/SP} usualmente come?)

- YES ..... 1 (RETURN TO DTQ.020)  
NO ..... 2 (DTQ.030)

DTQ.030 (Durante el mes pasado), ¿con qué frecuencia consumió {usted/SP} **leche**, {ya sea para tomar sola o con cereales}? **No** incluya leche de soya o pequeñas cantidades de leche en café ni té. (Me puede decir por día, G/Q/U por semana o por mes.)

INTERVIEWER INSTRUCTION:

**INCLUDE:** SKIM, NO-FAT, LOW-FAT, WHOLE MILK, BUTTERMILK, AND LACTOSE-FREE MILK. ALSO INCLUDE CHOCOLATE OR OTHER FLAVORED MILKS.

**DO NOT INCLUDE:** CREAM.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

- NEVER ..... 0 (DTQ.040)  
REFUSED ..... 777 (DTQ.040)  
DON'T KNOW ..... 999 (DTQ.040)

ENTER UNIT

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

CAPI INSTRUCTION:

IF DTQ.010 >= 1, DISPLAY PHRASE {"ya sea para tomar sola o con cereales"}.

CAPI INSTRUCTION:

IF RESPONSE > 2 AND UNIT = 1 (DAY), ELIMINATE > 2 AND UNIT = 1 FOR HOUSEHOLD QUESTIONNAIRE SECTION (SPs 2-11 YEARS OLD)

IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR

IF RESPONSE > 60 AND UNIT = 3 (MONTH),

THEN DISPLAY QUESTION DTQ.035.

DTQ.035 Usted dijo (DISPLAY NUMBER FROM DTQ.030) veces por (DISPLAY UNIT FROM DTQ.030). ¿Es correcto?

- YES ..... 1 (CONTINUE)
- NO ..... 2 (RETURN TO DTQ.030)
- REFUSED ..... 777 (CONTINUE)
- DON'T KNOW ..... 999 (CONTINUE)

DTQ.040 Durante el mes pasado, ¿con qué frecuencia bebió {usted/SP} **soda/gaseosa regular** que contiene G/Q/U azúcar? **No** incluya sodas/gaseosas de dieta. Me puede decir por día, por semana o por mes.

INTERVIEWER INSTRUCTION:

**INCLUDE:** MANZANITA AND PEÑAFIEL SODAS.

**DO NOT INCLUDE:** DIET OR SUGAR-FREE FRUIT DRINKS. DO NOT INCLUDE JUICES OR TEA IN CANS.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

- NEVER ..... 0 (DTQ.050)
- REFUSED ..... 777 (DTQ.050)
- DON'T KNOW ..... 999 (DTQ.050)

ENTER UNIT

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

CAP I INSTRUCTION:

IF RESPONSE > 2 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.045.

DTQ.045 Usted dijo (DISPLAY NUMBER FROM DTQ.040) veces por (DISPLAY UNIT FROM DTQ.040). ¿Es correcto?

- YES ..... 1 (CONTINUE)
- NO ..... 2 (RETURN TO DTQ.040)
- REFUSED ..... 777 (CONTINUE)
- DON'T KNOW ..... 999 (CONTINUE)

DTQ.050 (Durante el mes pasado), ¿con qué frecuencia bebió {usted/SP} **jugos puros de fruta** tales como jugos de (naranja/china), mango, manzana, uva y piña? **No** incluya bebidas con sabor a fruta con azúcar añadida o jugos de fruta hechos en casa a los que se le añadió azúcar. (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTION:

**INCLUDE:** ONLY 100% PURE JUICES.

**DO NOT INCLUDE:** FRUIT-FLAVORED DRINKS WITH ADDED SUGAR, LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT.

□□□□

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (BOX 1)  
 REFUSED ..... 777 (BOX 1)  
 DON'T KNOW ..... 999 (BOX 1)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), ELIMINATE > 1 AND UNIT = 1 FOR HOUSEHOLD QUESTIONNAIRES (SPs 2-11 YEARS OLD)

IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR

IF RESPONSE > 60 AND UNIT = 3 (MONTH),

THEN DISPLAY QUESTION DTQ.055.

DTQ.055 Usted dijo (DISPLAY NUMBER FROM DTQ.050) veces por (DISPLAY UNIT FROM DTQ.050). ¿Es correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.050)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

**NEW BOX 1**

**CHECK ITEM DTQ.305:**

IF SP AGE 2-11 YEARS OLD, SKIP TO DTQ.070.

OTHERWISE, CONTINUE.

DTQ.060  
G/Q/U

(Durante el mes pasado), ¿con qué frecuencia tomó {usted/SP} café o té que tenía **azúcar** o **miel de abeja** añadida? Incluya té y café que usted endulzó y bebidas de té o café que ya vienen endulzadas tales como té helado (“Iced Tea”) Arizona y “Frappuccinos”. **No** incluya café endulzado **artificialmente** ni té dietético. (Me puede decir por día, por semana o por mes.)

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.070)  
REFUSED ..... 777 (DTQ.070)  
DON'T KNOW ..... 999 (DTQ.070)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAP I INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.065.

DTQ.065

Usted dijo (DISPLAY NUMBER FROM DTQ.060) veces por (DISPLAY UNIT FROM DTQ.060). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.060)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)



DTQ.070  
G/Q/U

(Durante el mes pasado), ¿con qué frecuencia bebió {usted/SP} bebidas con sabor a fruta **con azúcar** o bebidas de deportes o para energía tales como Kool-aid, limonada, Hi-C, cranberry, Gatorade, Red Bull o Vitamin Water? Incluya jugos de fruta hechos en casa con azúcar añadida. **No** incluya bebidas de frutas de dieta o endulzadas artificialmente. (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTION:

**INCLUDE:** DRINKS WITH ADDED SUGAR, TAMPICO, SUNNY DELIGHT, AND TWISTER.

**DO NOT INCLUDE:** 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER OR FRUIT-FLAVORED TEAS.

|\_|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.080)  
REFUSED ..... 777 (DTQ.080)  
DON'T KNOW ..... 999 (DTQ.080)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), ELIMINATE > 1 AND UNIT = 1 FOR HOUSEHOLD QUESTIONNAIRES (SPs 2-11 YEARS OLD)  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.075.

DTQ.075

Usted dijo (DISPLAY NUMBER FROM DTQ.070) veces por (DISPLAY UNIT FROM DTQ.070). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.070)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.080 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **frutas**? **Incluya** las frutas frescas, G/Q/U congeladas, o enlatadas. **No** incluya jugos. (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:  
**DO NOT INCLUDE: DRIED FRUITS.**

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.090)  
REFUSED ..... 777 (DTQ.090)  
DON'T KNOW ..... 999 (DTQ.090)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:  
IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.085.

DTQ.085 Usted dijo (DISPLAY NUMBER FROM DTQ.080) veces por (DISPLAY UNIT FROM DTQ.080). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.080)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.090 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **ensalada** de lechuga o de hojas verdes,  
G/Q/U con o sin otros vegetales? (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:  
**INCLUDE: SPINACH SALADS.**

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.100)  
REFUSED ..... 777 (DTQ.100)  
DON'T KNOW ..... 999 (DTQ.100)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.095.

DTQ.095 Usted dijo (DISPLAY NUMBER FROM DTQ.090) veces por (DISPLAY UNIT FROM DTQ.090). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.090)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.100 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} cualquier tipo de **papas fritas**, incluyendo  
G/Q/U “french fries”? (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**DO NOT INCLUDE:** POTATO CHIPS.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.110)  
REFUSED ..... 777 (DTQ.110)  
DON'T KNOW ..... 999 (DTQ.110)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.105.

DTQ.105 Usted dijo (DISPLAY NUMBER FROM DTQ.100) veces por (DISPLAY UNIT FROM DTQ.100). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.100)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.110 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **otro tipo de papas** tales como papas al  
G/Q/U horno, papas hervidas o en sopa, (puré de papa/papas majadas), (camote/batata/boniato) o ensalada de  
papa? (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN,  
SCALLOPED POTATOES.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.120)  
REFUSED ..... 777 (DTQ.120)  
DON'T KNOW ..... 999 (DTQ.120)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.115.

DTQ.115 Usted dijo (DISPLAY NUMBER FROM DTQ.110) veces por (DISPLAY UNIT FROM DTQ.110). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.110)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.120 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} (frijoles/habichuelas) refritos,  
 G/Q/U (frijoles/habichuelas) al horno, (frijoles/habichuelas) guisados/as, (frijoles/habichuelas) en sopa y  
 (frijoles/habichuelas) con (cerdo/puerco/lechón) o algún otro tipo de (frijoles/habichuelas)? **No** incluya  
 (ejotes/habichuelas verdes/habichuelas tiernas). (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** SOYBEANS, KIDNEY, PINTO, GARBANZO, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, AND LIMA BEANS.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.210)  
 REFUSED ..... 777 (DTQ.210)  
 DON'T KNOW ..... 999 (DTQ.210)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.125.

DTQ.125 Usted dijo (DISPLAY NUMBER FROM DTQ.120) veces por (DISPLAY UNIT FROM DTQ.120). ¿Es  
 correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.120)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.210 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **arroz integral** u otros granos integrales cocidos, tales como el bulgur (gránulos de trigo tostado), trigo partido o mijo? **No** incluya arroz blanco. (Me puede decir por día, por semana o por mes.)  
G/Q/U

HELP SCREEN:

El arroz integral es un tipo de grano entero. Es de color café, se tarda más para cocer que el arroz blanco. El arroz integral contiene casi todo el grano del arroz y no es procesado como el arroz blanco. Comparado al arroz blanco, el arroz integral contiene más fibra y más de algunas vitaminas y minerales que se pierden al procesar.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.130)  
REFUSED ..... 777 (DTQ.130)  
DON'T KNOW ..... 999 (DTQ.130)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.215.

DTQ.215 Usted dijo (DISPLAY NUMBER FROM DTQ.210) veces por (DISPLAY UNIT FROM DTQ.210). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.210)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.130 (Durante el mes pasado), sin incluir los que acaba de mencionar (ensaladas de lechuga, papas, G/Q/U frijoles/habichuelas secos cocidos), ¿con qué frecuencia comió {usted/SP} **otros vegetales**? (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**DO NOT INCLUDE: RICE**

**EXAMPLES OF OTHER VEGETABLES INCLUDE:** TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.150)  
 REFUSED ..... 777 (DTQ.150)  
 DON'T KNOW ..... 999 (DTQ.150)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 2 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.135.

DTQ.135 Usted dijo (DISPLAY NUMBER FROM DTQ.130) veces por (DISPLAY UNIT FROM DTQ.130). ¿Es correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.130)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)



DTQ.150 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **salsa** tipo mexicana a base de tomate (o G/Q/U pico de gallo)? (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** ALL TOMATO-BASED SALSAS.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.140)  
REFUSED ..... 777 (DTQ.140)  
DON'T KNOW ..... 999 (DTQ.140)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.155.

DTQ.155 Usted dijo (DISPLAY NUMBER FROM DTQ.150) veces por (DISPLAY UNIT FROM DTQ.150). ¿Es correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.150)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.140 Durante el mes pasado, ¿con qué frecuencia comió {usted/SP} **pizza**? Incluya pizza congelada, pizza “fast  
G/Q/U food”, y pizza hecha en casa. Me puede decir por día, por semana o por mes.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.160)  
 REFUSED ..... 777 (DTQ.160)  
 DON'T KNOW ..... 999 (DTQ.160)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAP I INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.145.

DTQ.145 Usted dijo (DISPLAY NUMBER FROM DTQ.140) veces por (DISPLAY UNIT FROM DTQ.140). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.140)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.160 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **salsas de tomate**, por ejemplo con  
 G/Q/U espaguetis, tallarines o fideos o como ingrediente en la preparación de comidas como la lasaña? {Por favor  
 no incluya la salsa de tomate en pizzas.} (Me puede decir por día, por semana o por mes.)

|\_|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.190)  
 REFUSED ..... 777 (DTQ.190)  
 DON'T KNOW ..... 999 (DTQ.190)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF DTQ.140 >= 1, DISPLAY "Por favor no cuente la salsa de tomate en pizzas."

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.165.

DTQ.165 Usted dijo (DISPLAY NUMBER FROM DTQ.160) veces por (DISPLAY UNIT FROM DTQ.160). ¿Es  
 correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.160)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.190 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} algún tipo de **queso**? Incluya queso como  
 G/Q/U (merienda/bocadillo), queso en las hamburguesas, en sándwiches, y también queso mezclado en comidas como quesadillas, enchiladas o guisados. {Por favor no incluya el queso en pizzas.} (Me puede decir por día, por semana o por mes.).

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** MACARONI AND CHEESE, ENCHILADAS.

**DO NOT INCLUDE:** CREAM CHEESE OR CHEESES MADE FROM NON-DAIRY FOODS, SUCH AS SOY OR RICE, OR CHEESE ON PIZZA.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.170)  
 REFUSED ..... 777 (DTQ.170)  
 DON'T KNOW ..... 999 (DTQ.170)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF DTQ.140 >= 1, DISPLAY "Por favor no incluya el queso en pizzas."

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.195.

DTQ.195 Usted dijo (DISPLAY NUMBER FROM DTQ.190) veces por (DISPLAY UNIT FROM DTQ.190). ¿Es correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.190)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.170 G/Q/U Por favor, mire esta tarjeta. Durante el mes pasado, ¿con qué frecuencia comió {usted/SP} **carnes rojas** tales como carne de res, de cerdo, jamón o chorizo? No incluya pollo, pavo o mariscos. (Me puede decir por día, por semana o por mes.)

HAND CARD DTQ1

□□□□

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

- NEVER ..... 0 (DTQ.180)
- REFUSED ..... 777 (DTQ.180)
- DON'T KNOW ..... 999 (DTQ.180)

ENTER UNIT

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

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.175.

DTQ.175 Usted dijo (DISPLAY NUMBER FROM DTQ.170) veces por (DISPLAY UNIT FROM DTQ.170). ¿Es correcto?

- YES ..... 1 (CONTINUE)
- NO ..... 2 (RETURN TO DTQ.170)
- REFUSED ..... 777 (CONTINUE)
- DON'T KNOW ..... 999 (CONTINUE)

DTQ.180 G/Q/U Por favor, mire esta tarjeta. (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **carne** **frías/procesadas** o fiambres, jamón para sándwiches, hot dogs, salchichas, (tocino/tocineta/ "bacon") o chorizo? (Me puede decir por día, por semana o por mes.)

HAND CARD DTQ2

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** PROCESSED POULTRY AND RED MEAT.

**DO NOT INCLUDE:** CANNED TUNA FISH OR CHICKEN NUGGETS.

**HELP SCREEN:**

PROCESSED MEAT: Carnes (normalmente rojas pero no siempre) conservadas en ahumado, curado o salado o agregando conservantes. Incluye: jamón, tocino, "pastrami", salame, salchichas, salchichas alemanas, salchichas frankfurters, perros calientes (hot dogs) o Spam.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.200)  
 REFUSED ..... 777 (DTQ.200)  
 DON'T KNOW ..... 999 (DTQ.200)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAP I INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.185.

DTQ.185 Usted dijo (DISPLAY NUMBER FROM DTQ.180) veces por (DISPLAY UNIT FROM DTQ.180). ¿Es correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.180)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.200 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **pan integral** incluyendo el pan tostado,  
 G/Q/U (pan de mesa/bolillos/panecillos), o en “sándwiches”? El pan integral incluye pan de trigo, centeno o avena.  
**No** incluya el pan de harinas blancas. (Me puede decir por día, por semana o por mes.)

HAND CARD DTQ3

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** CRACKED WHEAT, MULTI-GRAIN, BRAN BREADS, WHOLE GRAIN WHITE BREAD.

|\_|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.220)  
 REFUSED ..... 777 (DTQ.220)  
 DON'T KNOW ..... 999 (DTQ.220)

ENTER UNIT

DAY ..... 1  
 WEEK ..... 2  
 MONTH ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
 IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
 IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
 THEN DISPLAY QUESTION DTQ.205.

DTQ.205 Usted dijo (DISPLAY NUMBER FROM DTQ.200) veces por (DISPLAY UNIT FROM DTQ.200). ¿Es  
 correcto?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (RETURN TO DTQ.200)  
 REFUSED ..... 777 (CONTINUE)  
 DON'T KNOW ..... 999 (CONTINUE)

DTQ.220 Durante el mes pasado, ¿con qué frecuencia comió {usted/SP} **chocolate** o algún otro tipo de **dulces**? **No**  
G/Q/U incluya los dulces **dietéticos**. Me puede decir por día, por semana o por mes.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.230)  
REFUSED ..... 777 (DTQ.230)  
DON'T KNOW ..... 999 (DTQ.230)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAP I INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.225.

DTQ.225 Usted dijo (DISPLAY NUMBER FROM DTQ.220) veces por (DISPLAY UNIT FROM DTQ.220). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.220)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)



DTQ.230 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **donas**, panecillos dulces, pan danés,  
G/Q/U panquecitos, pan dulce, o “pop-tarts”? **No** incluya los que son **sin azúcar**. (Me puede decir por día, por  
semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** LOW-FAT KINDS.

**DO NOT INCLUDE:** PANCAKES, WAFFLES, FRENCH TOAST, CAKE, ICE CREAM AND OTHER  
FROZEN DESSERTS OR CANDY.

|\_|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.240)  
REFUSED ..... 777 (DTQ.240)  
DON'T KNOW ..... 999 (DTQ.240)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.235.

DTQ.235 Usted dijo (DISPLAY NUMBER FROM DTQ.230) veces por (DISPLAY UNIT FROM DTQ.230). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.230)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.240 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} **galletas, (pastel/torta/biscocho), o**  
 G/Q/U **pastelillos de chocolate “brownies”**. No incluya los que son **sin azúcar**. (Me puede decir por día, por  
 semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** LOW-FAT KINDS, TWINKIES AND HOSTESS CUPCAKES.

**DO NOT INCLUDE:** ICE CREAM AND OTHER FROZEN DESSERTS OR CANDY.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.250)

REFUSED ..... 777 (DTQ.250)

DON'T KNOW ..... 999 (DTQ.250)

ENTER UNIT

DAY ..... 1

WEEK ..... 2

MONTH ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR

IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR

IF RESPONSE > 60 AND UNIT = 3 (MONTH),

THEN DISPLAY QUESTION DTQ.245.

DTQ.245 Usted dijo (DISPLAY NUMBER FROM DTQ.240) veces por (DISPLAY UNIT FROM DTQ.240). ¿Es  
 correcto?

YES ..... 1 (CONTINUE)

NO ..... 2 (RETURN TO DTQ.240)

REFUSED ..... 777 (CONTINUE)

DON'T KNOW ..... 999 (CONTINUE)

DTQ.250 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} helado u otro postre congelado? No  
G/Q/U incluya tipos **sin azúcar**. (Me puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:

**INCLUDE:** LOW-FAT KINDS. ALSO INCLUDE FROZEN YOGURT AND SHERBET.

**DO NOT INCLUDE:** NON-DAIRY FROZEN DESSERTS, SUCH AS SORBET, SNO-CONES.

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ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (DTQ.260)  
REFUSED ..... 777 (DTQ.260)  
DON'T KNOW ..... 999 (DTQ.260)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.255.

DTQ.255 Usted dijo (DISPLAY NUMBER FROM DTQ.250) veces por (DISPLAY UNIT FROM DTQ.250). ¿Es  
correcto?

YES ..... 1 (CONTINUE)  
NO ..... 2 (RETURN TO DTQ.250)  
REFUSED ..... 777 (CONTINUE)  
DON'T KNOW ..... 999 (CONTINUE)

DTQ.260 (Durante el mes pasado), ¿con qué frecuencia comió {usted/SP} (palomitas de maíz /"popcorn")? (Me  
G/Q/U puede decir por día, por semana o por mes.)

INTERVIEWER INSTRUCTIONS:  
**INCLUDE:** LOW-FAT POPCORN.

|\_|\_|\_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER ..... 0 (END OF SECTION)  
REFUSED ..... 777 (END OF SECTION)  
DON'T KNOW ..... 999 (END OF SECTION)

ENTER UNIT

DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

CAPI INSTRUCTION:

IF RESPONSE > 1 AND UNIT = 1 (DAY), OR  
IF RESPONSE > 14 AND UNIT = 2 (WEEK), OR  
IF RESPONSE > 60 AND UNIT = 3 (MONTH),  
THEN DISPLAY QUESTION DTQ.265.

DTQ.265 Usted dijo (DISPLAY NUMBER FROM DTQ.260) veces por (DISPLAY UNIT FROM DTQ.260). ¿Es  
correcto?

YES ..... 1 (END OF SECTION)  
NO ..... 2 (RETURN TO DTQ.260)  
REFUSED ..... 777 (END OF SECTION)  
DON'T KNOW ..... 999 (END OF SECTION)

**CURRENT HEALTH STATUS – HSQ**  
**Target Group: SPs 12+**

HUQ.010 A continuación tengo algunas preguntas generales acerca de {su salud/la salud de SP}.

¿Diría que {su salud/la salud de SP} en general es...

- excelente, ..... 1
- muy buena, ..... 2
- buena, ..... 3
- regular, o ..... 4
- mala? ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

HSQ.470 Las siguientes preguntas son acerca de {su salud/la salud de SP} reciente durante los 30 días indicados en el calendario.

Pensando acerca de {su salud física/la salud física de SP}, la cual incluye enfermedades físicas y lesiones, ¿cuántos días, durante los últimos 30 días, no fue buena {su salud física/ la salud física de {él(MPR)/ella(FPR)}}?

HAND CARD HSQ1

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 77
- DON'T KNOW ..... 99

HSQ.480 Ahora pensando acerca de {su salud mental/la salud mental de SP}, la cual incluye tensión, depresión, y problemas emocionales, ¿cuántos días, durante los últimos 30 días, no fue buena {su salud mental/ la salud mental de {él(MPR)/ella(FPR)}}?

HAND CARD HSQ1

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 77
- DON'T KNOW ..... 99

HSQ.490 Durante los últimos 30 días, ¿cuántos días más o menos la mala salud física o mental le impidió a {usted/SP} hacer sus actividades normales, tales como el cuidado personal, trabajo, escuela, o recreación?

HAND CARD HSQ1

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77  
DON'T KNOW ..... 99

HSQ.493 Durante los últimos 30 días, ¿por cuántos días aproximadamente el dolor le dificultó a {usted/SP} hacer sus actividades usuales, tales como el cuidado propio, trabajo o recreación?

