

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

*This questionnaire is a continuation of the health history that was started in your home. These questions are being asked in the exam center as we thought some participants would prefer they be asked and answered in a more private setting than sometimes exists in the home.*

HHQ.400. Has a doctor or other health professional ever told you that you were overweight?  
**HHQ 400** **FMT\_YES\_NO**

- Yes 1
- No 2 **(Skip to HHQ.480)**
- Don't Know (d) **(Skip to HHQ.480)**
- Refused (r) **(Skip to HHQ.480)**

HHQ.412. How old were you when you were first told you were overweight?  
**HHQ 412** **FMT\_NUMERIC**

- \_\_\_\_|\_\_\_\_|  
 Enter age in years
- Don't Know (d)
  - Refused (r)

HHQ.480. Has a doctor or other health professional ever told you that you had cancer?  
**HHQ 480** **FMT\_YES\_NO**

- Yes 1
- No 2 **(Skip to HHQ.500)**
- Don't Know (d) **(Skip to HHQ.500)**
- Refused (r) **(Skip to HHQ.500)**

HHQ.481.a-f. Which types of cancer on this card have you had? **[HAND CARD. Circle all that apply.]**

<b>Bladder</b>	<b>10</b>	<b>Lymphoma/</b>	
<b>Blood</b>	<b>11</b>	<b>Hodgkins Disease</b>	<b>24</b>
<b>Bone</b>	<b>12</b>	<b>Melanoma</b>	<b>25</b>
<b>Brain</b>	<b>13</b>	<b>Mouth/ Tongue/Lip</b>	<b>26</b>
<b>Breast</b>	<b>14</b>	<b>Nervous System</b>	<b>27</b>
<b>Cervix/Cervical</b>	<b>15</b>	<b>Ovary/Ovarian</b>	<b>28</b>
<b>Colon</b>	<b>16</b>	<b>Pancreas/Pancreatic</b>	<b>29</b>
<b>Esophagus</b>	<b>17</b>	<b>Prostate</b>	<b>30</b>
<b>Gallbladder</b>	<b>18</b>	<b>Rectum/Rectal</b>	<b>31</b>
<b>Kidney</b>	<b>19</b>	<b>Skin (Non Melanoma)</b>	<b>32</b>
<b>Larynx/Windpipe</b>	<b>20</b>	<b>Skin (unkown)</b>	<b>33</b>
<b>Leukemia</b>	<b>21</b>	<b>Soft Tissue</b>	
<b>Liver</b>	<b>22</b>	<b>(Muscle/Fat)</b>	<b>34</b>
<b>Lung</b>	<b>23</b>	<b>Stomach</b>	<b>35</b>

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

Testes/Testicular	36	Other	39
Thyroid	37	Don't Know	(d)
Uterus/Uterine	38	Refused	(r)

HHQ481\_A FMT\_HHQ481\_  
 HHQ481\_B FMT\_HHQ481\_  
 HHQ481\_C FMT\_HHQ481\_  
 HHQ481\_D FMT\_HHQ481\_  
 HHQ481\_OTHER \$FMT\_CHAR.

*Now we will ask you questions about certain illnesses that have occurred in your biological (blood) relatives--- your parents, brothers, sisters, and children. Please do not include half or step sisters or brothers. Please include both living and deceased relatives.*

HHQ.500. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had cancer?

HHQ500 FMT\_YES\_NO

- Yes 1
- No 2 **(Skip to HHQ.510)**
- Don't Know (d) **(Skip to HHQ.510)**
- Refused (r) **(Skip to HHQ.510)**

HHQ.501. Which biological (blood) relatives were diagnosed with cancer?  
**[ENTER ALL THAT APPLY, MAY ENTER ONE TYPE MULTIPLE TIMES]**

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with cancer \_\_\_\_)
- 4 Sister (enter number of sisters with cancer \_\_\_\_)
- 5 Daughter (enter number of daughters with cancer \_\_\_\_)
- 6 Son (enter number of sons with cancer \_\_\_\_)
- (d) Don't Know
- (r) Refused

HHQ481\_A FMT\_HHQ481\_  
 HHQ481\_B FMT\_HHQ481\_  
 HHQ481\_C FMT\_HHQ481\_  
 HHQ481\_D FMT\_HHQ481\_  
 HHQ481\_OTHER \$FMT\_CHAR.