HAND CARD HSQ1

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77  
DON'T KNOW ..... 99

HSQ.496 Durante los últimos 30 días, ¿por cuántos días aproximadamente se ha sentido {usted/SP} {preocupado(M)/preocupada(F)}, tenso(M)/tensa(F)}, o ansioso(M) ansiosa(F)}?

HAND CARD HSQ1

CAPI INSTRUCTION:  
HARD EDIT VALUES: 0-30.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77  
DON'T KNOW ..... 99

HSQ.500 ¿Tuvo {usted/SP} un resfrío o catarro que empezó durante esos 30 días?

HAND CARD HSQ1

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

HSQ.510 ¿Tuvo {usted/SP} enfermedad estomacal o intestinal con vómitos o diarrea que empezó durante esos 30 días?

HAND CARD HSQ1

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

HSQ.520 ¿Tuvo {usted/SP} influenza, pulmonía/neumonía, o infección en los oídos que empezó durante esos 30 días?

HAND CARD HSQ1

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

**BOX 1**

**CHECK ITEM HSQ.560:**

IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.571.  
OTHERWISE, GO TO END OF SECTION.

HSQ.571 Durante los **últimos 12 meses**, es decir, desde {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, ¿ha donado {usted/SP} sangre?

YES ..... 1  
NO ..... 2 (HSQ.590)  
REFUSED ..... 7 (HSQ.590)  
DON'T KNOW ..... 9 (HSQ.590)

HSQ.580 ¿Cuánto tiempo hace desde la última vez que {usted/SP} donó sangre?

IF LESS THAN ONE MONTH, ENTER '1'.

CAPI INSTRUCTION:  
HARD EDIT VALUES: 1-12.

|||  
ANOTE LA CANTIDAD DE MESES

REFUSED ..... 77  
DON'T KNOW ..... 99

HSQ.590 Excepto por las pruebas que a {usted/SP} le pueden haber hecho como parte de las donaciones de sangre, ¿le han hecho a {usted/SP} alguna vez pruebas para la infección del virus del SIDA?

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



**DEPRESSION SCREEN – DPQ**  
**Target Group: SPs 12+**

**BOX 1**

**CHECK ITEM DPQ.001:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.010 Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:  
Tener poco interés o placer en hacer las cosas? ¿Diría...

HANDCARD DPQ1

Nunca, .....	0
varios días, .....	1
más de la mitad de los días, o .....	2
casi todos los días? .....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.020 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]  
Sentirse {desanimado(M)/desanimada(F)}, {deprimido(M)/deprimida(F)} o sin esperanza?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS .....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.030 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]  
Con problemas en dormirse o en mantenerse {dormido(M)/dormida(F)}, o en dormir demasiado?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.040 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Sentirse {cansado(M)/cansada(F)} o tener poca energía?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.050 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Tener poco apetito o comer en exceso?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.060 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Sentir falta de amor propio – o que sea un fracaso o que se decepcionara a sí {mismo(M)/misma(F)} o a su familia?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.070 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.080 [Durante las **últimas 2 semanas**, ¿con qué frecuencia le han molestado los siguientes problemas:]

Se mueve o habla tan lentamente que otra gente se podría dar cuenta - o por el contrario, está tan {agitado(M)/agitada(F)} o {inquieto(M)/inquieta(F)} que se mueve mucho más de lo acostumbrado?

HANDCARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

DPQ.090 Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado el siguiente problema:

Se le han ocurrido pensamientos de que sería mejor estar {muerto(M)/muerta(F)} o de que se haría daño de alguna manera?

HAND CARD DPQ1

NUNCA.....	0
VARIOS DÍAS.....	1
MÁS DE LA MITAD DE LOS DÍAS.....	2
CASI TODOS LOS DÍAS.....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 2**

**CHECK ITEM DPQ.095:**

- IF RESPONSE TO ANY OF QUESTIONS DPQ.010 – DPQ.090 = 1, 2, OR 3, GO TO DPQ.100.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.100 ¿Qué tan **difícil** se le ha hecho cumplir con su trabajo, atender su casa o relacionarse con otras personas debido a estos problemas?

¿Nada difícil,.....	0
algo difícil,.....	1
muy difícil,.....	2
extremadamente difícil?.....	3
REFUSED .....	7
DON'T KNOW .....	9

**TOBACCO - SMQ**  
**Target Group:** SPs 20+ (CAPI)

SMQ.680 Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

Durante los últimos **5 días**, ¿usó {usted(SE)/él(MPR)/ella(FPR)} algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

VERBAL INSTRUCTIONS TO SP:  
Por favor seleccione sí, no.

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

SMQ.690 ¿Cuál de estos productos usó {usted(SE)/él(MPR)/ella(FPR)}? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:  
Por favor seleccione todo lo que usó.

- (Cigarros/Cigarrillos)..... 1
- Pipas ..... 2
- (Puros/Cigarros/Tabacos) ..... 3
- Tabaco de Mascar ..... 4
- Rapé..... 5
- Parches, chicles de nicotina, u otro  
producto de nicotina ..... 6
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 2**

**CHECK ITEM SMQ.700:**

- IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.
- IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
- IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
- IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
- IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
- IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
- IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.710.

SMQ.710 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} (cigarros/cigarrillos)?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.720 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó, ¿cuántos (cigarros/cigarrillos) fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | | |

ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

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

SMQ.725 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su último (cigarro/cigarrillo)? ¿Fue esto. . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 3**

**CHECK ITEM SMQ.730:**

- IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
- IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
- IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
- IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
- IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
- IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.740.

SMQ.740 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} pipa?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.750 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó pipa, ¿cuántas pipas fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | |

ANOTE LA CANTIDAD DE PIPAS

REFUSED ..... 77  
DON'T KNOW ..... 99

SMQ.755 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su última pipa? ¿Fue esto. . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM SMQ.760:**

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.770.

SMQ.770 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días fumó {usted(SE)/él(MPR)/ella(FPR)} (puros/cigarros/tabacos)?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| |

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.780 Durante los últimos **5 días**, en los días que {usted(SE)/él(MPR)/ella(FPR)} fumó (puros/cigarros/tabacos) , ¿cuántos (puros/cigarros/tabacos) fumó {usted(SE)/él(MPR)/ella(FPR)} cada día?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

| | |

ANOTE LA CANTIDAD DE (PUROS/CIGARROS/TABACOS)

REFUSED ..... 77  
DON'T KNOW ..... 99

SMQ.785 ¿Cuándo fumó {usted(SE)/él(MPR)/ella(FPR)} su último (puro/cigarro/tabaco) ? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM SMQ.790:**

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.800.

SMQ.800 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.815 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó tabaco de mascar? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM SMQ.816:**  
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.817.

SMQ.817 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

VERBAL INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.819 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó rapé? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9



**BOX 6**

**CHECK ITEM SMQ.820:**

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.830.

OTHERWISE, GO TO END OF SECTION.

SMQ.830 Durante los últimos **5 días**, (incluyendo hoy), ¿cuántos días usó {usted(SE)/él(MPR)/ella(FPR)} algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

VERBAL INSTRUCTIONS TO SP:

Por favor anote una cantidad.

|\_\_|

ANOTE LA CANTIDAD DE DIAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.840 ¿Cuándo fue la última vez que {usted(SE)/él(MPR)/ella(FPR)} usó un producto que contenía nicotina? ¿Fue esto . . .

hoy, ..... 1  
ayer, o..... 2  
hace de 3 a 5 días? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**ALCOHOL USE – ALQ**  
**Target Group:** SPs 20+ (CAPI)

ALQ.101 Las siguientes preguntas son acerca de tomar bebidas alcohólicas. Están incluidos licores (tales como whiskey o ginebra), cerveza, vino, sangría o cualquier otro tipo de bebida alcohólica.

En **algún año determinado**, ¿ha tomado {usted/SP} al menos 12 bebidas alcohólicas de cualquier tipo? Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.

- YES ..... 1 (ALQ.120)
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

ALQ.110 En **toda su vida**, ¿se ha tomado {usted/SP} al menos 12 bebidas alcohólicas?

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

ALQ.120 En los **últimos 12 meses**, ¿con qué frecuencia se tomó {usted/SP} algún tipo de bebida alcohólica?  
Q/U

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP}?

ENTER '0' FOR NEVER.

\_\_\_\_\_  
ENTER QUANTITY

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

ENTER UNIT

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

**BOX 1**

**CHECK ITEM ALQ.125:**  
IF SP DIDN'T DRINK (CODED '0') IN ALQ.120, GO TO ALQ.150.  
OTHERWISE, CONTINUE WITH ALQ.130.

ALQ.130 En los **últimos 12 meses**, en aquellos días en que {usted/SP} se tomó algún tipo de bebida alcohólica, en promedio, ¿cuántas bebidas se tomó {usted(SE)/él(MPR)/ella(FPR)}? (Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.)

IF LESS THAN 1 DRINK, ENTER '1'.  
IF 95 DRINKS OR MORE, ENTER '95'.

HARD EDIT: If ALQ.101 = 2 or 9, ALQ.130 must be less than 12.  
Error Message: "Number of drinks per day cannot be greater than number of drinks in any one year."

|\_|\_|\_|  
ENTER # OF DRINKS

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

ALQ.140 Q/U	En los <b>últimos 12 meses</b> , ¿cuántos <b>días</b> se tomó {usted/SP} 5 o más bebidas alcohólicas de cualquier tipo?
----------------	---

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP} 5 o más bebidas alcohólicas en un solo día?

ENTER '0' FOR NONE.

HARD EDIT: If ALQ.101 = 2 or 9, ALQ.140 must be less than 3 times per year.  
Error Message: "Number of drinks must be less than 3 if SP never had more than 12 drinks per year."

|\_|\_|\_|  
ENTER QUANTITY

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

ENTER UNIT

WEEK ..... 1  
MONTH ..... 2  
YEAR..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

ALQ.150 ¿Hubo alguna vez un tiempo o tiempos en {su vida/la vida de SP} cuando {usted(SE)/él(MPR)/ella(FPR)} **se tomó 5 o más bebidas alcohólicas** de cualquier tipo **casi todos los días**?

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

**REPRODUCTIVE HEALTH – RHQ**  
**Target Group: Female SPs Ages 12+**

RHQ.010 La siguiente serie de preguntas es acerca de {su historia reproductiva/la historia reproductiva de SP}. Empezaré por hacer algunas preguntas acerca {de su período o ciclo menstrual/del período o ciclo menstrual de SP}.

¿Qué edad tenía {usted/SP} cuando {usted(SE)/ella(FPR)} tuvo su (**primer** período menstrual/**primera** regla)?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:

SOFT EDIT VALUES: 8-25 YEARS.

HARD EDIT VALUES: AGE OF 1<sup>ST</sup> PERIOD CANNOT BE GREATER THAN CURRENT AGE.

□□□□

ANOTE LA EDAD EN AÑOS

REFUSED ..... 77  
 DON'T KNOW ..... 99

**BOX 1**

**CHECK ITEM RHQ.015:**

- IF PERIODS HAVEN'T STARTED (CODED '0'), GO TO END OF SECTION.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020 ¿Tenía {usted/SP} . . .

menos de 10 años, ..... 1  
 de 10 a 12 años, ..... 2  
 entre 13 y 15 años, o ..... 3  
 16 o más años? ..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

RHQ.031 ¿Ha tenido {usted/SP} **al menos un período** en los **últimos 12 meses**? (Por favor no incluya hemorragias causadas por condiciones médicas, terapia de hormonas o cirugías.)

SOFT EDIT: Display edit when age of SP is greater than or equal to 60 and RHQ.031 is coded yes.

Error message: "It is unlikely that SPs aged 60 years or older will still be menstruating. Please verify."

YES ..... 1 (RHQ.131)  
 NO ..... 2  
 REFUSED ..... 7 (RHQ.060)  
 DON'T KNOW ..... 9 (RHQ.060)

RHQ.042 ¿Cuál es la razón por la cual {usted/SP} no ha tenido **un período** en los últimos 12 meses?

EMBARAZO .....	1 (RHQ.143)
AMAMANTANDO .....	2 (RHQ.143)
MENOPAUSIA/HISTERECTOMÍA .....	7
CONDICIONES MÉDICAS/TRATAMIENTOS .....	8
OTHER .....	9
REFUSED .....	77
DON'T KNOW .....	99

RHQ.060 ¿Más o menos qué edad tenía {usted/SP} cuando tuvo su **último** período?

SOFT EDIT: Display edit when RHQ.060 is greater than 59.

Error message: "It is unlikely that an SP will have her last menstrual period after age 59. Please verify."

|\_|\_|

ANOTE LA EDAD EN AÑOS

REFUSED .....	77
DON'T KNOW .....	99

**BOX 2**

**CHECK ITEM RHQ.065:**

- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO RHQ.131.

RHQ.070 ¿Tenía {usted/SP} . . .

menos de 30 años, .....	1
entre 30 y 34 años, .....	2
entre 35 y 39 años, .....	3
entre 40 y 44 años, .....	4
entre 45 y 49 años, .....	5
entre 50 y 54 años, o .....	6
55 o más años? .....	7
REFUSED .....	77
DON'T KNOW .....	99

RHQ.131 Las siguientes preguntas son acerca de {su historia de embarazo/la historia de embarazo de SP}.

¿Ha estado {usted/SP} **alguna vez** embarazada? Por favor incluya (embarazo actual), nacimientos vivos, abortos espontáneos, nacimientos muertos, embarazos extrauterinos y abortos.

MARK IF KNOWN. OTHERWISE ASK.

YES .....	1
NO .....	2 (BOX 12)
REFUSED .....	7 (BOX 12)
DON'T KNOW .....	9 (BOX 12)

**BOX 6**

**CHECK ITEM RHQ.135C:**

- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031) OR SP HAS NOT EXPERIENCED MENOPAUSE/HYSTERECTOMY (NOT CODED 7 IN RHQ.042), CONTINUE WITH RHQ.143.
- OTHERWISE, GO TO RHQ.160.

RHQ.143 ¿Está {usted/SP} embarazada **ahora**?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1  
NO ..... 2 (RHQ.160)  
REFUSED ..... 7 (RHQ.160)  
DON'T KNOW ..... 9 (RHQ.160)

RHQ.152 ¿En qué mes de embarazo está {usted/ella}?

|\_|\_|\_|  
ANOTE LA CANTIDAD DE MESES

REFUSED ..... 77  
DON'T KNOW ..... 99

RHQ.160 ¿Cuántas veces ha estado embarazada {usted/SP}? ({Nuevamente, asegúrese/Asegúrese} de contar todos {sus embarazos/los embarazos de ella} incluyendo (embarazo actual,) nacimientos vivos, abortos espontáneos, nacimientos muertos, embarazos extrauterinos o abortos.)

|\_|\_|\_|  
ANOTE LA CANTIDAD DE EMBARAZOS

REFUSED ..... 77  
DON'T KNOW ..... 99

RHQ.162 **Durante {alguno de sus embarazos/su embarazo/el embarazo de SP}, ¿le dijo a {usted/SP} alguna vez un médico o algún otro profesional de salud que {usted/ella} tenía diabetes, diabetes de azúcar, o diabetes gestacional? Por favor no incluya diabetes de la cual {usted/SP} haya sabido antes del embarazo.**

CAPI INSTRUCTION:

IF RHQ.160 = 1, DISPLAY {su embarazo/el embarazo de SP}. OTHERWISE, DISPLAY {alguno de sus embarazos}.

HELP SCREEN SHOULD READ: Diabetes gestacional es una forma de diabetes o alta azúcar en la sangre encontrada en las mujeres embarazadas.

YES ..... 1  
NO ..... 2 (BOX 7)  
BORDERLINE ..... 3 (BOX 7)  
REFUSED ..... 7 (BOX 7)  
DON'T KNOW ..... 9 (BOX 7)

RHQ.163 ¿Qué edad tenía {usted/SP} cuando se le dijo **por primera vez** que {usted/ella} tenía diabetes **durante un embarazo?**

SOFT EDIT: IF RHQ.143 = 1 AND RHQ.160 = 1, THEN RHQ.163 must be equal to the age of the SP or the age of the SP minus 1.

Error message: "Es poco probable que le hayan dicho por primera vez a esa edad que tenía diabetes ya que este es su primer embarazo. Por favor verifique."

HARD EDIT: RHQ.163 must be equal to or less than age of SP.

Error message: "Age cannot be greater than age of SP."

SOFT EDIT: RHQ.163 must be equal to or greater than 12.

Error message: "Unlikely age. Please verify."

|\_|\_|

ANOTE LA EDAD EN AÑOS

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7**

**CHECK ITEM RHQ.165:**

- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.143, SKIP TO RHQ.395.
- OTHERWISE CONTINUE WITH RHQ.166.

RHQ.166 ¿Cuántos partos vaginales ha tenido {usted/SP}? {Por favor cuente los nacimientos muertos así como los vivos.}

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: RHQ.166 must be equal to or less than RHQ.160.

Error message: "Number of vaginal deliveries cannot be greater than the number of pregnancies."

SOFT EDIT: IF RHQ.143 = 1, THEN RHQ.166 must be equal to or less than RHQ.160 minus 1.

Error message: "Debido a que usted está actualmente embarazada es improbable que la cantidad de partos vaginales sea igual o mayor a la cantidad de sus embarazos. Por favor verifique."

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7A**

**CHECK ITEM RHQ.168:**

- IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.172.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143 AND THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166 EQUALS THE NUMBER OF PREGNANCIES IN RHQ.160 MINUS 1, SKIP TO RHQ.172.
- OTHERWISE, CONTINUE WITH RHQ.169.

RHQ.169 ¿Cuántos partos por cesárea ha tenido {usted/SP}? (Partos por cesárea son conocidos como "C-sections" en inglés.) (Por favor cuente los nacimientos muertos así como los nacimientos vivos.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: Sum of RHQ166 and RHQ.169 must be equal to or less than RHQ160.

Error message: "It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify."

SOFT EDIT: If currently pregnant (coded '1' in RHQ143) then the sum of RHQ166 and RHQ169 should be less than or equal to RHQ160 minus 1.

Error message: "Since SP is currently pregnant, it is unlikely that the number of vaginal and cesarean deliveries is equal to or greater than the number of pregnancies. Please verify."

HARD EDIT: RHQ.169 must be equal to or less than RHQ.160.

Error message: "Number of cesarean deliveries cannot be greater than the number of pregnancies."

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 7B**

**CHECK ITEM RHQ.170A:**

- IF THE NUMBER OF DELIVERIES IN RHQ.166 AND RHQ.169 EQUALS ZERO, GO TO BOX 12.
- OTHERWISE, CONTINUE WITH RHQ.172.



RHQ.172 {{Su parto/El parto de SP}}/{{Alguno de sus partos/Alguno de los partos de SP}} resultó en un bebé que pesara 9 libras (4082 gramos) o más al nacer? (Por favor cuente los nacimientos muertos así como también los nacimientos vivos.)

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), DISPLAY {{SU PARTO/EL PARTO DE SP}}.

IF SP HAD MORE THAN ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 > 1), DISPLAY {{ALGUNO DE SUS PARTOS/ALGUNO DE LOS PARTOS DE SP}}.

YES ..... 1  
NO ..... 2 (RHQ.171)  
REFUSED ..... 7 (RHQ.171)  
DON'T KNOW ..... 9 (RHQ.171)

RHQ.173 ¿Qué edad tenía {usted/SP} cuando dio a luz un bebé que pesó 9 libras (4082 g) o más? (Por favor cuente los nacimientos muertos así como los nacimientos vivos.)

[IF MORE THAN 1 BABY WEIGHED 9 POUNDS OR MORE RECORD AGE FOR FIRST ONE]

HARD EDIT: RHQ.173 must be equal to or less than age of SP.

Error message: "Age cannot be greater than age of SP."

\_\_\_\_\_  
ANOTE LA CANTIDAD DE AÑOS

REFUSED ..... 77  
DON'T KNOW ..... 99

RHQ.171 ¿Cuántos de {sus partos/los partos de ella} resultaron en nacimientos vivos? {¿Resultó {su parto/el parto de ella} en un nacimiento vivo?

CAPI INSTRUCTION:

IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), REPLACE {¿Cuántos de {sus partos/los partos de ella} resultaron en nacimientos vivos?} WITH {¿Resultó {su parto/el parto de ella} en un nacimiento vivo?

FOR SINGLE DELIVERIES:

Yes = 1

No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

\_\_\_\_\_  
ANOTE LA CANTIDAD DE PARTOS

REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 8**

**CHECK ITEM RHQ.175:**

- IF SP HAD NO DELIVERIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.171, GO TO BOX 12.
- IF SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171, GO TO BOX 8A.
- OTHERWISE, CONTINUE WITH RHQ.180.

RHQ.180 ¿Qué edad tenía {usted/SP} en el momento de su **primer** nacimiento vivo?

CAPI INSTRUCTION:

HARD EDIT: RHQ.180 must be equal to or less than age of SP.

Error message: "Age of SP at first delivery cannot be greater than age of SP."

SOFT EDIT: Display edit when RHQ.180 is greater than or equal to RHQ.010.

Error Message: "Age of SP at first live birth cannot be less than age when SP's first period started.

|\_|\_| (RHQ.190)  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77 (RHQ.190)  
DON'T KNOW ..... 99 (RHQ.190)

**BOX 8A**

**CHECK ITEM RHQ.176:**

- IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1) AND SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171 AND SP DELIVERED ONE BABY THAT WEIGHTED 9 POUNDS OR MORE (CODED '1') IN RHQ.172 AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS ZERO OR 1, GO TO RHQ.197.
- IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1) AND SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171 AND SP DELIVERED ONE BABY THAT WEIGHTED 9 POUNDS OR MORE (CODED '1') IN RHQ.172 AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, GO TO RHQ.205.
- OTHERWISE, CONTINUE WITH RHQ.190.

RHQ.190 ¿Qué edad tenía {usted/SP} en el momento de su **{último}** nacimiento vivo?

CAPI INSTRUCTION:

IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY {ÚLTIMO}.

HARD EDIT: RHQ190 must be equal to or less than age of SP.

Error message: "Age of SP at last delivery cannot be greater than age of SP."

|\_|\_|  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 9**

**CHECK ITEM RHQ.195:**

- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE.
- OTHERWISE, GO TO RHQ.205.

RHQ.197 ¿Cuántos meses hace que {usted/SP} tuvo su bebé?

|\_|\_|\_|\_|

ANOTE LA CANTIDAD DE MESES

REFUSED ..... 777

DON'T KNOW ..... 999

RHQ.200 ¿Está {usted/SP} **ahora** amamantando/dándole pecho a un niño?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

RHQ.205 (¿Amamantó/Le dio pecho) {usted/SP} {a su niño/al niño de ella}/{a alguno {de sus niños/de los niños de ella}} por lo menos un mes?

**CAPI INSTRUCTION:**

IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.171, DISPLAY {A SU NIÑO/AL NIÑO DE ELLA}.

IF SP HAD MORE THAN ONE LIVE BIRTH (CODED > 1) IN RHQ.171, DISPLAY {A ALGUNO {DE SUS NIÑOS/DE LOS NIÑOS DE ELLA}}.

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 12**

**CHECK ITEM RHQ.275A:**

- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, GO TO RHQ.395.
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031), GO TO RHQ.282.
- OTHERWISE, CONTINUE WITH RHQ.282.

RHQ.282 ¿Le han hecho a {usted/SP} una histerectomía, incluyendo una histerectomía parcial, es decir, cirugía para **sacarle** el útero o matriz?

MARK IF KNOWN. OTHERWISE ASK.

YES ..... 1  
NO ..... 2 (RHQ.305)  
REFUSED ..... 7 (RHQ.305)  
DON'T KNOW ..... 9 (RHQ.305)

RHQ.291 ¿Qué edad tenía {usted/SP} cuando le {hicieron la histerectomía/sacaron el (útero/la matriz)} a {usted/ella}?

HARD EDIT: RHQ.291 must be greater than or equal to RHQ.190.

Error Message: Age of SP at hysterectomy must be greater than or equal to age of SP at last birth.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

RHQ.305 ¿Le han sacado a {usted/SP} los **dos** ovarios (ya sea cuando le sacaron el útero o en otra ocasión)?

YES ..... 1  
NO ..... 2 (RHQ.395)  
REFUSED ..... 7 (RHQ.395)  
DON'T KNOW ..... 9 (RHQ.395)

RHQ.332 ¿Qué edad tenía {usted/SP} cuando le sacaron los ovarios o le sacaron el último ovario si se los sacaron en diferentes ocasiones?

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

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

RHQ.395 ¿Siente {usted/SP} un abultamiento o como que se le cae algo que puede ver o sentir en el área de la vagina?

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

RHQ.420 Ahora le voy a preguntar acerca {de su historia/de la historia de SP} del uso de métodos de control de la natalidad.

¿Ha tomado {usted/SP} **alguna vez** (pastillas/píldoras) anticonceptivas por alguna razón?

- YES ..... 1
- NO ..... 2 (RHQ.510)
- REFUSED ..... 7 (RHQ.510)
- DON'T KNOW ..... 9 (RHQ.510)

**BOX 18**

**CHECK ITEM RHQ.435B:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.442.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), CONTINUE WITH RHQ.442.
- OTHERWISE, GO TO RHQ.460.

RHQ.442 ¿**Actualmente** está {usted/SP} tomando (pastillas/píldoras) anticonceptivas?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7 (RHQ.510)
- DON'T KNOW ..... 9 (RHQ.510)

RHQ.460 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} (pastillas/píldoras) anticonceptivas?

Q/U

CODE "1" FOR LESS THAN ONE MONTH.

|\_|\_|  
 ANOTE LA CANTIDAD

- REFUSED ..... 77
- DON'T KNOW ..... 99

ENTER UNIT

- MESES ..... 1
- AÑOS ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

RHQ.510 ¿Ha usado {usted/SP} **alguna vez** Depo-Provera o inyectables para prevenir el embarazo?

- YES ..... 1
- NO ..... 2 (BOX 20)
- REFUSED ..... 7 (BOX 20)
- DON'T KNOW ..... 9 (BOX 20)

**BOX 19**

**CHECK ITEM RHQ.519:**

- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.520.
- IF SP >= 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), CONTINUE WITH RHQ.520.
- OTHERWISE, GO TO BOX 20.

RHQ.520 ¿Está usando {usted/SP} **ahora** Depo-Provera o inyectables para prevenir el embarazo?

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

**BOX 20**

**CHECK ITEM RHQ.535:**

- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO BOX 24.

RHQ.540 ¿Ha usado {usted/SP} **alguna vez** hormonas femeninas tales como estrógeno y progesterona? Por favor incluya todas las formas de hormonas femeninas, tales como (pastillas/píldoras), cremas, parches e inyectables, pero **no** incluya métodos de control de la natalidad o uso para la esterilidad.

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS "NO".

- YES ..... 1
- NO ..... 2 (BOX 24)
- REFUSED ..... 7 (BOX 24)
- DON'T KNOW ..... 9 (BOX 24)

RHQ.541 ¿Qué formas de hormonas femeninas ha usado {usted/SP}?

CODE ALL THAT APPLY

- PASTILLAS/PÍLDORAS ..... 10
- PARCHES ..... 11
- CREMA/SUPOSITORIO/INYECCIÓN..... 12
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 21**

**CHECK ITEM RHQ.552:**

IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.541, CONTINUE WITH RHQ.554.

OTHERWISE, GO TO BOX 22.

RHQ.554 ¿Ha tomado {usted/SP} **alguna vez (pastillas/píldoras)** de hormonas femeninas que contienen **estrógeno solamente** (tal como Premarin)? (No incluya (pastillas/píldoras) anticonceptivas.)

- YES ..... 1
- NO ..... 2 (RHQ.562)
- REFUSED ..... 7 (RHQ.562)
- DON'T KNOW ..... 9 (RHQ.562)

RHQ.558 ¿Está {usted/SP} tomando **ahora** píldoras que contienen estrógeno solamente?

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

RHQ.560 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen estrógeno solamente?

Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

- REFUSED ..... 77
- DON'T KNOW ..... 99

ENTER UNIT

- MESES ..... 1
- AÑOS ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

RHQ.562 ¿Ha tomado {usted/SP} **píldoras** de hormonas femeninas que contienen **progestina solamente** (tal como Provera)? (No incluya (pastillas/píldoras) anticonceptivas.)

YES ..... 1  
 NO ..... 2 (RHQ.570)  
 REFUSED ..... 7 (RHQ.570)  
 DON'T KNOW ..... 9 (RHQ.570)

RHQ.566 ¿Está {usted/SP} tomando **ahora** (pastillas/píldoras) que contienen progestina?

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

RHQ.568 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen progestina solamente?  
 Q/U

CODE "1" FOR LESS THAN 1 MONTH

ANOTE LA CANTIDAD

REFUSED ..... 77  
 DON'T KNOW ..... 99

ENTER UNIT

MESES ..... 1  
 AÑOS ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

RHQ.570 ¿Ha tomado {usted/SP} (**pastillas/píldoras**) de hormonas femeninas que contienen **ambos, estrógeno y progestina** (tal como Prempro, Premphase)? (No incluya (pastillas/píldoras) anticonceptivas.)

YES ..... 1  
 NO ..... 2 (BOX 22)  
 REFUSED ..... 7 (BOX 22)  
 DON'T KNOW ..... 9 (BOX 22)

RHQ.574 ¿Está {usted/SP} tomando **ahora** píldoras que contienen ambos, estrógeno y progestina?

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



RHQ.576 Sin contar ningún tiempo durante el cual {usted/SP} dejó de tomarlas, ¿por cuánto tiempo **en total** {ha  
Q/U tomado usted/tomó usted/ha tomado ella/tomó ella} píldoras que contienen ambos, estrógeno y progestina?

CODE "1" FOR LESS THAN 1 MONTH

\_\_\_\_\_  
ANOTE LA CANTIDAD

REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 22**

**CHECK ITEM RHQ.578:**  
IF SP USED PATCHES (CODE '11') IN RHQ.541, CONTINUE WITH RHQ.580.  
OTHERWISE, GO TO BOX 24.

RHQ.580 ¿Ha usado {usted/SP} **alguna vez parches** de hormonas femeninas que contienen **estrógeno solamente**?

YES ..... 1  
NO ..... 2 (RHQ.596)  
REFUSED ..... 7 (RHQ.596)  
DON'T KNOW ..... 9 (RHQ.596)

RHQ.584 ¿Está {usted/SP} usando **ahora** parches que contienen estrógeno solamente?

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

RHQ.586 Sin contar ningún tiempo durante el cual {usted/SP} dejó de usarlos, ¿por cuánto tiempo **en total** {ha usado usted/usó usted/ha usado ella/usó ella} parches que contienen estrógeno solamente?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

RHQ.596 ¿Ha usado {usted/SP} **parches** de hormonas femeninas que contienen **ambos, estrógeno y progestina**?

YES ..... 1  
NO ..... 2 (BOX 24)  
REFUSED ..... 7 (BOX 24)  
DON'T KNOW ..... 9 (BOX 24)

RHQ.600 ¿Está {usted/SP} usando **ahora** parches que contienen ambos, estrógeno y progestina?

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

RHQ.602 Sin contar ningún tiempo durante el cual {usted/SP} dejó de usarlos, ¿por cuánto tiempo **en total** {ha usado usted/usó usted/ha usado ella/usó ella} parches que contienen ambos, estrógeno y progestina?  
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 24**

**CHECK ITEM RHQ.640A:**

- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.652.
- IF RHQ.190 IS FILLED AND THE AGE DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE IN RHQ.190 IS ZERO, 1, OR 2, CONTINUE WITH FSQ.652 ELSE IF RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE AGE DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE IN RHQ.173 IS ZERO, 1, OR 2, CONTINUE WITH FSQ.652.
- OTHERWISE, GO TO END OF SECTION.

FSQ.652 Estas siguientes preguntas son acerca de la participación en programas para mujeres con niños pequeños.

¿Recibió {usted/SP} **personalmente** beneficios de WIC, es decir, del Programa para Mujeres, Infantes y Niños, en los **últimos 12 meses**?

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

**BOX 26**

**CHECK ITEM RHQ.641:**

- IF CODED '1-12' IN RHQ.197, CONTINUE WITH FSQ.661.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.661.
- OTHERWISE, GO TO END OF SECTION.

FSQ.661 ¿Está {usted/SP} recibiendo **ahora** beneficios del Programa WIC?

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

FSQ.671  
Q/U

Pensando acerca de {su embarazo/su reciente embarazo/su más reciente embarazo/sus más recientes embarazos}, ¿cuánto tiempo {recibió usted/ha estado recibiendo usted/recibió ella/ha estado recibiendo ella} beneficios del Programa WIC?

PROBE: Queremos saber acerca de los beneficios únicamente para {usted/SP}, los cuales recibió por su {embarazo actual/niño/último niño/último niño y durante su embarazo actual}.

CAPI INSTRUCTION:

IF RHQ.143 = 1 AND RHQ.160 = 1, DISPLAY {SU EMBARAZO}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS FILLED AND THE DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {SU EMBARAZO}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {SU EMBARAZO}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 = 1, DISPLAY {SU RECIENTE EMBARAZO }

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 IS GREATER THAN 1, DISPLAY {SU MÁS RECIENTE EMBARAZO}.

OTHERWISE, DISPLAY {SUS MÁS RECIENTES EMBARAZOS}.

IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.661, DISPLAY {HA ESTADO RECIBIENDO USTED/HA ESTADO RECIBIENDO ELLA}.

OTHERWISE, DISPLAY {RECIBIÓ USTED/RECIBIÓ ELLA}.

IF RHQ.143 = 1 AND RHQ.160 = 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS FILLED AND THE DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.143 = 1 AND RHQ.160 DOES NOT EQUAL 1 AND RHQ.190 IS EMPTY AND RHQ.173 IS FILLED AND THE DIFFERENCE BETWEEN RHQ.173 AND CURRENT AGE IS GREATER THAN 1, DISPLAY {EMBARAZO ACTUAL}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 = 1, DISPLAY {NIÑO}.

IF RHQ.197 = 1 - 12 AND RHQ.143 DOES NOT EQUAL 1 AND RHQ.160 IS GREATER THAN 1, DISPLAY {ÚLTIMO NIÑO}.

OTHERWISE, DISPLAY {ÚLTIMO NIÑO Y DURANTE SU EMBARAZO ACTUAL}.

SOFT EDIT: FSQ.671 must be equal to or less than 24 months or 2 years.  
Error message: Unlikely response. Please verify.

HARD EDIT: FSQ.671 must be less than or equal to difference between SP's current age and RHQ.010.  
Error message: "Length of time SP received benefits cannot be greater than the difference between SP's current age and age at first menstrual period."

|\_|\_|

ANOTE LA CANTIDAD

REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

MESES ..... 1  
AÑOS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**KIDNEY CONDITIONS - KIQ**  
**New Target Group: SPs 20+**

KIQ.005 A muchas personas se les sale la orina. Las siguientes preguntas son acerca de las personas a quienes se les sale la orina.

¿Qué tan frecuentemente se le sale la orina a {usted/SP}? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} ...

CAPI INSTRUCTION:

HELP SCREEN: Otra manera de decir se le sale la orina es no poder contener la orina antes de llegar al baño, no poder controlar la vejiga, pérdida de control de la orina.

- nunca,..... 1 (KIQ.042)
- menos de una vez al mes,..... 2
- unas pocas veces al mes, ..... 3
- unas pocas veces a la semana, o ..... 4
- todos los días y/o noches? ..... 5
- REFUSED ..... 7 (KIQ.042)
- DON'T KNOW ..... 9 (KIQ.042)

KIQ.010 ¿Cuánta orina pierde {usted/SP} cada vez? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} ...

- gotas,..... 1
- salpicaduras pequeñas, o..... 2
- más?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.042 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña de orina debido a una actividad tal como toser, levantar algo o hacer ejercicios?

- YES ..... 1
- NO ..... 2 (KIQ.044)
- REFUSED ..... 7 (KIQ.044)
- DON'T KNOW ..... 9 (KIQ.044)

KIQ.430 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes,..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.044 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña, debido a que {usted(SE)/él(MPR)/ella(FPR)} tenía urgencia o presión para orinar y no pudo llegar al baño lo suficientemente rápido?

- YES ..... 1
- NO ..... 2 (KIQ.046)
- REFUSED ..... 7 (KIQ.046)
- DON'T KNOW ..... 9 (KIQ.046)

KIQ.450 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes, ..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.046 Durante los **últimos 12 meses**, ¿ha perdido {usted/SP} el control o se le ha salido la orina, incluso una cantidad pequeña, **sin** hacer una actividad tal como toser, levantar algo o hacer ejercicios, o sin tener urgencia para orinar?

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

KIQ.470 ¿Qué tan frecuentemente le ocurre esto? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que esto le ocurre...

- menos de una vez al mes, ..... 1
- unas pocas veces al mes, ..... 2
- unas pocas veces a la semana, o ..... 3
- todos los días y/o noches? ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

<b>BOX 1</b>
<b>CHECK ITEM KIQ.048A:</b>
■ IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
■ OTHERWISE, GO TO KIQ.480.

KIQ.050 Durante los **últimos 12 meses**, ¿qué tanto le ha molestado a {usted(SE)/él(MPR)/ella(FPR)} la salida de la orina? Por favor seleccione una de las siguientes opciones:

- nada, ..... 1
- un poco solamente, ..... 2
- algo, ..... 3
- mucho, o ..... 4
- excesivamente? ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.052 Durante los **últimos 12 meses**, ¿qué tanto le ha afectado a {usted(SE)/él(MPR)/ella(FPR)} la salida de la orina en sus actividades diarias? (Por favor seleccione una de las siguientes opciones):

- nada, ..... 1
- un poco solamente, ..... 2
- algo, ..... 3
- mucho, o ..... 4
- excesivamente? ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

KIQ.480 Durante los **últimos 30 días**, ¿cuántas veces por noche se levantó {usted/SP} usualmente para orinar, desde el momento en que {usted(SE)/él(MPR)/ella(FPR)} se fue a acostar en la noche hasta el momento en que se levantó en la mañana? ¿Diría {usted(SE)/él(MPR)/ella(FPR)} que...

- 0, ..... 0
- 1, ..... 1
- 2, ..... 2
- 3, ..... 3
- 4, ..... 4
- 5 o más? ..... 5
- REFUSED ..... 77
- DON'T KNOW ..... 99



**BOWEL HEALTH – BHQ**  
**Target Group: SPs 20+**

**BOX 1**

**CHECK ITEM BHQ.005:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE WITH BHQ.010.
- OTHERWISE, GO TO NEXT SECTION.

BHQ.010 Ahora nos gustaría hablar con usted acerca de la salud de sus intestinos. Empezaremos con escape accidental de los intestinos. Hay cuatro tipos de escapes intestinales que puedan ocurrir: escape de gas o pasar gas, escape de mucosidades, escape de excremento líquido y escape de excremento sólido. Le preguntaremos acerca de cada uno de estos escapes, uno por uno.

¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de gases de los intestinos? ¿Diría ...

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: Otros nombres para los intestinos incluyen **tripas y entrañas**. **Escape accidental de gas de los intestinos** es un escape de los intestinos que no se puede controlar. **Escape de gas** se llama también expulsar un gas, expulsar ventosidades o tirarse un gas.

2 o más veces al día,.....	1
una vez al día, .....	2
2 o más veces a la semana, .....	3
una vez a la semana, .....	4
1-3 veces al mes o .....	5
nunca?.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.020 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de mucosidad de los intestinos?

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: La mucosidad es una sustancia (espesa/viscosa), como gelatinosa, que producen los intestinos para ayudar a cubrir y a proteger las paredes de los intestinos. La mucosidad también ayuda a que el excremento pase más fácilmente a través del intestino grueso y del recto.

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES .....	5
NUNCA.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.030 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de excremento líquido de los intestinos?

HAND CARD BHQ1

CAP I INSTRUCTION:

HELP SCREEN SHOULD READ: Otros nombres para excremento son evacuaciones fecales, materias fecales o popó.

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES .....	5
NUNCA.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.040 ¿Con qué frecuencia durante **los últimos 30 días** ha tenido algún escape accidental de excremento sólido de los intestinos?

HAND CARD BHQ1

2 O MÁS VECES AL DÍA, .....	1
UNA VEZ AL DÍA,.....	2
2 O MÁS VECES A LA SEMANA, .....	3
UNA VEZ A LA SEMANA, .....	4
1-3 VECES AL MES .....	5
NUNCA.....	6
REFUSED .....	77
DON'T KNOW .....	99

BHQ.050  
Q/U

¿Con qué frecuencia normalmente tiene evacuación intestinal o hace del cuerpo?

PROBE: ¿Cuántas veces al día o a la semana normalmente tiene evacuación intestinal o hace del cuerpo?

CAPI INSTRUCTION:

HARD EDIT VALUES: 0-90.

SOFT EDIT: Display edit when BHQ.050 is greater than 70 per day or 70 per week.

Error Message: "It is unlikely that a person would have no bowel movements or more than 70 bowel movements {per day/per week}.

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA O A LA SEMANA)

REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

AL DÍA ..... 1  
A LA SEMANA..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

BHQ.060

Por favor mire esta tarjeta y dígame el número que corresponde a su tipo de (excremento/evacuación fecal/materia fecal) normal o más común.

HAND CARD BHQ2

TIPO 1 (COMO PELOTONCITOS DUROS SEPARADOS, COMO NUECES)..... 1  
TIPO 2 (COMO SALCHICHA, PERO CON PELOTONCITOS)..... 2  
TIPO 3 (COMO SALCHICHA, PERO CON GRIETAS EN LA SUPERFICIE) ..... 3  
TIPO 4 (COMO SALCHICHA, O CULEBRA, LISA Y SUAVE)..... 4  
TIPO 5 (MANCHAS SUAVES CON BORDES CLARAMENTE CORTADOS) ..... 5  
TIPO 6 (PEDAZOS ESPONJOSOS CON BORDES IRREGULARES, UNA DEPOSICIÓN BLANDA) ..... 6  
TIPO 7 (AGUADO, PEDAZOS NO SÓLIDOS)..... 7  
REFUSED ..... 77  
DON'T KNOW ..... 99

BHQ.070 Durante los **últimos 12 meses**, ¿con qué frecuencia ha sentido una necesidad tan urgente de hacer del cuerpo que tiene que ir corriendo al baño? ¿Diría que ...

HAND CARD BHQ3

siempre,.....	1
la mayoría de las veces,.....	2
algunas veces, .....	3
raramente o .....	4
nunca?.....	5
REFUSED .....	77
DON'T KNOW .....	99

BHQ.080 Durante los **últimos 12 meses**, ¿con qué frecuencia ha tenido estreñimiento?

HAND CARD BHQ3

SIEMPRE, .....	1
LA MAYORÍA DE LAS VECES,.....	2
ALGUNAS VECES, .....	3
RARAMENTE .....	4
NUNCA.....	5
REFUSED .....	77
DON'T KNOW .....	99

BHQ.090 Durante los **últimos 12 meses**, ¿con qué frecuencia ha tenido diarrea?

HAND CARD BHQ3

SIEMPRE, .....	1
LA MAYORÍA DE LAS VECES,.....	2
ALGUNAS VECES, .....	3
RARAMENTE .....	4
NUNCA.....	5
REFUSED .....	77
DON'T KNOW .....	99

BHQ.100 En los **últimos 30 días**, ¿tomó algún laxante como Ex-Lax, Metamucil o Fiberall, para que le ayudara a hacer del cuerpo?

Sí .....	1
NO .....	2 (End of section)
REFUSED .....	77 (End of section)
DON'T KNOW .....	99 (End of section)

BHQ.110      ¿Cuántas veces ha tomado laxantes en los **últimos 30 días**? ¿Diría que...

Casi todos los días, .....	1
1-3 veces a la semana,.....	2
2-3 veces al mes, o .....	3
una vez al mes? .....	4
REFUSED .....	77
DON'T KNOW .....	99

**PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ**

**Target Group:** SPs 12-15

PAQ.605 A continuación {te/le} voy a preguntar acerca del tiempo que {pasas/SP pasa} haciendo diferentes tipos de actividades físicas en una semana típica.

{Piensa/Piense} primero acerca del tiempo que {pasas/SP pasa} trabajando. {Piensa/Piense} en el trabajo como las cosas que {tienes que hacer/SP tiene que hacer} tales como trabajo pagado o sin pago, trabajo en el hogar y trabajo en el jardín.

¿Incluye {tu trabajo/el trabajo de SP} actividades de intensidad **vigorosa** que causan **grandes aumentos** del ritmo de la respiración o de los latidos del corazón, tales como acarrear o levantar cargas pesadas, trabajo de excavación o construcción por **al menos 10 minutos continuamente**?

- YES ..... 1
- NO ..... 2 (PAQ.620)
- REFUSED ..... 7 (PAQ.620)
- DON'T KNOW ..... 9 (PAQ.620)

PAQ.610 En una semana típica, ¿cuántos días {haces/hace SP} actividades de intensidad **vigorosa** como parte de {tu/su} trabajo?

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days  
Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 77 (PAQ.620)
- DON'T KNOW ..... 99 (PAQ.620)

PAQ.615  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo actividades de intensidad **vigorosa** en un día típico de trabajo?

PROBE IF NEEDED: Piense en un día típico en el cual hace actividades de intensidad vigorosa durante su trabajo.

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.620

¿Incluye {tu trabajo/el trabajo de SP} actividades de intensidad **moderada** que causan **pequeños aumentos** del ritmo de la respiración o de los latidos del corazón tales como caminar rápidamente, acarrear o levantar cargas ligeramente pesadas por **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.635)  
REFUSED ..... 7 (PAQ.635)  
DON'T KNOW ..... 9 (PAQ.635)

PAQ.625

En una semana típica, ¿cuántos días {haces/hace SP} actividades de intensidad **moderada** como parte de {tu/su} trabajo?

PROBE IF NEEDED: La actividad de intensidad moderada causa pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.635)  
DON'T KNOW ..... 99 (PAQ.635)

PAQ.630  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo actividades de intensidad **moderada** en el trabajo en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace actividades de intensidad moderada durante su trabajo.

PROBE IF NEEDED: La actividad de intensidad moderada causa pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.635

Las siguientes preguntas excluyen las actividades físicas en el trabajo que ya me {has/ha} mencionado. Ahora quisiera {preguntarte/preguntarle} acerca de la manera habitual en que {te trasladas/se traslada SP} de un lugar a otro. Por ejemplo para ir a la escuela, de compras o al trabajo.

¿{Caminas o usas/Camina o usa SP} una bicicleta **al menos 10 minutos continuamente** para ir y volver a un lugar?

YES ..... 1  
NO ..... 2 (PAQ.650)  
REFUSED ..... 7 (PAQ.650)  
DON'T KNOW ..... 9 (PAQ.650)

PAQ.640

En una semana típica, ¿cuántos días {caminas o usas/camina o usa SP} una bicicleta **al menos 10 minutos continuamente** para ir y volver a un lugar?

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.650)  
DON'T KNOW ..... 99 (PAQ.650)



PAQ.645 ¿Cuánto tiempo {pasas/pasa SP} caminando o andando en bicicleta para {trasladarte/trasladarse} en un día típico?  
Q/U

PROBE IF NEEDED: Piense en un día típico en el cual camina o anda en bicicleta para trasladarse.

SOFT EDIT: >4 HOURS.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING OR BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.650 Las siguientes preguntas excluyen las actividades del trabajo y de transporte que ya me {has/ha} mencionado. Ahora quisiera {preguntarte/preguntarle} acerca de deportes y actividades físicas para estar en forma y actividades de recreación.

¿{Haces/Hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa** que {te/le} causan **grandes aumentos** del ritmo de la respiración o de los latidos del corazón, tales como correr o jugar básquetbol **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.665)  
REFUSED ..... 7 (PAQ.665)  
DON'T KNOW ..... 9 (PAQ.665)

PAQ.655 En una semana típica, ¿cuántos días {haces/hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa**?

PROBE IF NEEDED: La actividad de intensidad vigorosa causa grandes aumentos del ritmo de la respiración o de los latidos del corazón y se hace **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.665)  
DON'T KNOW ..... 99 (PAQ.665)

PAQ.660  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **vigorosa** en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace deportes o actividades físicas para estar en forma, o actividades de recreación de intensidad vigorosa.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

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

ENTER UNIT

MINUTOS ..... 1  
HORAS ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PAQ.665

¿{Haces/Hace SP} algún deporte o alguna actividad física para estar en forma o actividad de recreación con intensidad **moderada** que {te/le} causan **pequeños aumentos** del ritmo de la respiración o de los latidos del corazón, tales como caminar rápido, andar en bicicleta, nadar o jugar voleibol **al menos 10 minutos continuamente**?

YES ..... 1  
NO ..... 2 (PAQ.680Q)  
REFUSED ..... 7 (PAQ.680Q)  
DON'T KNOW ..... 9 (PAQ.680Q)

PAQ.670

En una semana típica, ¿cuántos días {haces/hace SP} deportes o actividades físicas para estar en forma o actividades de recreación con **intensidad moderada**?

PROBE IF NEEDED: Los deportes o actividades físicas para estar en forma o actividades de recreación de intensidad moderada causan pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hacen **por al menos 10 minutos seguidos**.

HARD EDIT: Less than 1 day or more than 7 days

Error Message: La cantidad de días debe ser entre 1 y 7.

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (PAQ.680Q)  
DON'T KNOW ..... 99 (PAQ.680Q)

PAQ.675  
Q/U

¿Cuánto tiempo {pasas/pasa SP} haciendo deportes o actividades físicas para estar en forma o actividades de recreación con intensidad **moderada** en un día típico?

PROBE IF NEEDED: Piense en un día típico en el cual hace deportes o actividades físicas para estar en forma, o actividades de recreación con intensidad moderada.

PROBE IF NEEDED: Las deportes o actividades físicas para estar en forma, o actividades de recreación con **intensidad moderada** causan pequeños aumentos del ritmo de la respiración o de los latidos del corazón y se hacen **por al menos 10 minutos seguidos**.

SOFT EDIT: >4 hours.

Error Message: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: Less than 10 minutes or 24 hours or more.

Error Message: El tiempo debe ser 10 minutos o más, pero menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTOS ..... 1

HORAS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

PAQ.680  
Q/U

La siguiente pregunta es acerca de sentarse en la escuela, el hogar, mientras {te trasladas/se traslada} de un lugar a otro, mientras {estás/está} con los amigos, incluyendo el tiempo que {pasas/pasa} {sentado(M)/sentada(F)} frente a un escritorio, viajando en carro o (camión/autobús/bus), leyendo, jugando (cartas/naipes), viendo la televisión o usando una computadora. No {incluyas/incluya} el tiempo que {pasas/pasa} durmiendo.

¿Cuánto tiempo {pasas/pasa SP} usualmente {sentado(M)/sentada(F)} en un día típico?

SOFT EDIT: 18 hours or more.

Error Message: Por favor verifique tiempos de 18 horas o más.

HARD EDIT: 24 hours or more.

Error Message: El tiempo debe ser menos de 24 horas.

|\_|\_|\_|

ANOTE LA CANTIDAD DE MINUTOS U HORAS

REFUSED ..... 777

DON'T KNOW ..... 999

ENTER UNIT

MINUTOS ..... 1

HORAS ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**WEIGHT HISTORY – WHQ**  
**Target Group: SPs 8-15 years**

**BOX 1**

**CHECK ITEM WHQ.499:**

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND NO INTERPRETER USED (RIQ.090 CODED '2'), CONTINUE WITH WHQ.030c.
- IF INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND INTERPRETER USED (RIQ.090 CODED '1'), AND PAID INTERPRETER (CODED '3') IN RIQ.100, CONTINUE WITH WHQ.030c.
- OTHERWISE, GO TO NEXT SECTION.

WHQ.030c ¿Consideras que hoy estás ...

- gordo(a) o con sobrepeso,..... 1
- muy delgado(a) o de bajo peso, o ..... 2
- más o menos en el peso correcto?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.500 ¿Cuál de las siguientes cosas estás tratando de hacer acerca de tu peso:

- bajar de peso, ..... 1
- subir de peso, ..... 2 (WHQ.520)
- mantenerte en el mismo peso, o. .... 3 (WHQ.520)
- no estás tratando de hacer nada acerca  
de tu peso?..... 4 (WHQ.520)
- REFUSED ..... 7 (WHQ.520)
- DON'T KNOW ..... 9 (WHQ.520)

WHQ.511 ¿Por qué estás tratando de bajar de peso? (Anote todo lo que corresponda)

HAND CARD WHQ1 [CATEGORIES 22, 23, AND 24 APPEAR ON INTERVIEWER'S SCREEN ONLY]

QUIERO VERME MEJOR .....	10
QUIERO SER MÁS SALUDABLE .....	11
QUIERO SER MEJOR EN LOS DEPORTES Y OTRAS ACTIVIDADES FÍSICAS.....	12
ME MOLESTAN POR MI PESO.....	13
CREO QUE LA ROPA ME QUEDARÁ MEJOR.....	14
CREO QUE LE GUSTARÉ MÁS A LOS NIÑOS .....	15
CREO QUE LE GUSTARÉ MÁS A LAS NIÑAS .....	16
MIS AMIGOS ESTÁN TRATANDO DE BAJAR DE PESO .....	17
ALGUIEN EN MI FAMILIA ESTÁ TRATANDO DE BAJAR DE PESO.....	18
MI MADRE O MI PADRE QUIERE QUE BAJE DE PESO .....	19
MI MAESTRO(A) O MI ENTRENADOR QUIERE QUE BAJE DE PESO.....	20
MI MÉDICO, ENFERMERA U OTRO PROFESIONAL DE SALUD QUIERE QUE BAJE DE PESO .....	21
NO QUIERO SER GORDO .....	22
QUIERO SER DELGADO.....	23
QUIERO SENTIRME BIEN/MEJOR ACERCA DE MÍ MISMO .....	24
OTRO (ESPECIFIQUE).....	30
REFUSED .....	77
DON'T KNOW .....	99

WHQ.520 El año pasado, ¿con qué frecuencia trataste de bajar de peso? ¿Dirías...

nunca.....	1 (BOX 2)
algunas veces, o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.530 El año pasado, ¿con qué frecuencia hiciste una dieta para **bajar de peso**? ¿Dirías...

nunca.....	1
algunas veces, o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.540 El año pasado, ¿con qué frecuencia pasaste un día o más sin comer (pasaste hambre) **para bajar de peso**? ¿Dirías ...

nunca.....	1
algunas veces o .....	2
muchas veces?.....	3
REFUSED .....	7
DON'T KNOW .....	9

WHQ.550 El año pasado, ¿con qué frecuencia redujiste lo que comías para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.560 El año pasado, ¿con qué frecuencia te saltaste alguna comida para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.570 El año pasado, ¿con qué frecuencia hiciste ejercicios para **bajar de peso**? ¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

WHQ.580 El año pasado, ¿con qué frecuencia comiste menos alimentos dulces o grasos para **bajar de peso**?  
¿Dirías...

- nunca,..... 1
- algunas veces, o ..... 2
- muchas veces?..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 2**

**CHECK ITEM WHQ.709:**

- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DBQ.895 A continuación voy a preguntarte acerca de comidas.  
G/Q

Por comida, quiero decir **desayuno, comida/almuerzo y cena**. Durante los **últimos 7 días**, ¿cuántas comidas comiste que fueron **preparadas fuera del hogar** en lugares tales como restaurantes, lugares de comida rápida ("fast food"), puestos de comida, (tiendas/almacenes) de alimentos o de máquinas para vender comidas.

Por favor no incluyas comidas proporcionadas como parte de (una comida/un almuerzo) o desayuno escolar.

SOFT EDIT VALUES: 0-21

Error message: "Por favor verifica que comiste **más** de 3 comidas preparadas fuera del hogar **todos** los días durante los últimos 7 días.

|\_|\_|

ANOTE LA CANTIDAD

NINGUNA .....	2	(DBQ.905)
REFUSED .....	77	(DBQ.905)
DON'T KNOW .....	99	(DBQ.905)

DBQ.900 ¿Cuántas de esas comidas conseguiste en un lugar de comida rápida ("fast food") o pizzería?

HARD EDIT: "DBQ.900 must be equal to or less than DBQ.895."

Error message: "La cantidad de comidas de un lugar de comida rápida ("fast food") o pizzería no puede ser mayor que la cantidad de comidas que comiste y que fueron preparadas fuera del hogar. ¿Puedes dar otra respuesta por favor?

|\_|\_|

ANOTE LA CANTIDAD

NINGUNA .....	2
REFUSED .....	77
DON'T KNOW .....	99



DBQ.905  
G/Q/U

Algunas tiendas de comestibles venden comidas "listas para comer", tales como ensaladas, sopas, pollo, sándwiches/emparedados y verduras/vegetales cocidos(as) en sus secciones de ensaladas ("salad bar") y "deli" (fiambrería).

Durante los **últimos 30 días**, ¿con qué frecuencia compraste comidas "listas para comer" en (una tienda/un almacén)? Por favor no incluyas alimentos congelados o enlatados.

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA, A LA SEMANA, O AL MES)

NUNCA ..... 2  
REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

DÍA ..... 1  
SEMANA ..... 2  
MES..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

DBQ.910  
G/Q/U

Durante los **últimos 30 días**, ¿con qué frecuencia comiste comidas o pizzas congeladas? Aquí hay unos ejemplos de comidas congeladas y de pizzas congeladas.

HAND CARD WHQ2

|\_|\_|

ANOTE LA CANTIDAD DE VECES (AL DÍA, A LA SEMANA, O AL MES)

NUNCA ..... 2  
REFUSED ..... 77  
DON'T KNOW ..... 99

ENTER UNIT

DÍA ..... 1  
SEMANA ..... 2  
MES..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

## **Section A.3**

### **The Spanish Audio-CASI**



**FOOD SECURITY - FSQ**  
**Target Group: SPs 12-15 (Audio-CASI)**

**BOX 1**

**CHECK ITEM FSQ.699:**

- IF ANY OF ITEMS FSQ.032a – FSQ.032f FROM THE HOUSEHOLD INTERVIEW ARE CODED '1', '2', '7', OR '9', CONTINUE WITH FSQ.700.
- OTHERWISE, GO TO END OF SECTION.

FSQ.700\_ Las siguientes preguntas son acerca de la situación de comida en su hogar en los últimos 30 días.

FSQ.700 En los últimos 30 días, ¿se redujo **el tamaño de sus comidas** porque su familia no tenía suficiente dinero para alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- Mucho..... 1
- Algunas veces ..... 2
- Nunca ..... 3
- REFUSED ..... 77
- DON'T KNOW ..... 99

FSQ.710 En los últimos 30 días, ¿**comió menos** de lo que pensó que debía porque su familia no tenía suficiente dinero para comprar alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- Mucho..... 1
- Algunas veces ..... 2
- Nunca ..... 3
- REFUSED ..... 77
- DON'T KNOW ..... 99

FSQ.720 En los últimos 30 días, ¿**tuvo hambre** pero no comió porque su familia no tenía suficientes alimentos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- Mucho..... 1
- Algunas veces ..... 2
- Nunca ..... 3
- REFUSED ..... 77
- DON'T KNOW ..... 99

FSQ.730 En los últimos 30 días, ¿**dejó de comer una comida** porque su familia no tenía suficiente dinero para alimentos?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Mucho..... 1
- Algunas veces ..... 2
- Nunca ..... 3
- REFUSED ..... 77
- DON'T KNOW ..... 99

<b>BOX 2</b>
<b>CHECK ITEM FSQ.732:</b>
■ IF (FSQ.700 OR FSQ.710 OR FSQ.720 OR FSQ.730= 1 OR 2), CONTINUE; OTHERWISE, GO TO THE END OF THE SECTION.

FSQ.740 En los últimos 30 días, ¿**no comió usted en todo el día** porque su familia no tenía suficiente dinero para alimentos?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Algunas veces ..... 1
- Una o dos veces..... 2
- Nunca ..... 3
- REFUSED ..... 77
- DON'T KNOW ..... 99

- ..... 77
- DON'T KNOW ..... 99

**TOBACCO – SMQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

SMQ.620\_ Las siguientes preguntas son acerca de fumar (cigarros/cigarrillos) y otros tipos de tabaco.

SMQ.620 ¿Ha probado (cigarros/cigarrillos) alguna vez, aunque sea 1 ó 2 aspiradas?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

Sí .....	1
No .....	2 (SMQ.680_)
REFUSED .....	7 (SMQ.680_)
DON'T KNOW .....	9 (SMQ.680_)

SMQ.631 ¿Qué edad tenía usted cuando fumó un (cigarro/cigarrillo) entero por **primera** vez?  
SMQ.631a

INSTRUCTIONS TO SP:  
Por favor anote una edad o seleccione cero si nunca fumó un (cigarro/cigarrillo) entero.

CAPI INSTRUCTION:

COMBINATION CONTROL: Number Pad: Enter Age

ACCEPTABLE VALUES: 0, 6-20 years, Refused, Don't Know.

If R enters 0, store 55 for "Never smoked a whole cigarette."

If R enters 1-5, store 6 years.

HARD EDIT: If SMQ.631 > RIAAGEYR then ERROR

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

\_\_\_\_\_  
ANOTE LA EDAD

EDAD .....	1-20
NUNCA FUME UN (CIGARRO/CIGARRILLO)	
ENTERO.....	55 (SMQ.680_)
REFUSED .....	77 (SMQ.680_)
DON'T KNOW .....	99 (SMQ.680_)

SMQ.640

Durante los últimos **30 días**, ¿cuántos días fumó (cigarros/cigarrillos)?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

**CAPI INSTRUCTION:**

ACCEPTABLE VALUES: 0-30, Refused, Don't Know

HARD EDIT: If SMQ.640 > 30 then ERROR

Error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 77 (SMQ.670)

DON'T KNOW ..... 99 (SMQ.670)

**BOX 1A**

**CHECK ITEM SMQ.645:**

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.640, GO TO SMQ.670.

OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650

Durante los últimos **30 días**, en los días que usted fumó, ¿cuántos (cigarros/cigarrillos) fumó al día?

SMQ.650a

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad

**CAPI INSTRUCTION:**

If R says 95 or more cigarettes per day, store 95.

ACCEPTABLE VALUES: 1-95, Refused, Don't Know

HARD EDIT: If SMQ.650 = 0 then ERROR

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

MÁS DE 1 PAQUETE DE

(CIGARROS/CIGARRILLOS) ..... 95

REFUSED ..... 777

DON'T KNOW ..... 999

SMQ.077 ¿Qué tan pronto después que despierta fuma usted? ¿Diría...

- Dentro de 5 minutos ..... 1
- Entre 6 y 30 minutos..... 2
- Más de 30 minutos a una hora ..... 3
- Más de una hora..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

SMQ.660 Durante los **últimos 30 días**, en los días que fumó, ¿qué marca de (cigarros/cigarrillos) fumó **usualmente**?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- Marlboro ..... 1
- Camel ..... 2
- Newport ..... 3
- Kool ..... 4
- Winston ..... 5
- Benson and Hedges ..... 6
- Salem ..... 7
- Otra marca..... 8
- REFUSED ..... 77 (SMQ.670)
- DON'T KNOW ..... 99 (SMQ.670)

**BOX 1B**

**CHECK ITEM SMQ.662:**  
IF NEWPORT, KOOL, OR SALEM BRAND (CODED '3', '4', OR '7') REPORTED IN SMQ.660, GO TO SMQ.666.  
OTHERWISE, CONTINUE WITH SMQ.664.

SMQ.664 ¿{Eran/Era} {los BRAND REPORTED IN SMQ.660/la marca de los} (cigarros/cigarrillos) mentolados o sin mentol?  
M/C/W/B/O

**INSTRUCTIONS TO SP:**

Por favor seleccione. . .

**CAP I INSTRUCTION:**

If SMQ.660 = 8, DISPLAY {Era/la marca de los} otherwise DISPLAY {Eran los/BRAND REPORTED IN SMQ.660}

Store result in appropriate field based on SMQ.660: 1:SMQ.664M, 2:SMQ.664C, 5:SMQ.664W, 6:SMQ.664B, 8:SMQ.664O.

- Mentolado..... 1
- Sin mentol ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9



SMQ.666  
M/C/N/K/  
W/B/S/O

¿{Eran/Era} {los BRAND REPORTED IN SMQ.660/la marca de los} (cigarros/cigarrillos) regular, lights, o ultralights?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

CAPI INSTRUCTION:

If SMQ.660 = 8, DISPLAY {Era/la marca de los} otherwise DISPLAY {Eran los/BRAND REPORTED IN SMQ.660}

Store result in appropriate field based on SMQ.660: 1:SMQ.666M, 2:SMQ.666C, 3:SMQ.666N, 4:SMQ.666K, 5:SMQ.666W, 6:SMQ.666B, 7:SMQ.666S, 8:SMQ.666O.

Regular .....	1
Lights .....	2
Ultralights .....	3
REFUSED .....	7
DON'T KNOW .....	9

SMQ.670

Durante los últimos **12 meses**, ¿ha dejado de fumar un día o más **debido a que usted estaba tratando de dejar de fumar?**

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

Sí .....	1
No .....	2
REFUSED .....	7
DON'T KNOW .....	9

SMQ.680\_

Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

SMQ.680

Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

CAPI INSTRUCTIONS:

If SMQ.620 = 2 or SMQ.640 = 0 then do not display {"(cigarros/cigarrillos)"}.

Recording Note: 2 wave files needed one with and one without the word cigarettes.

Sí .....	1
No .....	2 (END OF SECTION)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)

**BOX 1C**

**CHECK ITEM SMQ.850:**

IF SMQ.620 = 2 or SMQ.640 = 0, GO TO SMQ.691B.

OTHERWISE, CONTINUE WITH SMQ.691A.

SMQ.691A ¿Cuál de estos productos usó? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Por favor seleccione todo lo que usó.

(Cigarros/Cigarrillos).....	1 (BOX 2)
Pipas .....	2 (BOX 2)
(Puros/Cigarros/Tabacos) .....	3 (BOX 2)
Tabaco de Mascar.....	4 (BOX 2)
Rapé.....	5 (BOX 2)
Parches, chicles de nicotina, u otro producto de nicotina .....	6 (BOX 2)
REFUSED .....	77 (END OF SECTION)
DON'T KNOW .....	99 (END OF SECTION)

SMQ.691B ¿Cuál de estos productos usó? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:

Por favor seleccione todo lo que usó.

Pipas .....	1
(Puros/Cigarros/Tabacos) .....	2
Tabaco de Mascar.....	3
Rapé.....	4
Parches, chicles de nicotina, u otro producto de nicotina .....	5
REFUSED .....	77 (END OF SECTION)
DON'T KNOW .....	99 (END OF SECTION)

**BOX 2**

**CHECK ITEM SMQ.700:**

IF 'CIGARETTES' (CODE 1) IN SMQ.691A, GO TO SMQ.710.

IF 'PIPES' (CODE 2) IN SMQ.691A OR (CODE 1) IN SMQ.691B, GO TO SMQ.740.

IF 'CIGARS' (CODE 3) IN SMQ.691A OR (CODE 2) IN SMQ.691B, GO TO SMQ.770.

IF 'CHEW' (CODE 4) IN SMQ.691A OR (CODE 3) IN SMQ.691B, GO TO SMQ.800.

IF 'SNUFF' (CODE 5) IN SMQ.691A OR (CODE 4) IN SMQ.691B, GO TO SMQ.817.

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.

SMQ.710 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (cigarros/cigarrillos)?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
HARD EDIT: If SMQ.710 < 1 or SMQ.710 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.720 Durante los últimos **5 días**, en los días que fumó, ¿cuántos (cigarros/cigarrillos) fumó cada día?  
SMQ.720a

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTION:  
If R says 95 or more cigarettes per day, store 95.  
HARD EDIT: If SMQ.720 = 0 then ERROR  
Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE LA CANTIDAD DE (CIGARROS/CIGARRILLOS)

MÁS DE 1 PAQUETE DE  
(CIGARROS/CIGARRILLOS) ..... 95  
REFUSED ..... 777  
DON'T KNOW ..... 999

SMQ.725 ¿Cuándo fumó usted su último (cigarro/cigarrillo)? ¿Fue esto. . .

Hoy ..... 1  
Ayer ..... 2  
Hace de 3 a 5 días ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 3**

**CHECK ITEM SMQ.730:**

IF 'PIPES' (CODE 2) IN SMQ.691A OR (CODE 1) IN SMQ.691B, GO TO SMQ.740.  
IF 'CIGARS' (CODE 3) IN SMQ.691A OR (CODE 2) IN SMQ.691B, GO TO SMQ.770.  
IF 'CHEW' (CODE 4) IN SMQ.691A OR (CODE 3) IN SMQ.691B, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.691A OR (CODE 4) IN SMQ.691B, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.

SMQ.740 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted pipa?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
HARD EDIT: If SMQ.740 < 1 or SMQ.740 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.750 Durante los últimos **5 días**, en los días que usted fumó pipa, ¿cuántas pipas fumó cada día?  
SMQ.750a

IF R SAYS LESS THAN 1 PIPA PER DAY, ENTER 1.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
If R says less than 1 pipe per day, store 1.  
If R says >59 pipes per day, store 59.

|\_|\_|  
ANOTE LA CANTIDAD DE PIPAS

59 O MÁS PIPAS ..... 59  
REFUSED ..... 77  
DON'T KNOW ..... 99

SMQ.755 ¿Cuándo fumó usted su última pipa? ¿Fue esto. . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM SMQ.760:**  
IF 'CIGARS' (CODE 3) IN SMQ.691A OR (CODE 2) IN SMQ.691B, GO TO SMQ.770.  
IF 'CHEW' (CODE 4) IN SMQ.691A OR (CODE 3) IN SMQ.691B, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.691A OR (CODE 4) IN SMQ.691B, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.

SMQ.770 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (puros/cigarros/tabaco)?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
HARD EDIT: If SMQ.770 < 1 or SMQ.770 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 7
- DON'T KNOW ..... 9

SMQ.780 Durante los últimos **5 días**, en los días que fumó (puros/cigarros/tabacos), ¿cuántos  
SMQ.780a (puros/cigarros/tabacos) fumó cada día?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
If R says less than 1 cigar per day, store 1.  
If R says >59 cigars per day, store 59.

|\_|\_|  
ANOTE LA CANTIDAD DE (PUROS/CIGARROS/TABACOS)

- 59 O MÁS (PUROS/CIGARROS/TABACOS) 59
- REFUSED ..... 77
- DON'T KNOW ..... 99

SMQ.785 ¿Cuándo fumó usted su último (puro/cigarro/tabaco)? ¿Fue esto . . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM SMQ.790:**  
IF 'CHEW' (CODE 4) IN SMQ.691A OR (CODE 3) IN SMQ.691B, GO TO SMQ.800.  
IF 'SNUFF' (CODE 5) IN SMQ.691A OR (CODE 4) IN SMQ.691B, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.

SMQ.800 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAP I INSTRUCTIONS:  
HARD EDIT: If SMQ.800 < 1 or SMQ.800 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

- REFUSED ..... 7
- DON'T KNOW ..... 9

SMQ.815 ¿Cuándo fue la última vez que usó tabaco de mascar? ¿Fue esto . . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 5A**

**CHECK ITEM SMQ.816:**  
IF 'SNUFF' (CODE 5) IN SMQ.691A OR (CODE 4) IN SMQ.691B, GO TO SMQ.817.  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.

SMQ.817 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
HARD EDIT: If SMQ.817 < 1 or SMQ.817 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.819 ¿Cuándo fue la última vez que usó rapé? ¿Fue esto . . .

Hoy ..... 1  
Ayer ..... 2  
Hace de 3 a 5 días ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

**CHECK ITEM SMQ.820:**  
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.691A OR (CODE 5) IN SMQ.691B, GO TO SMQ.830.  
OTHERWISE, GO TO END OF SECTION.

SMQ.830 Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

CAPI INSTRUCTIONS:  
If SMQ.830 < 1 or SMQ.830 > 5 then ERROR  
Error message: "Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|  
ANOTE LA CANTIDAD DE DÍAS

REFUSED ..... 7  
DON'T KNOW ..... 9

SMQ.840

¿Cuándo fue la última vez que usó un producto que contenía nicotina? ¿Fue esto . . .

- Hoy ..... 1
- Ayer ..... 2
- Hace de 3 a 5 días ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9



**ALCOHOL USE – ALQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

ALQ.010 \_ Las siguientes preguntas son acerca del uso de alcohol. Esto incluye cerveza, vino, sangría y licores tales como ron, ginebra, vodka o wiskey. Esto no incluye tomar unos pocos sorbos de vino con propósitos religiosos.

ALQ.010 ¿Qué edad tenía usted cuando se tomó su **primera** bebida alcohólica, que no fueran unos pocos sorbos?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (RIAAGEYR < 17 and ALQ.010 = 7) OR (RIAAGEYR < 15 and ALQ.010 in (6, 7)) OR (RIAAGEYR < 13 and ALQ.010 in (5, 6, 7)) then ERROR

Error message: “Su respuesta es mayor que la edad anotada. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

- Nunca me he tomado una bebida alcohólica que no fueran unos pocos sorbos ..... 1 (END OF SECTION)
- 8 años de edad o más joven ..... 2
- 9 o 10 años de edad ..... 3
- 11 o 12 años de edad ..... 4
- 13 o 14 años de edad ..... 5
- 15 o 16 años de edad ..... 6
- 17 años de edad o mayor ..... 7
- REFUSED ..... 77
- DON'T KNOW ..... 99

ALQ.022 Durante su vida, ¿cuántos días se ha tomado al menos una bebida alcohólica?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- 1 o 2 días ..... 2
- 3 a 9 días ..... 3
- 10 a 19 días ..... 4
- 20 a 39 días ..... 5
- 40 a 99 días ..... 6
- 100 o más días ..... 7
- REFUSED ..... 77
- DON'T KNOW ..... 99

ALQ.031 Durante los últimos 30 días, ¿cuántos días se ha tomado al menos una bebida alcohólica?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (ALQ.022 = 2 and ALQ.031 in (3,4,5,6,7)) or (ALQ.022 =3 and ALQ.031 in (5,6,7)) or (ALQ.022 = 4 and ALQ.031 in (6,7)) then ERROR

Error message: "Su respuesta no es consistente con su consumo en toda la vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

0 días.....	1 (END OF SECTION)
1 o 2 días.....	2
3 a 5 días.....	3
6 a 9 días.....	4
10 a 19 días.....	5
20 a 29 días.....	6
Los 30 días.....	7
REFUSED .....	77
DON'T KNOW .....	99

ALQ.041 Durante los últimos 30 días, ¿cuántos días se ha tomado 5 bebidas alcohólicas seguidas, es decir, en un par de horas?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

HARD EDIT: If (ALQ.031= 2 and ALQ.041 in (4,5,6,7)) or (ALQ.031=3 and ALQ.041 in (5,6,7)) or (ALQ.031 = 4 and ALQ.041 in (6,7)) or (ALQ.031 = 5 and ALQ.041 = 7) then ERROR

Error message: "Su respuesta no es consistente con su consumo en los últimos 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

0 días.....	1
1 día .....	2
2 días.....	3
3 a 5 días.....	4
6 a 9 días.....	5
10 a 19 días.....	6
20 o más días .....	7
REFUSED .....	77
DON'T KNOW .....	99

**DRUG USE – DUQ**  
**Target Group: SPs 12-69 (Audio-CASI)**

DUQ.200\_ Las siguientes preguntas son acerca del uso de drogas no recetadas por un médico. Por favor recuerde que sus respuestas a estas preguntas son estrictamente confidenciales.

<b>BOX 1a</b>
<b>CHECK ITEM DUQ.201:</b>
■ IF 60 – 69 YEARS GO TO DUQ.240.
■ ELSE CONTINUE.

DUQ.200 Las primeras preguntas son acerca de la marihuana y el hachís. La marihuana se conoce también como “mota” o “hierba”. La marihuana normalmente se fuma en cigarrillos, llamados “joints” o en una pipa. A veces se cocina con la comida. El hachís es una forma de marihuana que también se llama “hash”. Normalmente se fuma en pipa. Otra forma de hachís es el aceite de hachís.

**Alguna vez**, aunque sea una, ¿ha usado marihuana o hachís?

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

- Sí ..... 1
- No ..... 2 (DUQ.240)
- REFUSED ..... 7 (DUQ.240)
- DON'T KNOW ..... 9 (DUQ.240)

DUQ.210 ¿Qué edad tenía usted la **primera vez** que usó marihuana o hachís?

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|  
ANOTE LA EDAD EN AÑOS

- REFUSED ..... 77
- DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: “Su respuesta no puede exceder 59 años. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

HARD EDIT: DUQ.210 must be equal to or less than current age.

Error message: “Su respuesta es mayor que la edad anotada. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.”

DUQ.211 ¿Ha fumado usted alguna vez marihuana o hachís al menos **una vez al mes por más de un año?**

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No ..... 2 (DUQ.220G)
- REFUSED ..... 7 (DUQ.220G)
- DON'T KNOW ..... 9 (DUQ.220G)

DUQ.213 ¿Qué edad tenía cuando empezó a fumar marihuana o hachís al menos **una vez al mes durante un año?**

INSTRUCTIONS TO SP:  
Por favor anote una edad.

ANOTE LA EDAD EN AÑOS

- REFUSED ..... 77
- DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.213 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.213 must be equal to or greater than DUQ.210.

Error message: "Su respuesta es anterior a su respuesta sobre la edad en que usó marihuana o hachís por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.215 ¿Cuánto tiempo hace desde la **última vez** que usted fumó marihuana o hachís al menos **una vez al mes durante un año?**

INSTRUCTIONS TO SP: Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

HARD EDIT: If DUQ.215 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|\_|

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años ..... 4

DUQ.217 Durante el tiempo en que fumó marihuana o hachís, ¿con qué frecuencia la usaba **normalmente?**

INSTRUCTIONS TO SP:

Por favor seleccione. . .

Una vez al mes ..... 1  
2-3 veces al mes..... 2  
4-8 veces al mes (más o menos 1-2 veces  
a la semana) ..... 3  
9-24 veces al mes (más o menos 3-6 veces  
a la semana) ..... 4  
25-30 veces al mes (una o más veces al día) ..... 5  
REFUSED ..... 7  
DON'T KNOW..... 9

DUQ.219 Durante el tiempo que fumó marihuana o hachís, ¿cuántos cigarrillos (joints) o pipas fumaba **normalmente** en un día?

INSTRUCTIONS TO SP:

Por favor seleccione. . .

1 al día..... 1  
2 al día..... 2  
3-5 al día ..... 3  
Seis o más al día ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

DUQ.220  
G/Q/U

¿Cuánto tiempo hace desde la **última vez** que usted usó marihuana o hachís?

**INSTRUCTIONS TO SP:**

Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

**CAPI INSTRUCTIONS:**

If SP Ref/DK then store 7/9 in DUQ.220G and DUQ.220U, 7/9-fill in DUQ.220Q.

If a value is entered in Quantity and Unit store Quantity in DUQ.220Q, Unit in DUQ.220U and 1 in DUQ.220G.

HARD EDIT: Response must be equal to or less than current age minus DUQ.210.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: If DUQ.220 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|\_|

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

REFUSED ..... 777

DON'T KNOW ..... 999

**ENTER UNIT**

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años ..... 4

**BOX 1**

**CHECK ITEM DUQ.225:**

- IF SP USED MARIJUANA WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.220), CONTINUE WITH DUQ.230.
- OTHERWISE, GO TO DUQ.240.

DUQ.230 Durante los **últimos 30 días**, ¿cuántos días usó usted marihuana o hachís?

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.230 = 0, display error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.230 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE UNA CANTIDAD

REFUSED ..... 77  
DON'T KNOW ..... 99

DUQ.240 ¿Ha usado **alguna vez** cocaína, "crack" cocaína, heroína, o metanfetamina?  
(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione. . .

Sí ..... 1  
No ..... 2 (DUQ.370\_)  
REFUSED ..... 7 (DUQ.370\_)  
DON'T KNOW ..... 9 (DUQ.370\_)

DUQ.250\_ Las siguientes preguntas son acerca de cocaína, incluidas todas las formas diferentes de cocaína, tales como en polvo, "crack", "free base" y pasta de coca.

DUQ.250 **Alguna vez**, aunque sea una, ¿ha usado cocaína, en alguna forma?  
(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione. . .

Sí ..... 1  
No ..... 2 (DUQ.290\_)  
REFUSED ..... 7 (DUQ.290\_)  
DON'T KNOW ..... 9 (DUQ.290\_)

**BOX 2a**

**CHECK ITEM DUQ.255:**

- IF 60 – 69 YEARS GO TO DUQ.290\_.
- ELSE CONTINUE.

DUQ.260 ¿Qué edad tenía usted la **primera vez** que usó cocaína, en alguna forma?

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.260 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.270 ¿Cuánto tiempo hace desde la **última vez** que usted usó cocaína, en alguna forma?  
G/Q/U

INSTRUCTIONS TO SP:  
Por favor anote la cantidad de días, semanas, meses o años, y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.270G and DUQ.270U, 7/9-fill in DUQ.270Q.

If a value is entered in Quantity and Unit store Quantity in DUQ.270Q, Unit in DUQ.270U and 1 in DUQ.270G.

HARD EDIT: Response must be equal to or less than current age minus DUQ.260.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: If DUQ.270 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años ..... 4



DUQ.272 Durante toda su **vida**, ¿en total cuántas veces ha usado usted cocaína, en alguna forma?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Una vez ..... 1
- 2-5 veces ..... 2
- 6-19 veces ..... 3
- 20-49 veces ..... 4
- 50-99 veces ..... 5
- 100 veces o más ..... 6
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 2**

**CHECK ITEM DUQ.275:**

- IF SP USED COCAINE WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.270), CONTINUE WITH DUQ.280.
- OTHERWISE, GO TO DUQ.290\_.

DUQ.280 Durante los **últimos 30 días**, ¿cuántos días usó usted cocaína en alguna forma?

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.280 = 0, display error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.280 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE UNA CANTIDAD

- REFUSED ..... 77
- DON'T KNOW ..... 99

DUQ.290\_ Las siguientes preguntas son acerca de heroína.

DUQ.290 **Alguna vez**, aunque sea una, ¿ha usado heroína?

(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione. . .

- Sí ..... 1
- No ..... 2 (DUQ.330\_)
- REFUSED ..... 7 (DUQ.330\_)
- DON'T KNOW ..... 9 (DUQ.330\_)

**BOX 3a**

**CHECK ITEM DUQ.295:**

- IF SP 60-69 YEARS GO TO DUQ.330\_.
- OTHERWISE, CONTINUE.

DUQ.300 ¿Qué edad tenía usted la **primera vez** que usó heroína?

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|\_|  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.300 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.310 ¿Cuánto tiempo hace desde la **última vez** que usted usó heroína?  
G/Q/U

INSTRUCTIONS TO SP:  
Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.310G and DUQ.310U, 7/9-fill in DUQ.310Q.

If a value is entered in Quantity and Unit store Quantity in DUQ.310Q, Unit in DUQ.310U and 1 in DUQ.310G.

HARD EDIT: Response must be equal to or less than current age minus DUQ.300.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: If DUQ.310 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años ..... 4

**BOX 3**

**CHECK ITEM DUQ.315:**

- IF SP USED HEROIN WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.310), CONTINUE WITH DUQ.320.
- OTHERWISE, GO TO DUQ.330\_.

DUQ.320 Durante los **últimos 30 días**, ¿cuántos días usó heroína?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.320 = 0, display error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.320 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|

ANOTE UNA CANTIDAD

REFUSED ..... 77

DON'T KNOW ..... 99

DUQ.330\_ Las siguientes preguntas son acerca de metanfetamina, conocida también como "crack", "cristal", "ice" o "speed".

DUQ.330 **Alguna vez**, aunque sea una, ¿ha usado metanfetamina?

(Target 12-69)

**INSTRUCTIONS TO SP:**

Por favor seleccione. . .

Sí ..... 1

No ..... 2 (DUQ.370\_)

REFUSED ..... 7 (DUQ.370\_)

DON'T KNOW ..... 9 (DUQ.370\_)

**BOX 4a**

**CHECK ITEM DUQ.335:**

- IF SP 60-69 YEARS GO TO DUQ.370\_
- OTHERWISE, CONTINUE.

DUQ.340 ¿Qué edad tenía usted la **primera vez** que usó metanfetamina?

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|  
ANOTE LA EDAD EN AÑOS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.340 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.350 ¿Cuánto tiempo hace desde la **última vez** que usted usó metanfetamina?  
G/Q/U

INSTRUCTIONS TO SP:  
Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

CAPI INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.350G and DUQ.350U, 7/9-fill in DUQ.350Q.

If a value is entered in Quantity and Unit store Quantity in DUQ.350Q, Unit in DUQ.350U and 1 in DUQ.350G.

HARD EDIT: Response must be equal to or less than current age minus DUQ.340.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: If DUQ.350 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|  
ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años ..... 4

DUQ.352 Durante toda su **vida**, en total, ¿cuántas veces ha usado usted metanfetamina?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Una vez ..... 1
- 2-5 veces ..... 2
- 6-19 veces ..... 3
- 20-49 veces ..... 4
- 50-99 veces ..... 5
- 100 veces o más ..... 6
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 4**

**CHECK ITEM DUQ.355:**

- IF SP USED METHAMPHETAMINE WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.350), CONTINUE WITH DUQ.360.
- OTHERWISE, GO TO DUQ.370\_.

DUQ.360 Durante los **últimos 30 días**, ¿cuántos días usó usted metanfetamina?

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

HARD EDIT VALUES: 1-30.

If DUQ.360 = 0, display error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

If DUQ.360 > 30, display error message: "Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|

ANOTE UNA CANTIDAD

- REFUSED ..... 77
- DON'T KNOW ..... 99

DUQ.370\_ Las siguientes preguntas son acerca de las diferentes formas en que se pueden usar ciertas drogas.

DUQ.370 **Alguna vez**, aunque sea una, ¿ha usado una aguja para inyectarse una droga **no recetada** por un médico?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione. . .

- Sí ..... 1
- No ..... 2 (BOX 5)
- REFUSED ..... 7 (BOX 5)
- DON'T KNOW ..... 9 (BOX 5)

DUQ.380 ¿Cuál de las siguientes drogas se ha inyectado usted usando una aguja?  
(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor seleccione todas las drogas que se ha inyectado.

CASI INSTRUCTION:  
SHOW ALL FIVE ITEMS ON SINGLE ACASI SCREEN

- Cocaína ..... 1
- Heroína..... 2
- Metanfetamina..... 3
- Esteroides ..... 4
- Alguna otra droga ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

DUQ.390 ¿Qué edad tenía usted la **primera vez** que usó una aguja para inyectarse cualquier droga no recetada por un médico?

(Target 12-69)

INSTRUCTIONS TO SP:  
Por favor anote una edad.

\_\_\_\_\_  
ANOTE LA EDAD EN AÑOS

- REFUSED ..... 77
- DON'T KNOW ..... 99

HARD EDIT VALUES: 0-69

Error message: "Su respuesta no puede exceder 69 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: DUQ.390 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

DUQ.400 ¿Cuánto tiempo hace desde la **última vez** que usted usó una aguja para inyectarse una droga G/Q/U no recetada por un médico?

(Target 12-69)

INSTRUCTIONS TO SP:

Por favor anote la cantidad de días, semanas, meses, o años y después seleccione la unidad de tiempo.

CAP I INSTRUCTIONS:

If SP Ref/DK then store 7/9 in DUQ.400G and DUQ.400U, 7/9-fill in DUQ.400Q.

If a value is entered in Quantity and Unit store Quantity in DUQ.400Q, Unit in DUQ.400U and 1 in DUQ.400G.

HARD EDIT: Response must be equal to or less than current age minus DUQ.390.

Error message: "Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: If DUQ.400 equal to 0 weeks, 0 months, or 0 years, display error message.

Error message: "Su respuesta debe ser mayor que 0. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

|\_|\_|\_|

ANOTE LA CANTIDAD DE DÍAS, SEMANAS, MESES O AÑOS

REFUSED ..... 7777

DON'T KNOW ..... 9999

ENTER UNIT

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años ..... 4

DUQ.410 Durante toda su **vida**, en total, ¿cuántas veces ha usado una aguja para inyectarse drogas no recetadas por un médico?

(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Una vez ..... 1 (BOX 5)

2-5 veces ..... 2

6-19 veces ..... 3

20-49 veces ..... 4

50-99 veces ..... 5

100 veces o más ..... 6

REFUSED ..... 77

DON'T KNOW ..... 99

DUQ.420 Piense en el momento durante su vida en el cual se inyectó drogas **más frecuentemente**. ¿Con qué frecuencia se inyectaba en ese entonces?

(Target 12-69)

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Más de una vez al día ..... 1
- Más o menos una vez al día..... 2
- Al menos una vez a la semana, pero no todos los días ..... 3
- Al menos una vez al mes, pero no todas las semanas..... 4
- Menos de una vez al mes..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM DUQ.426:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SP HAS USED MARIJUANA (CODED '1') IN DUQ.200 OR SP HAS USED COCAINE, HEROIN, OR METHAMPHETAMINE (CODED '1') IN DUQ.240, OR SP HAS INJECTED ANY DRUG NOT PRESCRIBED BY A DOCTOR (CODED '1') IN DUQ.370, GO TO DUQ.430.
- OTHERWISE, GO TO END OF SECTION.

DUQ.430 ¿Ha estado usted **alguna vez** en un tratamiento para adicción a drogas o programa de rehabilitación de adicción a drogas?

INSTRUCTIONS TO SP:

Por favor seleccione. . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9



**SEXUAL BEHAVIOR – (SXQ)**  
**Target Group: Female SPs 14-69 (Audio-CASI)**

SXQ.615\_ El siguiente conjunto de preguntas es acerca de su historia sexual. Por relaciones sexuales, queremos decir sexo vaginal, oral o anal. Por favor recuerde que sus respuestas son estrictamente confidenciales.

<b>BOX 1B</b>
<b>CHECK ITEM SXQ.773:</b>
■ IF SP AGE GREATER THAN 17, GO TO SXQ.700.
■ OTHERWISE, CONTINUE.

SXQ.615 ¿Ha tenido **alguna vez algún** tipo de relación sexual?  
(Target 14-17)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2 (BOX 11)
- REFUSED ..... 7 (BOX 11)
- DON'T KNOW ..... 9 (BOX 11)

SXQ.700 ¿Ha tenido **alguna vez** sexo vaginal, llamado también coito, con un hombre? Esto significa el pene de un hombre dentro de su vagina.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SXQ.703 ¿Le ha **hecho alguna vez** sexo oral a un hombre? Esto significa que usted pone la boca en el pene o los genitales de un hombre.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SXQ.706 ¿Ha tenido **alguna vez** sexo anal? Esto significa el contacto entre el pene de un hombre y su ano o trasero.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SXQ.709 ¿Ha tenido **alguna vez algún** tipo de relación sexual con una mujer? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 1A**

**CHECK ITEM SXQ.762:**

- IF SP 60-69 YEARS AND SXQ.703 OR SXQ.709 = 1 AND SXQ.700 = 2 AND SXQ.706 = 2, GO TO END OF SECTION.
- IF SXQ.700, SXQ.706, AND SXQ.709 = 2 AND SXQ.703 = 1, GO TO BOX 4.
- IF SXQ.700, SXQ.703, SXQ.706, AND SXQ.709 NOT EQUAL TO '1', GO TO BOX 11.
- OTHERWISE, CONTINUE.

SXQ.618 ¿Qué edad tenía usted la primera vez que tuvo **algún** tipo de relación sexual, incluyendo {sexo vaginal, oral o anal/sexo vaginal o anal/sexo oral o vaginal/sexo oral o anal/sexo vaginal/sexo anal/sexo oral}?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una edad.

\_\_\_\_\_  
ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

CAP I INSTRUCTION:

IF SXQ.700 AND SXQ.703 = 1 AND SXQ.706 NOT EQUAL TO '1', DISPLAY {sexo oral o vaginal}.

IF SXQ.700 AND SXQ.709 = 1 AND SXQ.706 NOT EQUAL TO '1', DISPLAY {sexo oral o vaginal}.

IF SXQ.700 AND SXQ.706 = 1 AND SXQ.703 AND SXQ.709 NOT EQUAL TO '1',  
DISPLAY {sexo vaginal o anal}.

IF SXQ.703 AND SXQ.706 = 1 AND SXQ.700 NOT EQUAL TO '1', DISPLAY {sexo oral o anal}.

IF SXQ.706 AND SXQ.709 = 1 AND SXQ.700 NOT EQUAL TO '1', DISPLAY {sexo oral o anal}.

IF SXQ.700 = 1 AND SXQ.703, SXQ.706, AND SXQ.709 NOT EQUAL TO '1', DISPLAY {sexo vaginal}.

IF SXQ.706 = 1 AND SXQ.700, SXQ.703, AND SXQ.709 NOT EQUAL TO '1', DISPLAY {sexo anal}.

IF SXQ.709 = 1 AND SXQ.700, AND SXQ.706 NOT EQUAL TO '1', DISPLAY {sexo oral}.

OTHERWISE, DISPLAY {sexo vaginal, oral o anal}.

HARD EDIT VALUES: 0-69

Error message: "Su respuesta no puede exceder 69 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.618 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 1**

**CHECK ITEM SXQ.701:**

- IF SXQ.703 = 1 AND SXQ.700 AND SXQ.706 NOT EQUAL TO '1', GO TO BOX 3.
- IF SXQ.700 = 1 AND SXQ.703 AND SXQ.706 NOT EQUAL TO '1', GO TO BOX 3.
- IF SXQ.709 = 1 AND SXQ.700, SXQ.703, AND SXQ.706 NOT EQUAL TO '1', GO TO BOX 3.
- OTHERWISE, CONTINUE.

SXQ.712 En **toda su vida**, ¿con cuántos **hombres** ha tenido **algún** tipo de relación sexual?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.712 must be greater than 0.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros sexuales. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 2**

**CHECK ITEM SXQ.715:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- OTHERWISE, GO TO SXQ.718

SXQ.718 En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido **algún** tipo de relación sexual?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.718 must be equal to or less than SXQ.712.  
Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 3**

**CHECK ITEM SXQ.721:**

- IF SXQ.700 = 1, GO TO SXQ.724.
- OTHERWISE, GO TO BOX 4.

SXQ.724 En **toda su vida**, ¿con cuántos **hombres** ha tenido sexo **vaginal**? Sexo vaginal significa el pene de un hombre dentro de su vagina.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT: SXQ.724 must be greater than zero.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros de sexo vaginal. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo. "

HARD EDIT: SXQ.724 must be equal to or less than SXQ.712.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.727 En los **últimos 12 meses**, ¿con cuántos **hombres** ha tenido sexo **vaginal**? Sexo vaginal significa el pene de un hombre dentro de su vagina.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT: SXQ.727 must be equal to or less than SXQ.724.  
Error message: "Su respuesta es mayor que la cantidad de sus compañeros de sexo vaginal de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 4**

**CHECK ITEM SXQ.730:**

- IF SXQ.703 = 1, GO TO SXQ.621.
- OTHERWISE, GO TO BOX 6.

SXQ.621 ¿Qué edad tenía usted la primera vez que **le hizo** sexo oral a un hombre? Hacer sexo oral significa que usted pone la boca en el pene o los genitales de un hombre.

INSTRUCTIONS TO SP:  
Por favor anote una edad.

ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.621 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.624 En **toda su vida** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

ENTER NUMBER

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

HARD EDIT: SXQ.624 must be greater than zero.

Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros de sexo oral. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo. "

SXQ.627 En los **últimos 12 meses** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

ENTER NUMBER

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

HARD EDIT: SXQ.627 must be equal to or less than SXQ.624.

Error message: "Su respuesta es mayor que la cantidad de compañeros de sexo oral de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 5**

**CHECK ITEM SXQ.765:**

- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED '1') IN SXQ.624, GO TO BOX 6.
- OTHERWISE CONTINUE.

SXQ.630 ¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a un **nuevo compañero sexual**? Un nuevo compañero sexual es alguien con quien nunca antes había tenido relaciones sexuales.

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

|\_|\_|\_|\_|

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

REFUSED ..... 77777

DON'T KNOW ..... 99999

ENTER UNIT

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años ..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.621.

Error message: "Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a un hombre por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.630 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 6**

**CHECK ITEM SXQ.733:**

- IF SXQ.709 = 1, GO TO SXQ.736.
- OTHERWISE, GO TO BOX 7.

SXQ.736 En **toda su vida**, ¿con cuántas **mujeres** ha tenido relaciones sexuales? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT: SXQ.736 must be greater than zero.  
Error message: " Su respuesta no es consistente con sus respuestas anteriores acerca de sus relaciones sexuales con mujeres. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.739 En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido relaciones sexuales? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT: SXQ.739 must be equal to or less than SXQ.736.  
Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.741 ¿Le ha **hecho alguna vez** sexo **oral** a una **mujer**? Hacer sexo oral significa que usted pone la boca en la vagina o los genitales de otra mujer.

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

Sí ..... 1  
No ..... 2 (BOX 7A)  
REFUSED ..... 7 (BOX 7A)  
DON'T KNOW ..... 9 (BOX 7A)



SXQ.633 ¿Qué edad tenía usted la primera vez que le **hizo** sexo oral a una mujer? Hacer sexo oral significa que usted pone la boca en la vagina o los genitales de una mujer.

INSTRUCTIONS TO SP:  
Por favor anote una edad.

ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.633 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.636 En **toda su vida**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

ENTER NUMBER

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

HARD EDIT: SXQ.636 must be greater than zero.

Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras de sexo oral. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.639 En los **últimos 12 meses**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

ENTER NUMBER

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

HARD EDIT: SXQ.639 must be equal to or less than SXQ.636.

Error message: "Su respuesta es mayor que la cantidad de compañeras de sexo oral de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 6B**

**CHECK ITEM SXQ.768:**

- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED '1') IN SXQ.636, GO TO **BOX 7A**.
- OTHERWISE, CONTINUE.

SXQ.642 ¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a una **nueva compañera sexual**? Una nueva compañera sexual es alguien con quien nunca antes había tenido relaciones sexuales.

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

|\_|\_|\_|\_|\_|

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

REFUSED ..... 77777

DON'T KNOW ..... 99999

ENTER UNIT

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años ..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.633.

Error message: "Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a una mujer por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.642 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 7A**

**CHECK ITEM SXQ.744:**

- IF SXQ.709 = 1 AND SXQ.700, SXQ.703, OR SXQ.706 = 1, THEN DISPLAY "El siguiente conjunto de preguntas es acerca de todos sus compañeros sexuales, hombres y mujeres." THEN GO TO BOX 7.
- OTHERWISE, GO TO BOX 7.

**BOX 7**

**CHECK ITEM SXQ.747:**

- IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN '0000'), THEN GO TO SXQ.645.
- OTHERWISE, GO TO BOX 7B.

SXQ.645 Cuando usted **hizo** sexo **oral** en los **últimos 12 meses**, ¿con qué frecuencia usó **protección**, tal como preservativo o condón o barrera dental?

INSTRUCTIONS TO SP:  
Por favor seleccione una de las siguientes opciones.

- Nunca ..... 1
- Raramente..... 2
- Usualmente ..... 3
- Siempre ..... 4
- Insegura ..... 5
  
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 7B**

**CHECK ITEM SXQ.771:**

- IF SXQ.718, SXQ.727, OR SXQ.739 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO BOX 9.

SXQ.648 En los **últimos 12 meses**, ¿tuvo **algún** tipo de relación sexual con una persona con quien nunca antes había tenido relaciones sexuales?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 8A**

**CHECK ITEM SXQ.859:**

- IF SXQ.700 OR SXQ.706 = 1, THEN CONTINUE.
- OTHERWISE, GO TO BOX 9,

SXQ.610 En los **últimos 12 meses**, ¿más o menos cuántas **veces** ha tenido usted sexo {vaginal o anal/vaginal/anal}?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Nunca .....	0
Una vez .....	1
2-11 veces .....	2
12-51 veces .....	3
52-103 veces .....	4
104-364 veces .....	5
365 veces o más .....	6
REFUSED .....	77
DON'T KNOW .....	99

CAP I INSTRUCTON:

IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.

IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal o anal}.

**BOX 8**

**CHECK ITEM SXQ.245:**

- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN SXQ.610, GO TO BOX 9.
- OTHERWISE, CONTINUE WITH SXQ.250.

SXQ.250 En los **últimos 12 meses**, ¿más o menos con qué frecuencia ha tenido sexo {vaginal o anal/vaginal/anal} sin usar preservativo o condón?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

Nunca .....	1
Menos de la mitad del tiempo .....	2
Más o menos la mitad del tiempo .....	3
No siempre, pero más de la mitad del tiempo .....	4
Siempre .....	5
REFUSED .....	7
DON'T KNOW .....	9

CAP I INSTRUCTON:

IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.

IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal o anal}.

**BOX 9**

**CHECK ITEM SXQ.750:**

- IF SP 14-29 YEARS AND IF SP HAD PARTNER IN PAST 12 MONTHS (SXQ.718 SXQ.727, SXQ.627, SXQ.639, OR SXQ.739 GREATER THAN '0000'), GO TO SXQ.651.
- OTHERWISE, GO TO SXQ.260.

SXQ.651 De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o más **mayores** que usted?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT FOR FEMALES: SXQ.651 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)

Error message: "Su respuesta es mayor que la cantidad de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.654 De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o menos **menores** que usted?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|

ENTER NUMBER

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

HARD EDIT FOR FEMALES: SXQ.654 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)

Error message: "Su respuesta es mayor que la cantidad de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT (combined) for SXQ.651 and SXQ.654

HARD EDIT FOR FEMALES: (sum of SXQ.651 and SXQ.654) must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)

Error message: "Sus respuestas a las últimas dos preguntas no son consistentes con la cantidad total de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.260 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía herpes genital?

INSTRUCTIONS TO SP:

Por favor seleccione . . .

Sí .....	1
No .....	2
REFUSED .....	7
DON'T KNOW .....	9

SXQ.265 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía verrugas genitales?

INSTRUCTIONS TO SP:

Por favor seleccione . . .

Sí .....	1
No .....	2
REFUSED .....	7
DON'T KNOW .....	9

SXQ.753 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía el virus del papiloma humano o VPH?

INSTRUCTIONS TO SP:

Por favor seleccione . . .

Sí .....	1
No .....	2
REFUSED .....	7
DON'T KNOW .....	9

SXQ.270 En los **últimos 12 meses**, ¿le ha dicho un médico u otro profesional de servicios de salud que usted tenía gonorrea, llamada a veces blenorragia?

INSTRUCTIONS TO SP:

Por favor seleccione . . .

Sí .....	1
No .....	2
REFUSED .....	7
DON'T KNOW .....	9

SXQ.272 En los **últimos 12 meses**, ¿le ha dicho alguna vez un médico u otro profesional de servicios de salud que usted tenía clamidia?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 11**

**CHECK ITEM SXQ.756:**

- IF SP 18-59 YEARS, GO TO SXQ.294.
- OTHERWISE, GO TO END OF SECTION.

SXQ.294 ¿Se considera usted a sí misma...

- Heterosexual (le atraen los hombres)..... 1
- Homosexual o lesbiana (le atraen las mujeres) .... 2
- Bisexual (le atraen los hombres y las mujeres) .... 3
- Alguna otra cosa..... 4
- No está segura ..... 5
- REFUSED ..... 7
- DON'T KNOW..... 9

**SEXUAL BEHAVIOR – (SXQ)**  
**Target Group: Male SPs 14-69 (Audio-CASI)**

SXQ.615\_ El siguiente conjunto de preguntas es acerca de su historia sexual. Por relaciones sexuales, queremos decir sexo vaginal, oral o anal. Por favor recuerde que sus respuestas son estrictamente confidenciales.

<b>BOX 1B</b>
<b>CHECK ITEM SXQ.873:</b>
■ IF SP AGE GREATER THAN 17, GO TO SXQ.800.
■ OTHERWISE, CONTINUE.

SXQ.615 ¿Ha tenido **alguna vez algún** tipo de relación sexual?  
(Target 14-17)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2 (BOX 8)
- REFUSED ..... 7 (BOX 8)
- DON'T KNOW ..... 9 (BOX 8)

SXQ.800 ¿Ha tenido **alguna vez** sexo vaginal, llamado también coito, con una mujer? Esto significa su pene dentro de la vagina de una mujer.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SXQ.803 ¿Le ha **hecho alguna vez** sexo oral a una mujer? Esto significa que usted pone la boca en la vagina o los genitales de una mujer.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9



SXQ.806 ¿Ha tenido **alguna vez** sexo anal con una mujer? Sexo anal significa el contacto entre su pene y el ano o trasero de una mujer.

(Target 14-69)

INSTRUCTIONS TO SP:

Por favor seleccione . . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

SXQ.809 ¿Ha tenido **alguna vez algún** tipo de relación sexual con un hombre, incluyendo sexo oral o anal?

(Target 14-69)

INSTRUCTIONS TO SP:

Por favor seleccione . . .

- Sí ..... 1
- No ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 1A**

**CHECK ITEM SXQ.862:**

- IF SXQ.803 = 1 AND SXQ.800, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', GO TO BOX 4.
- IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', GO TO BOX 8.
- OTHERWISE, CONTINUE.

SXQ.618 ¿Qué edad tenía usted la primera vez que tuvo **algún** tipo de relación sexual, incluyendo {sexo vaginal, oral o anal / sexo vaginal o anal / sexo oral o vaginal / sexo oral o anal / sexo vaginal / sexo anal / sexo oral}?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una edad.

\_\_\_\_\_  
ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

CAPI INSTRUCTION:

IF SXQ.800 AND SXQ.803 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY { sexo oral o vaginal }.

IF SXQ.800 AND SXQ.806 = 1 AND SXQ.803 AND SXQ.809 NOT EQUAL TO '1', DISPLAY { sexo vaginal o anal}.

IF SXQ.809 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {sexo oral o anal}.

IF SXQ.803 AND SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {sexo oral o anal}.

IF SXQ.800 = 1 AND SXQ.803, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', DISPLAY {sexo vaginal}.

IF SXQ.806 = 1 AND SXQ.800, SXQ.803, AND SXQ.809 NOT EQUAL TO '1', DISPLAY {sexo anal}.

OTHERWISE, DISPLAY {sexo vaginal, oral o anal}.

HARD EDIT VALUES: 0-69

Error message: "Su respuesta no puede exceder 69 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.618 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 1**

**CHECK ITEM SXQ.801:**

- IF SXQ.803=1 AND SXQ.800 AND SXQ.806 NOT EQUAL TO '1', GO TO BOX 3.
- IF SXQ.800=1 AND SXQ.803 AND SXQ.806 NOT EQUAL TO '1', GO TO BOX 3.
- IF SXQ.809=1 AND SXQ.800, SXQ.803, AND SXQ.806 NOT EQUAL TO '1', GO TO BOX 3.
- OTHERWISE, CONTINUE.

SXQ.812 En **toda su vida**, ¿con cuántas **mujeres** ha tenido **algún** tipo de relación sexual?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.812 must be greater than zero.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras sexuales. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 2</b>
<b>CHECK ITEM SXQ.815:</b> <ul style="list-style-type: none"><li>■ IF SP 60-69 YEARS AND SXQ.809 = 1, GO TO SXQ.410.</li><li>■ IF SP 60-69 YEARS AND SXQ.809 NOT EQUAL TO 1, GO TO END OF SECTION.</li><li>■ OTHERWISE, CONTINUE WITH SXQ.818.</li></ul>

SXQ.818 En los **últimos 12 meses**, ¿con cuántas **mujeres** ha tenido **algún** tipo de relación sexual?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.818 must be equal to or less than SXQ.812.  
Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 3</b>
<b>CHECK ITEM SXQ.821:</b> <ul style="list-style-type: none"><li>■ IF SXQ.800 = 1, GO TO SXQ.824.</li><li>■ OTHERWISE, GO TO BOX 4.</li></ul>

SXQ.824 En **toda su vida**, ¿con cuántas **mujeres** ha tenido sexo **vaginal**? Sexo vaginal significa su pene dentro de la vagina de una mujer.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|

ENTER NUMBER

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT: SXQ.824 must be greater than zero.

Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras de sexo vaginal. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.824 must be equal to or less than SXQ.812.

Error message: "Su respuesta es mayor que la cantidad de compañeras sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.827 En los **últimos 12 meses**, ¿con cuántas **mujeres** ha tenido sexo **vaginal**? Sexo vaginal significa su pene dentro de la vagina de una mujer.

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|

ENTER NUMBER

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT: SXQ.827 must be equal to or less than SXQ.824.

Error message: "Su respuesta es mayor que la cantidad de compañeras de sexo vaginal de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 4**

**CHECK ITEM SXQ.830:**

- IF SXQ.803 = 1, GO TO SXQ.633.
- OTHERWISE, GO TO BOX 5.

SXQ.633 ¿Qué edad tenía usted la primera vez que le **hizo** sexo oral a una mujer? Hacer sexo oral significa que usted pone la boca en la vagina o los genitales de una mujer.

INSTRUCTIONS TO SP:  
Por favor anote una edad.

|\_|\_|  
ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-59

Error message: "Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.633 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.636 En **toda su vida**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.636 must be greater than zero.

Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras de sexo oral." Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.639 En los **últimos 12 meses**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.639 must be equal to or less than SXQ.636.

Error message: "Su respuesta es mayor que la cantidad de compañeras de sexo oral de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 4B**

**CHECK ITEM SXQ.868:**

- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED '1') IN SXQ.636, GO TO BOX 5.
- OTHERWISE CONTINUE.

SXQ.642 ¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a una **nueva compañera sexual**? Una nueva compañera sexual es alguien con quien nunca antes había tenido relaciones sexuales.

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad.

|\_|\_|\_|\_|

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

REFUSED ..... 77777

DON'T KNOW ..... 99999

ENTER UNIT

Días ..... 1

Semanas ..... 2

Meses ..... 3

Años ..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.633.

Error message: "Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a una mujer por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.642 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 5**

**CHECK ITEM SXQ.833:**

- IF SXQ.809 = 1, GO TO SXQ.410.
- OTHERWISE, GO TO BOX 9.

SXQ.410 En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

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

HARD EDIT: SXQ.410 must be greater than zero.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros sexuales (hombres). Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 5B</b>
<b>CHECK ITEM SXQ.875:</b>
■ IF SP IS 60-69 YEARS, GO TO SXQ.836.
■ OTHERWISE, CONTINUE WITH SXQ.550.

SXQ.550 En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ANOTE LA CANTIDAD

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

HARD EDIT: SXQ.550 must be equal to or less than SXQ.410.  
Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales (hombres) de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.836 En **toda su vida**, ¿con cuántos **hombres** ha tenido sexo anal?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.836 must be greater than zero.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de relaciones sexuales con un compañero. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 6**

**CHECK ITEM SXQ.839:**

- IF SP IS 60-69 YEARS, GO TO SXQ.853.
- IF SP HAD NO ANAL SEX PARTNERS (CODED '0000' IN SXQ.836), GO TO SXQ.853.
- OTHERWISE, CONTINUE WITH SXQ.841.

SXQ.841 En los **últimos 12 meses**, ¿con cuántos **hombres** ha tenido sexo anal?

**INSTRUCTIONS TO SP:**

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.841 must be equal to or less than SXQ.836.

Error message: "Su respuesta es mayor que la cantidad de compañeros sexuales de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.853 ¿Le ha **hecho alguna vez** sexo **oral** a un **hombre**? Hacer sexo oral significa que usted pone la boca en el pene o los genitales de un hombre.

(Target 14-69)

**INSTRUCTIONS TO SP:**

Por favor seleccione . . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 7**

**CHECK ITEM SXQ.847:**

- IF SP NEVER HAD ORAL MALE PARTNER (CODED '2', '7', OR '9') IN SXQ.853 AND SP IS 60-69 YEARS, GO TO END OF SECTION.
- IF SP NEVER HAD ORAL MALE PARTNER (CODED '2', '7', OR '9') IN SXQ.853 AND SP IS 14-59 YEARS, GO TO BOX 9A.
- OTHERWISE, CONTINUE WITH SXQ.621.



SXQ.621 ¿Qué edad tenía usted la primera vez que **le hizo** sexo oral a un hombre? Hacer sexo oral significa que usted pone la boca en el pene o los genitales de un hombre.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una edad.

\_\_\_\_\_  
ENTER AGE IN YEARS

REFUSED ..... 77  
DON'T KNOW ..... 99

HARD EDIT VALUES: 0-69  
Error message: "Su respuesta no puede exceder 69 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."  
HARD EDIT: SXQ.621 must be equal to or less than current age.  
Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.624 En **toda su vida** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?  
(Target 14-69)

INSTRUCTIONS TO SP:  
Por favor anote una cantidad.

\_\_\_\_\_  
ENTER NUMBER

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

HARD EDIT: SXQ.624 must be greater than zero.  
Error message: "Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros de sexo oral. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

<b>BOX 8</b>
<b>CHECK ITEM SXQ.850:</b> <ul style="list-style-type: none"><li>■ IF SP 60-69 YEARS, GO TO END OF SECTION.</li><li>■ IF SP 14-17 YEARS AND SXQ.615 2, 7 OR 9; GO TO SXQ.280.</li><li>■ IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 = 2, 7, OR 9, GO TO SXQ.280.</li><li>■ OTHERWISE, CONTINUE WITH SXQ.627.</li></ul>

SXQ.627 En los **últimos 12 meses** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT: SXQ.627 must be equal to or less than SXQ.624.

Error message: "Su respuesta es mayor que la cantidad de compañeros de sexo oral de toda su vida. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 8B**

**CHECK ITEM SXQ.865:**

- IF SP HAD ONLY 1 LIFETIME MALE ORAL SEX PARTNER (CODED '1') IN SXQ.624, GO TO BOX 9A.
- OTHERWISE CONTINUE.

SXQ.630 ¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a un **nuevo compañero sexual**? Un nuevo compañero sexual es alguien con quien nunca antes había tenido relaciones sexuales.

INSTRUCTIONS TO SP:

Por favor anote una cantidad.

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

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

ENTER UNIT

Días ..... 1  
Semanas ..... 2  
Meses ..... 3  
Años ..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.621.

Error message: "Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a un hombre por primera vez. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT: SXQ.630 must be equal to or less than current age.

Error message: "Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

**BOX 9A**

**CHECK ITEM SXQ.844:**

- IF SP DID NOT HAVE A PARTNER IN PAST 12 MONTHS (SXQ.627, SXQ.639, SXQ.818, SXQ.827, AND SXQ.841 CODED '0000' OR MISSING), GO TO SXQ.260.
- IF SXQ.809 = 1 AND SXQ.800, SXQ.803, OR SXQ.806 = 1, THEN DISPLAY "El siguiente conjunto de preguntas es acerca de todos sus compañeros sexuales, hombres y mujeres.", THEN GO TO BOX 9.
- OTHERWISE, GO TO BOX 9.

**BOX 9**

**CHECK ITEM SXQ.845:**

- IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN '0000'), GO TO SXQ.645.
- OTHERWISE, GO TO BOX 9B.

SXQ.645 Cuando usted **hizo** sexo **oral** en los **últimos 12 meses**, ¿con qué frecuencia usó **protección**, tal como preservativo o condón o barrera dental?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

- Nunca ..... 1
- Raramente..... 2
- Usualmente ..... 3
- Siempre ..... 4
- Inseguro ..... 5
  
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 9B**

**CHECK ITEM SXQ.871:**

- IF SXQ.818, SXQ.841, OR SXQ.827 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO BOX 11.

SXQ.648 En los **últimos 12 meses**, ¿tuvo **algún** tipo de relación sexual con una persona con quien nunca antes había tenido relaciones sexuales?

**INSTRUCTIONS TO SP:**

Por favor seleccione . . .

- Sí ..... 1
- No..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 10A**

**CHECK ITEM SXQ.859:**

- IF SXQ.800, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', GO TO BOX 11.
- OTHERWISE, GO TO SXQ.610.

SXQ.610 En los **últimos 12 meses**, ¿más o menos cuántas **veces** ha tenido usted sexo (vaginal o anal/vaginal/anal)?

**INSTRUCTIONS TO SP:**

Por favor seleccione una de las siguientes opciones.

Nunca .....	0
Una vez .....	1
2-11 veces .....	2
12-51 veces .....	3
52-103 veces .....	4
104-364 veces .....	5
365 veces o más .....	6
REFUSED .....	77
DON'T KNOW .....	99

**CAPI INSTRUCTION:**

IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal}.

IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.

IF SXQ.836 GREATER THAN '0000' AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal o anal}.

**BOX 10**

**CHECK ITEM SXQ.245:**

- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN SXQ.610, GO TO BOX 11.
- OTHERWISE, CONTINUE WITH SXQ.250.

SXQ.250 En los **últimos 12 meses**, ¿más o menos con qué frecuencia ha tenido usted sexo {vaginal o anal/vaginal/anal} sin usar preservativo o condón?

INSTRUCTIONS TO SP:

Por favor seleccione una de las siguientes opciones.

- Nunca..... 1
- Menos de la mitad del tiempo ..... 2
- Más o menos la mitad del tiempo..... 3
- No siempre, pero más de la mitad del tiempo... 4
- Siempre..... 5
  
- REFUSED ..... 7
- DON'T KNOW ..... 9

CAPI INSTRUCTON:

IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal}.

IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal o anal}.

**BOX 11**

**CHECK ITEM SXQ.856:**

- IF SP 14-29 YEARS AND IF SP HAD PARTNER IN PAST 12 MONTHS (SXQ.627, SXQ.639, SXQ.818, SXQ.827, OR SXQ.841 GREATER THAN '0000'), GO TO SXQ.651.
- OTHERWISE, GO TO SXQ.260.

SXQ.651 De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o más **mayores** que usted?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

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

HARD EDIT FOR MALES: SXQ.651 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841)

Error message: "Su respuesta es mayor que la cantidad de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.654 De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o menos **menores** que usted?

INSTRUCTIONS TO SP:

Por favor anote una cantidad o anote cero por ninguna.

|\_|\_|\_|\_|  
ENTER NUMBER

REFUSED ..... 77777

DON'T KNOW ..... 99999

HARD EDIT FOR MALES: SXQ.654 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841).

Error message: "Su respuesta es mayor que la cantidad de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

HARD EDIT (combined) for SXQ.651 and SXQ.654

HARD EDIT FOR MALES: (sum of SXQ.651 and SXQ.654) must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841).

Error message: "Sus respuestas a las últimas dos preguntas no son consistentes con la cantidad total de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo."

SXQ.260 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía herpes genital?

INSTRUCTIONS TO SP:

Por favor seleccione . . .

Sí ..... 1

No ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

SXQ.265 ¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía verrugas genitales?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

SXQ.270 En los **últimos 12 meses**, ¿le ha dicho un médico u otro profesional de servicios de salud que usted tenía gonorrea, llamada a veces blenorragia?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

SXQ.272 En los **últimos 12 meses**, ¿le ha dicho alguna vez un médico u otro profesional de servicios de salud que usted tenía clamidia?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

Sí ..... 1  
No ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

SXQ.280 ¿Está usted circuncidado o no circuncidado?

INSTRUCTIONS TO SP:  
Por favor seleccione . . .

CAPIS INSTRUCTIONS:  
Display the sketches below each selection. Sketch should display by default.  
ACASI FIGURE SXQ1 – CLINICAL SKETCH OF CIRCUMCISED PENIS  
ACASI FIGURE SXQ2 – CLINICAL SKETCH OF UNCIRCUMCISED PENIS

Circuncidado..... 1  
No circuncidado..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 12**

**CHECK ITEM SXQ.285:**

- IF SP 18-59 YEARS, CONTINUE WITH SXQ.292.
- OTHERWISE, GO TO END OF SECTION.

SXQ.292    ¿Se considera usted a sí mismo...

Heterosexual (le atraen las mujeres).....	1
Homosexual o gay (le atraen los hombres) .....	2
Bisexual (le atraen los hombres y las mujeres) ....	3
Alguna otra cosa.....	4
No está seguro .....	5
REFUSED .....	7
DON'T KNOW.....	9



## VOICE SCRIPT

### TUTORIAL (ACASI)

#### **INTRO1.WAV**

Estas preguntas son de práctica. Por favor toque el botón "Siguiente" para ver la pregunta.

#### **INTRO2.WAV**

Aquí hay un ejemplo de un tipo de pregunta: "¿Está usted cansado(a)? Por favor seleccione ..."

#### **INTRO3.WAV**

Otro tipo de pregunta requiere que se responda con un número. Conteste tocando los botones con números en el teclado. "¿Cuántas horas durmió usted anoche? Por favor anote una cantidad."

#### **INTRO6.WAV**

Otro tipo de pregunta requiere que se responda con un número y una unidad de tiempo. Conteste tocando los botones con números en el teclado y después seleccionando una unidad de tiempo. "¿Cuánto tiempo hace que no ve una película?"

#### **INTRO4.WAV**

Para volver a una pregunta anterior para cambiar su respuesta, toque el botón "Atrás".

#### **INTRO5.WAV**

Tal como las otras preguntas que usted ha contestado hoy, sus respuestas serán mantenidas en confidencia. Si no está seguro(a) de una respuesta, dénos su mejor estimación. Si desea hacer alguna pregunta acerca de cómo usar la computadora, por favor pregúntele a su entrevistador ahora.

## **ERROR MESSAGES, GENERIC RESPONSES, AND INSTRUCTIONS (Audio-CASI)**

### **AGE\_INST.WAV**

Por favor anote una edad.

### **AGE59.WAV**

Su respuesta no puede exceder 59 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **AGE69.WAV**

Su respuesta no puede exceder 69 años. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **CHOICES.WAV**

Por favor seleccione una de las siguientes opciones.

### **DAYS.WAV**

Días.

### **DONTKNOW.WAV**

No sé la respuesta.

### **DWMY\_I.WAV**

Por favor anote la cantidad de días, semanas, meses o años y después seleccione la unidad de tiempo.

### **ENTR\_NUM.WAV**

Por favor anote una cantidad.

### **Err1to5.WAV**

Por favor anote un número entre 1 y 5. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

### **ERRAGE1.WAV**

Su respuesta es mayor que la edad anotada. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

**ERRAGE2.WAV**

Su respuesta es mayor que la edad anotada. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**FINAL.WAV**

Gracias por participar en esta encuesta. Por favor dígame al entrevistador(a) que usted terminó.

**HI30.WAV**

Su respuesta no puede exceder 30 días. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

**INJCTERR.WAV**

Anteriormente usted informó que había usado una aguja para inyectarse drogas no recetadas por un médico. ¿Cuál de estas drogas se inyectó?

**FIRSTUSE.WAV**

Su respuesta es anterior a su respuesta sobre la edad en que usó marihuana o hachís por primera vez. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**LASTUSE.WAV**

Su respuesta al tiempo del uso de la última vez es anterior a la respuesta de la edad del uso por primera vez. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**LIFEUSE.WAV**

Su respuesta no es consistente con su consumo en toda la vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**MONTHS.WAV**

Meses

**MONTHUSE.WAV**

Su respuesta no es consistente con su consumo en los últimos 30 días. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**NEXT.WAV**

Toque el botón “Siguiente” cuando esté listo(a) para continuar.

**NO.WAV**

No.

**NUM\_ZERO.WAV**

Por favor anote una cantidad o anote cero por ninguna.

**PLS\_SLCT.WAV**

Por favor seleccione . . .

**REFUSAL.WAV**

Preferiría no contestar.

**RETRY.WAV**

Realmente tenía la intención de contestar.

**Sx5err.WAV** (SXQ.550, SXQ.718, SXQ.841)

Su respuesta es mayor que la cantidad de compañeros sexuales de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx6err.WAV** (SXQ.739, SXQ.818)

Su respuesta es mayor que la cantidad de compañeras sexuales de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx9err.WAV** (SXQ.651, SXQ.654)

Su respuesta es mayor que la cantidad de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx10err.WAV** (SXQ.654)

Sus respuestas a las últimas dos preguntas no son consistentes con la cantidad total de compañeros o compañeras sexuales que ha tenido en los últimos 12 meses. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx11err.WAV** (SXQ.410, SXQ.712)

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros sexuales. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx12err.WAV (SXQ.724)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros de sexo vaginal. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx13err.WAV (SXQ.727)**

Su respuesta es mayor que la cantidad de sus compañeros de sexo vaginal de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx14err.WAV (SXQ.624)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeros de sexo oral. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx15err.WAV (SXQ.630)**

Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a un hombre por primera vez. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx16err.WAV (SXQ.736)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus relaciones sexuales con mujeres. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx17err.WAV (SXQ.636)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras de sexo oral. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx18err.WAV (SXQ.642)**

Su respuesta es anterior a su respuesta de la edad en que le hizo sexo oral a una mujer por primera vez. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx19err.WAV (SXQ.812)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras sexuales. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx20err.WAV (SXQ.824)**

Su respuesta no es consistente con sus respuestas anteriores acerca de sus compañeras de sexo vaginal. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx21err.WAV (SXQ.827)**

Su respuesta es mayor que la cantidad de compañeras de sexo vaginal de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx22err.WAV (SXQ.836)**

Su respuesta no es consistente con sus respuestas anteriores acerca de relaciones sexuales con un compañero. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx23err.WAV (SXQ.627)**

Su respuesta es mayor que la cantidad de compañeros de sexo oral de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**Sx24err.WAV (SXQ.639)**

Su respuesta es mayor que la cantidad de compañeras de sexo oral de toda su vida. Por favor toque el botón “Atrás”, toque “Borrar” y hágalo de nuevo.

**TRYAGAIN.WAV**

Por favor hágalo de nuevo.

**WEEKS.WAV**

Semanas

**WHYNOT.WAV**

Usted no contestó la pregunta anterior. ¿Tenía la intención de contestar, preferiría no contestar la pregunta, o no sabe la respuesta? Por favor seleccione...

**YEARS.WAV**

Años

**YES.WAV**

Sí

**ZEROERR.WAV**

Su respuesta debe ser mayor que cero. Por favor toque el botón "Atrás", toque "Borrar" y hágalo de nuevo.

**FOOD SECURITY - FSQ**  
**Target Group: SPs 12-15 (Audio-CASI)**

**FSQ700\_.WAV**

Las siguientes preguntas son acerca de la situación de comida en su hogar en los últimos 30 días.

**FSQ700.WAV**

En los últimos 30 días, ¿se redujo el tamaño de sus comidas porque su familia no tenía suficiente dinero para alimentos?

<b>ALOT.WAV</b>	Mucho
<b>SOMETIME.WAV</b>	Algunas veces
<b>NEVER.WAV</b>	Nunca

**FSQ710.WAV**

En los últimos 30 días, ¿**comió menos** de lo que pensó que debía porque su familia no tenía suficiente dinero para comprar alimentos?

**FSQ720.WAV**

En los últimos 30 días, ¿**tuvo hambre** pero no comió porque su familia no tenía suficientes alimentos?

**FSQ730.WAV**

En los últimos 30 días, ¿**dejó de comer una comida** porque su familia no tenía suficiente dinero para alimentos?

**FSQ740.WAV**

En los últimos 30 días, ¿**no comió usted en todo el día** porque su familia no tenía suficiente dinero para alimentos?

<b>ONCETWIC.WAV</b>	Una o dos veces
---------------------	-----------------



**TOBACCO – SMQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

**SMQ620\_.WAV**

Las siguientes preguntas son acerca de fumar (cigarros/cigarrillos) y otros tipos de tabaco.

**SMQ620.WAV**

¿Ha probado (cigarros/cigarrillos) alguna vez, aunque sea 1 ó 2 aspiradas?

**SMQ630.WAV**

¿Qué edad tenía usted cuando fumó un (cigarro/cigarrillo) entero por **primera** vez?

**SMQ630\_I.WAV**

Por favor anote una edad o seleccione cero si nunca fumó un (cigarro/cigarrillo) entero.

**SMQ640.WAV**

Durante los últimos **30 días**, ¿cuántos días fumó (cigarros/cigarrillos)?

**SMQ650.WAV**

Durante los últimos **30 días**, en los días que usted fumó, ¿cuántos (cigarros/cigarrillos) fumó al día?

**SMQ077.WAV**

¿Qué tan pronto después que despierta fuma usted? ¿Diría...

- |                     |                              |
|---------------------|------------------------------|
| <b>SMQ077-1.WAV</b> | Dentro de 5 minutos          |
| <b>SMQ077-2.WAV</b> | Entre 6 y 30 minutos         |
| <b>SMQ077-3.WAV</b> | Más de 30 minutos a una hora |
| <b>SMQ077-4.WAV</b> | Más de una hora              |

**SMQ660.WAV**

Durante los **últimos 30 días**, en los días que fumó, ¿qué marca de (cigarros/cigarrillos) fumó **usualmente**?

<b>SMQ660-1.WAV</b>	Marlboro
<b>SMQ660-2.WAV</b>	Camel
<b>SMQ660-3.WAV</b>	Newport
<b>SMQ660-4.WAV</b>	Kool
<b>SMQ660-5.WAV</b>	Winston
<b>SMQ660-6.WAV</b>	Benson and Hedges
<b>SMQ660-7.WAV</b>	Salem
<b>SMQ660-8.WAV</b>	Otra marca

**SMQ664M.WAV**

¿Eran los Marlboro mentolados o sin mentol?

**SMQ664C.WAV**

¿Eran los Camel mentolados o sin mentol?

**SMQ664W.WAV**

¿Eran los Winston mentolados o sin mentol?

**SMQ664B.WAV**

¿Eran los Benson and Hedges mentolados o sin mentol?

**SMQ664O.WAV**

¿Era la marca de los (cigarros/cigarrillos) mentolados o sin mentol?

<b>MENTHOL.WAV</b>	Mentolado
<b>NMENTHOL.WAV</b>	Sin mentol

**SMQ666M.WAV**

¿Eran los Marlboro regular, lights, o ultralights?

**SMQ666C.WAV**

¿Eran los Camel regular, lights, o ultralights?

**SMQ666N.WAV**

¿Eran los Newport regular, lights, o ultralights?

**SMQ666K.WAV**

¿Eran los Kool regular, lights, o ultralights?

**SMQ666W.WAV**

¿Eran los Winston regular, lights, o ultralights?

**SMQ666B.WAV**

¿Eran los Benson and Hedges regular, lights, o ultralights?

**SMQ666S.WAV**

¿Eran los Salem regular, lights, o ultralights?

**SMQ666O.WAV**

¿Era la marca de los (cigarros/cigarrillos) regular, lights, o ultralights?

<b>REGULAR.WAV</b>	Regular
<b>LIGHT.WAV</b>	Lights
<b>ULIGHTS.WAV</b>	Ultralights

**SMQ670.WAV**

Durante los últimos **12 meses**, ¿ha dejado de fumar un día o más **debido a que usted estaba tratando de dejar de fumar?**

### **SMQ680\_.WAV**

Las siguientes preguntas son acerca del uso de productos de tabaco o nicotina en los últimos **5 días**.

### **SMQ680C.WAV**

Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo (cigarros/cigarrillos), pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

### **SMQ680NC.WAV**

Durante los últimos **5 días**, ¿usó usted algún producto que contenía nicotina incluyendo pipas, (puros/cigarros/tabacos), tabaco de mascar, rapé, parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina?

### **SMQ690.WAV**

¿Cuál de estos productos usó?

### **SMQ690\_I.WAV**

Por favor seleccione todo lo que usó.

- |                     |   |
|---------------------|---|
| <b>SMQ690-1.WAV</b> | (Cigarros/Cigarrillos)                                    |
| <b>SMQ690-2.WAV</b> | Pipas   |
| <b>SMQ690-3.WAV</b> | (Puros/Cigarros/Tabacos)                                  |
| <b>SMQ690-4.WAV</b> | Tabaco de Mascar  |
| <b>SMQ690-5.WAV</b> | Rapé  |
| <b>SMQ690-6.WAV</b> | Parches, chicles de nicotina, u otro producto de nicotina |

### **SMQ710.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (cigarros/cigarrillos)?

**SMQ720.WAV**

Durante los últimos **5 días**, en los días que fumó, ¿cuántos (cigarros/cigarrillos) fumó cada día?

**SMQ725.WAV**

¿Cuándo fumó usted su último (cigarro/cigarrillo)? ¿Fue esto. . .

<b>TODAY.WAV</b>	Hoy
<b>YESTER.WAV</b>	Ayer
<b>THREE.WAV</b>	Hace de 3 a 5 días

**SMQ740.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted pipa?

**SMQ750.WAV**

Durante los últimos **5 días**, en los días que usted fumó pipa, ¿cuántas pipas fumó cada día?

**SMQ755.WAV**

¿Cuándo fumó usted su última pipa? ¿Fue esto. . .

**SMQ770.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días fumó usted (puros/cigarros/tabaco)?

**SMQ780.WAV**

Durante los últimos **5 días**, en los días que fumó (puros/cigarros/tabacos), ¿cuántos (puros/cigarros/tabacos) fumó cada día?

**SMQ785.WAV**

¿Cuándo fumó usted su último (puro/cigarro/tabaco)? ¿Fue esto . . .

**SMQ800.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó tabaco de mascar, tal como Redman, Levi Garrett o Beechnut?

**SMQ815.WAV**

¿Cuándo fue la última vez que usó tabaco de mascar? ¿Fue esto . . .

**SMQ817.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted rapé, tal como Skoal, Skoal Bandits, o Copenhagen?

**SMQ819.WAV**

¿Cuándo fue la última vez que usó rapé? ¿Fue esto . . .

**SMQ830.WAV**

Durante los últimos **5 días**, incluyendo hoy, ¿cuántos días usó usted algún producto que contenía nicotina para ayudarse a dejar de fumar? Incluya parches de nicotina, chicles de nicotina, o algún otro producto que contenía nicotina.

**SMQ840.WAV**

¿Cuándo fue la última vez que usó un producto que contenía nicotina? ¿Fue esto . . .

**ALCOHOL USE – ALQ**  
**Target Group: SPs 12-19 (Audio-CASI)**

**ALQ010\_\_.WAV**

Las siguientes preguntas son acerca del uso de alcohol. Esto incluye cerveza, vino, sangría y licores tales como ron, ginebra, vodka o wiskey. Esto no incluye tomar unos pocos sorbos de vino con propósitos religiosos.

**ALQ010.WAV**

¿Qué edad tenía usted cuando se tomó su **primera** bebida alcohólica, que no fueran unos pocos sorbos?

<b>ALQ010-1.WAV</b>	Nunca me he tomado una bebida alcohólica que no fueran unos pocos sorbos.
<b>ALQ010-2.WAV</b>	8 años de edad o más joven
<b>ALQ010-3.WAV</b>	9 o 10 años de edad
<b>ALQ010-4.WAV</b>	11 o 12 años de edad
<b>ALQ010-5.WAV</b>	13 o 14 años de edad
<b>ALQ010-6.WAV</b>	15 o 16 años de edad
<b>ALQ010-7.WAV</b>	17 años de edad o mayor

**ALQ022.WAV**

Durante su vida, ¿cuántos días se ha tomado al menos una bebida alcohólica?

<b>ALQ022-2.WAV</b>	1 o 2 días
<b>ALQ022-3.WAV</b>	3 a 9 días
<b>ALQ022-4.WAV</b>	10 a 19 días
<b>ALQ022-5.WAV</b>	20 a 39 días
<b>ALQ022-6.WAV</b>	40 a 99 días
<b>ALQ022-7.WAV</b>	100 o más días

**ALQ031.WAV**

Durante los últimos 30 días, ¿cuántos días se ha tomado al menos una bebida alcohólica?

<b>ALQ031-1.WAV</b>	0 días
<b>ALQ031-2.WAV</b>	1 o 2 días
<b>ALQ031-3.WAV</b>	3 a 5 días
<b>ALQ031-4.WAV</b>	6 a 9 días
<b>ALQ031-5.WAV</b>	10 a 19 días
<b>ALQ031-6.WAV</b>	20 a 29 días
<b>ALQ031-7.WAV</b>	Los 30 días

**ALQ041.WAV**

Durante los últimos 30 días, ¿cuántos días se ha tomado 5 bebidas alcohólicas seguidas, es decir, en un par de horas?

<b>ALQ041-1.WAV</b>	0 días
<b>ALQ041-2.WAV</b>	1 día
<b>ALQ041-3.WAV</b>	2 días
<b>ALQ041-4.WAV</b>	3 a 5 días
<b>ALQ041-5.WAV</b>	6 a 9 días
<b>ALQ041-6.WAV</b>	10 a 19 días
<b>ALQ041-7.WAV</b>	20 o más días



**DRUG USE – DUQ**  
**Target Group: SPs 12-59 (Audio-CASI)**

**DUQ200\_.WAV**

Las siguientes preguntas son acerca del uso de drogas no recetadas por un médico. Por favor recuerde que sus respuestas a estas preguntas son estrictamente confidenciales.

**DUQ200.WAV**

Las primeras preguntas son acerca de la marihuana y el hachís. La marihuana se conoce también como mota o hierba. La marihuana normalmente se fuma en cigarrillos, llamados “joints” o en una pipa. A veces se cocina con la comida. El hachís es una forma de marihuana que también se llama “hash”. Normalmente se fuma en pipa. Otra forma de hachís es el aceite de hachís.

**Alguna vez**, aunque sea una, ¿ha usado marihuana o hachís?

**DUQ210.WAV**

¿Qué edad tenía usted la **primera vez** que usó marihuana o hachís?

**DUQ211.WAV**

¿Ha fumado usted alguna vez marihuana o hachís al menos **una vez al mes por más de un año**?

### **DUQ213.WAV**

¿Qué edad tenía cuando empezó a fumar marihuana o hachís al menos **una vez al mes durante un año?**

### **DUQ215.WAV**

¿Cuánto tiempo hace desde la última vez que usted fumó marihuana o hachís al menos **una vez al mes durante un año?**

### **DUQ217.WAV**

Durante el tiempo en que fumó marihuana o hachís, ¿con qué frecuencia la usaba **normalmente?**

<b>DUQ217-1.WAV</b>	Una vez al mes
<b>DUQ217-2.WAV</b>	2-3 veces al mes
<b>DUQ217-3.WAV</b>	4-8 veces al mes (más o menos 1-2 veces a la semana)
<b>DUQ217-4.WAV</b>	9-24 veces al mes (más o menos 3-6 veces a la semana)
<b>DUQ217-5.WAV</b>	25-30 veces al mes (una o más veces al día)

### **DUQ219.WAV**

Durante el tiempo que fumó marihuana o hachís, ¿cuántos cigarrillos (joints) o pipas fumaba **normalmente** en un día?

<b>DUQ219-1.WAV</b>	1 al día
<b>DUQ219-2.WAV</b>	2 al día
<b>DUQ219-3.WAV</b>	3-5 al día
<b>DUQ219-4.WAV</b>	Seis o más al día

### **DUQ220.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó marihuana o hachís?

**DUQ230.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted marihuana o hachís?

**DUQ240.WAV**

¿Ha usado **alguna vez** cocaína, “crack” cocaína, heroína, o metanfetamina?

**DUQ250\_.WAV**

Las siguientes preguntas son acerca de cocaína, incluidas todas las formas diferentes de cocaína, tales como en polvo, “crack”, “free base” y pasta de coca.

**DUQ250.WAV**

**Alguna vez**, aunque sea una, ¿ha usado cocaína, en alguna forma?

**DUQ260.WAV**

¿Qué edad tenía usted la **primera vez** que usó cocaína, en alguna forma?

**DUQ270.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó cocaína, en alguna forma?

**DUQ272.WAV**

Durante toda su **vida**, ¿en total cuántas veces ha usado usted cocaína, en alguna forma?

<b>DUQ272-1.WAV</b>	Una vez
<b>DUQ272-2.WAV</b>	2-5 veces
<b>DUQ272-3.WAV</b>	6-19 veces
<b>DUQ272-4.WAV</b>	20-49 veces
<b>DUQ272-5.WAV</b>	50-99 veces
<b>DUQ272-6.WAV</b>	100 veces o más

**DUQ280.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted cocaína en alguna forma?

**DUQ290\_.WAV**

Las siguientes preguntas son acerca de heroína.

**DUQ290.WAV**

**Alguna vez**, aunque sea una, ¿ha usado heroína?

**DUQ300.WAV**

¿Qué edad tenía usted la **primera vez** que usó heroína?

**DUQ310.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó heroína?

**DUQ320.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó heroína?

### **DUQ330\_.WAV**

Las siguientes preguntas son acerca de metanfetamina, conocida también como crack, cristal, ice o speed. .

### **DUQ330.WAV**

**Alguna vez**, aunque sea una, ¿ha usado metanfetamina?

### **DUQ340.WAV**

¿Qué edad tenía usted la **primera vez** que usó metanfetamina?

### **DUQ350.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó metanfetamina?

### **DUQ352.WAV**

Durante toda su **vida**, en total, ¿cuántas veces ha usado usted metanfetamina?

<b>DUQ352-1.WAV</b>	Una vez
<b>DUQ352-2.WAV</b>	2-5 veces
<b>DUQ352-3.WAV</b>	6-19 veces
<b>DUQ352-4.WAV</b>	20-49 veces
<b>DUQ352-5.WAV</b>	50-99 veces
<b>DUQ352-6.WAV</b>	100 veces o más

### **DUQ360.WAV**

Durante los **últimos 30 días**, ¿cuántos días usó usted metanfetamina?

### **DUQ370\_.WAV**

Las siguientes preguntas son acerca de las diferentes formas en que se pueden usar ciertas drogas.

**DUQ370.WAV**

**Alguna vez**, aunque sea una, ¿ha usado una aguja para inyectarse una droga **no recetada** por un médico?

**DUQ380.WAV**

¿Cuál de las siguientes drogas se ha inyectado usted usando una aguja?

**DUQ380\_I.WAV**

Por favor seleccione todas las drogas que se ha inyectado.

- |                     |                   |
|---------------------|-------------------|
| <b>DUQ380-1.WAV</b> | Cocaína           |
| <b>DUQ380-2.WAV</b> | Heroína           |
| <b>DUQ380-3.WAV</b> | Metanfetamina     |
| <b>DUQ380-4.WAV</b> | Esteroides        |
| <b>DUQ380-5.WAV</b> | Alguna otra droga |

**DUQ390.WAV**

¿Qué edad tenía usted la **primera vez** que usó una aguja para inyectarse cualquier droga no recetada por un médico?

**DUQ400.WAV**

¿Cuánto tiempo hace desde la **última vez** que usted usó una aguja para inyectarse una droga no recetada por un médico?

**DUQ410.WAV**

Durante toda su **vida**, en total, ¿cuántas veces ha usado una aguja para inyectarse drogas no recetadas por un médico?

<b>DUQ410-1.WAV</b>	Una vez
<b>DUQ410-2.WAV</b>	2-5 veces
<b>DUQ410-3.WAV</b>	6-19 veces
<b>DUQ410-4.WAV</b>	20-49 veces
<b>DUQ410-5.WAV</b>	50-99 veces
<b>DUQ410-.WAV</b>	100 veces o más

**DUQ420.WAV**

Piense en el momento durante su vida en el cual se inyectó drogas **más frecuentemente**. ¿Con qué frecuencia se inyectaba en ese entonces?

<b>DUQ420-1.WAV</b>	Más de una vez al día
<b>DUQ420-2.WAV</b>	Más o menos una vez al día
<b>DUQ420-3.WAV</b>	Al menos una vez a la semana, pero no todos los días
<b>DUQ420-4.WAV</b>	Al menos una vez al mes, pero no todas las semanas
<b>DUQ420-5.WAV</b>	Menos de una vez al mes

**DUQ430.WAV**

¿Ha estado usted **alguna vez** en un tratamiento para adicción a drogas o programa de rehabilitación de adicción a drogas?

**SEXUAL BEHAVIOR – SXQ**  
**Target Group: SPs 14-69 (Audio-CASI)**

**SXQ615\_.WAV**

El siguiente conjunto de preguntas es acerca de su historia sexual. Por relaciones sexuales, queremos decir sexo vaginal, oral o anal. Por favor recuerde que sus respuestas son estrictamente confidenciales.

**SXQ615.WAV**

¿Ha tenido **alguna vez algún** tipo de relación sexual?

**SXQ700.WAV**

¿Ha tenido **alguna vez** sexo vaginal, llamado también coito, con un hombre? Esto significa el pene de un hombre dentro de su vagina.

**SXQ703.WAV**

¿Le ha **hecho alguna vez** sexo oral a un hombre? Esto significa que usted pone la boca en el pene o los genitales de un hombre.

**SXQ706.WAV**

¿Ha tenido **alguna vez** sexo anal? Esto significa el contacto entre el pene de un hombre y su ano o trasero.

**SXQ709.WAV**

¿Ha tenido **alguna vez algún** tipo de relación sexual con una mujer? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.



### **SXQ618.WAV**

¿Qué edad tenía usted la primera vez que tuvo **algún** tipo de relación sexual, incluyendo

<b>SXQ618-1.WAV</b>	sexo vaginal, oral o anal?
<b>SXQ618-2.WAV</b>	sexo vaginal o anal
<b>SXQ618-3.WAV</b>	sexo oral o vaginal
<b>SXQ618-4.WAV</b>	sexo oral o anal
<b>SXQ618-5.WAV</b>	sexo vaginal
<b>SXQ618-6.WAV</b>	sexo anal
<b>SXQ618-7.WAV</b>	sexo oral

### **SXQ712.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido **algún** tipo de relación sexual?

### **SXQ718.WAV**

En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido **algún** tipo de relación sexual?

### **SXQ724.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido sexo **vaginal**? Sexo vaginal significa el pene de un hombre dentro de su vagina.

### **SXQ727.WAV**

En **los últimos 12 meses**, ¿con cuántos **hombres** ha tenido sexo **vaginal**? Sexo vaginal significa el pene de un hombre dentro de su vagina.

### **SXQ621.WAV**

¿Qué edad tenía usted la primera vez que **le hizo** sexo oral a un hombre? Hacer sexo oral significa que usted pone la boca en el pene o los genitales de un hombre.

**SXQ624.WAV**

En **toda su vida** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?

**SXQ627.WAV**

En los **últimos 12 meses** ¿a cuántos **hombres** les ha **hecho** sexo **oral**?

**SXQ630.WAV**

¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a un **nuevo compañero sexual**? Un nuevo compañero sexual es alguien con quien nunca antes había tenido relaciones sexuales.

**SXQ736.WAV**

En **toda su vida**, ¿con cuántas **mujeres** ha tenido relaciones sexuales? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.

**SXQ739.WAV**

En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido relaciones sexuales? Por relaciones sexuales, queremos decir contacto sexual con la vagina o genitales de otra mujer.

**SXQ741.WAV**

¿Le ha **hecho alguna vez** sexo **oral** a una **mujer**? Hacer sexo oral significa que usted pone la boca en la vagina o los genitales de otra mujer.

**SXQ633.WAV**

¿Qué edad tenía usted la primera vez que le **hizo** sexo oral a una mujer? Hacer sexo oral significa que usted pone la boca en la vagina o los genitales de una mujer.

**SXQ636.WAV**

En **toda su vida**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

**SXQ639.WAV**

En los **últimos 12 meses**, ¿a cuántas **mujeres** les ha **hecho** sexo **oral**?

**SXQ642.WAV**

¿Cuánto tiempo hace desde la última vez que **le hizo** sexo **oral** a una **nueva compañera sexual**? Una nueva compañera sexual es alguien con quien nunca antes había tenido relaciones sexuales.

**SXQ744.WAV**

El siguiente conjunto de preguntas es acerca de todos sus compañeros sexuales, hombres y mujeres.

**SXQ645.WAV**

Cuando usted **hizo** sexo **oral** en los **últimos 12 meses**, ¿con qué frecuencia usó **protección**, tal como preservativo o condón o barrera dental?

- |                          |             |
|--------------------------|-------------|
| <b>SXQ645-1.WAV</b>      | Nunca       |
| <b>SXQ645-2.WAV</b>      | Raramente   |
| <b>SXQ645-3.WAV</b>      | Usualmente  |
| <b>SXQ645-4.WAV</b>      | Siempre     |
| <b>SXQ645-5.WAV male</b> | Inseguro(a) |

**SXQ648.WAV**

En los **últimos 12 meses**, ¿tuvo **algún** tipo de relación sexual con una persona con quien nunca antes había tenido relaciones sexuales?

**SXQ651.WAV**

De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o más **mayores** que usted?

**SXQ654.WAV**

De las personas con quienes tuvo **algún** tipo de relación sexual en los **últimos 12 meses**, ¿cuántas eran cinco años o menos **menores** que usted?

**SXQ800.WAV**

¿Ha tenido **alguna vez** sexo vaginal, llamado también coito, con una mujer? Esto significa su pene dentro de la vagina de una mujer.

**SXQ803.WAV**

¿Le ha **hecho alguna vez** sexo oral a una mujer? Esto significa que usted pone la boca en la vagina o los genitales de una mujer.

**SXQ806.WAV**

¿Ha tenido **alguna vez** sexo anal con una mujer? Sexo anal significa el contacto entre su pene y el ano o trasero de una mujer.

**SXQ809.WAV**

¿Ha tenido **alguna vez algún** tipo de relación sexual con un hombre, incluyendo sexo oral o anal?

**SXQ812.WAV**

En **toda su vida**, ¿con cuántas **mujeres** ha tenido **algún** tipo de relación sexual?

**SXQ818.WAV**

En **los últimos 12 meses**, ¿con cuántas **mujeres** ha tenido **algún** tipo de relación sexual?

**SXQ824.WAV**

En **toda su vida**, ¿con cuántas **mujeres** ha tenido sexo **vaginal**? Sexo vaginal significa su pene dentro de la vagina de una mujer.

**SXQ827.WAV**

En los **últimos 12 meses**, ¿con cuántas **mujeres** ha tenido sexo **vaginal**?  
Sexo vaginal significa su pene dentro de la vagina de una mujer.

**SXQ410.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

**SXQ550.WAV**

En los últimos 12 meses, ¿con cuántos **hombres** ha tenido usted sexo anal u oral?

**SXQ836.WAV**

En **toda su vida**, ¿con cuántos **hombres** ha tenido sexo anal?

**SXQ841.WAV**

En los **últimos 12 meses**, ¿con cuántos **hombres** ha tenido sexo anal?

**SXQ853.WAV**

¿Le ha **hecho alguna vez** sexo **oral** a un **hombre**? Hacer sexo oral significa que usted pone la boca en el pene o los genitales de un hombre.

### **SXQ610.WAV**

En los **últimos 12 meses**, ¿más o menos cuántas **veces** ha tenido usted

<b>VAGINAL ANAL SEX.WAV</b>	sexo vaginal o anal
<b>VAGINAL SEX.WAV</b>	sexo vaginal
<b>ANAL SEX.WAV</b>	sexo anal

<b>SXQ610-0.WAV</b>	Nunca
<b>SXQ610-1.WAV</b>	Una vez
<b>SXQ610-2.WAV</b>	2-11 veces
<b>SXQ610-3.WAV</b>	12-51 veces
<b>SXQ610-4.WAV</b>	52-103 veces
<b>SXQ610-5.WAV</b>	104-364 veces
<b>SXQ610-6.WAV</b>	365 veces o más

### **SXQ250.WAV**

En los **últimos 12 meses**, ¿más o menos con qué frecuencia ha tenido

<b>WITHOUT CONDOM.WAV</b>	sin usar preservativo o condón
---------------------------	--------------------------------

<b>SXQ250-1.WAV</b>	Nunca
<b>SXQ250-2.WAV</b>	Menos de la mitad del tiempo
<b>SXQ250-3.WAV</b>	Más o menos la mitad del tiempo
<b>SXQ250-4.WAV</b>	No siempre, pero más de la mitad del tiempo
<b>SXQ250-5.WAV</b>	Siempre

### **SXQ260.WAV**

¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía herpes genital?

### **SXQ265.WAV**

¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía verrugas genitales?

### **SXQ753.WAV**

¿Le ha dicho **alguna vez** un médico u otro profesional de servicios de salud que usted tenía el virus del papiloma humano o VPH?

### **SXQ270.WAV**

En los **últimos 12 meses**, ¿le ha dicho un médico u otro profesional de servicios de salud que usted tenía gonorrea, llamada a veces blenorragia?

### **SXQ272.WAV**

En los **últimos 12 meses**, ¿le ha dicho alguna vez un médico u otro profesional de servicios de salud que usted tenía clamidia?

### **SXQ280.WAV**

¿Está usted circuncidado o no circuncidado?

<b>SXQ280-1.WAV</b>	Circuncidado
<b>SXQ280-2.WAV</b>	No circuncidado

### **SXQ292.WAV**

¿Se considera usted a sí mismo...

<b>SXQ292-1.WAV</b>	Heterosexual (le atraen las mujeres)
<b>SXQ292-2.WAV</b>	Homosexual o gay (le atraen los hombres)
<b>SXQ292-3.WAV</b>	Bisexual (le atraen los hombres y las mujeres)
<b>SXQ292-4.WAV</b>	Alguna otra cosa
<b>SXQ292-5.WAV</b>	No está seguro

### **SXQ294.WAV**

¿Se considera usted a sí misma...

<b>SXQ294-1.WAV</b>	Heterosexual (le atraen los hombres)
<b>SXQ294-2.WAV</b>	Homosexual o lesbiana (le atraen las mujeres)
<b>SXQ294-3.WAV</b>	Bisexual (le atraen los hombres y las mujeres)
<b>SXQ294-4.WAV</b>	Alguna otra cosa
<b>SXQ294-5.WAV</b>	No está segura

## **Section A.4**

### **The Spanish Critical Data Items**





**MEC Interview  
Critical Data Items**

Verify Street Address

SCQ.070 Quisiera verificar {su dirección/la dirección de SP}. Por favor déme {su dirección/la dirección de SP} completa.

SCQ.420 ¿Es la dirección postal de {usted/SP} igual que la dirección de {su/la} casa {de él/de ella}?

Validation Form Q7 ¿Vivía {usted/él/ella} en esta dirección en {SCREENER DISPOSITION DATE}?

Verify Mailing Address

En caso que tengamos que comunicarnos con {usted/SP} nuevamente, por favor déme {su/la} dirección postal completa {de SP}.

Verify Phone Numbers

Por favor déme {su/el} número de teléfono {en el hogar/de SP}.

¿Hay algún otro número de teléfono en el que sea posible comunicarse con {usted/SP}?

¿Dónde está localizado ese teléfono?

Verify SSN

**BOX 1**

- IF DMQ.281b FROM THE HOUSEHOLD INTERVIEW IS MISSING, CODED '22222222', OR CODED '99999999', CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DMQ.280a También necesitamos {su/él} Número de Seguro Social {de SP}. El Departamento de Salud y Servicios Humanos usará {su/el} Número de Seguro Social {de él/de ella} para hacer investigación relacionada con salud conectando la información de {su/la} encuesta {de él/de ella} con estadísticas vitales y otros registros, tales como registros de salud. También lo podemos usar si necesitamos comunicarnos nuevamente con {usted/él/ella} o {su/la} familia {de él/de ella}. Excepto para estos propósitos, el Departamento no le dará {su/él} Número de Seguro Social {de él/de ella} a nadie, incluyendo cualquier agencia de gobierno. Proporcionar esta información es voluntario y se recolecta bajo la autoridad de la Ley del Servicio de Salud Pública. Esto no afectará {sus/los} beneficios {de él/de ella} si usted no la provee. [La Ley del Servicio de Salud Pública es título 42, Código de Estados Unidos, Sección 242k.]

DMQ.280b ¿Cuál es el Número de Seguro Social de {usted/SP}?