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

**[Repeat HHQ.502 for each relative named in HHQ.501. Enter response in box below]**

HHQ.502.a-f. What type(s) of primary cancer did your {relative} have? **[Circle all that apply]**

- |   |           |                            |            |
|---|-----------|----------------------------|------------|
| <b>Bladder</b>                            | <b>10</b> | <b>Nervous System</b>      | <b>27</b>  |
| <b>Blood</b>                              | <b>11</b> | <b>Ovary/Ovarian</b>       | <b>28</b>  |
| <b>Bone</b>                               | <b>12</b> | <b>Pancreas/Pancreatic</b> | <b>29</b>  |
| <b>Brain</b>                              | <b>13</b> | <b>Prostate</b>            | <b>30</b>  |
| <b>Breast</b>                             | <b>14</b> | <b>Rectum/Rectal</b>       | <b>31</b>  |
| <b>Cervix/Cervical</b>                    | <b>15</b> | <b>Skin (Non Melanoma)</b> | <b>32</b>  |
| <b>Colon</b>                              | <b>16</b> | <b>Skin (unkown)</b>       | <b>33</b>  |
| <b>Esophagus</b>                          | <b>17</b> | <b>Soft Tissue</b>         |            |
| <b>Gallbladder</b>                        | <b>18</b> | <b>(Muscle/Fat)</b>        | <b>34</b>  |
| <b>Kidney</b>                             | <b>19</b> | <b>Stomach</b>             | <b>35</b>  |
| <b>Larynx/Windpipe</b>                    | <b>20</b> | <b>Testes/Testicular</b>   | <b>36</b>  |
| <b>Leukemia</b>                           | <b>21</b> | <b>Thyroid</b>             | <b>37</b>  |
| <b>Liver</b>                              | <b>22</b> | <b>Uterus/Uterine</b>      | <b>38</b>  |
| <b>Lung</b>                               | <b>23</b> | <b>Other</b>               | <b>39</b>  |
| <b>Lymphoma/<br/>    Hodgkins Disease</b> | <b>24</b> | <b>Don't Know</b>          | <b>(d)</b> |
| <b>Melanoma</b>                           | <b>25</b> | <b>Refused</b>             | <b>(r)</b> |
| <b>Mouth/ Tongue/Lip</b>                  | <b>26</b> |                            |            |

<b>HHQ.501 Family Member</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>	<b>HHQ.502 Cancer type</b>
1 Mother	a	b	c	d	e	f
2 Father	a	b	c	d	e	f
3 Brother	a	b	c	d	e	f
4 Sister	a	b	c	d	e	f
5 Daughter	a	b	c	d	e	f
6 Son	a	b	c	d	e	f

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

HHQ502A_A FMT_HHQ502_	HHQ502D_A FMT_HHQ502_
HHQ502A_B FMT_HHQ502_	HHQ502D_B FMT_HHQ502_
HHQ502A_C FMT_HHQ502_	HHQ502D_C FMT_HHQ502_
HHQ502A_D FMT_HHQ502_	HHQ502D_D FMT_HHQ502_
HHQ502B_A FMT_HHQ502_	HHQ502E_A FMT_HHQ502_
HHQ502B_B FMT_HHQ502_	HHQ502E_B FMT_HHQ502_
HHQ502B_C FMT_HHQ502_	HHQ502E_C FMT_HHQ502_
HHQ502B_D FMT_HHQ502_	HHQ502E_D FMT_HHQ502_
HHQ502C_A FMT_HHQ502_	HHQ502F_A FMT_HHQ502_
HHQ502C_B FMT_HHQ502_	HHQ502F_B FMT_HHQ502_
HHQ502C_C FMT_HHQ502_	HHQ502F_C FMT_HHQ502_
HHQ502C_D FMT_HHQ502_	HHQ502F_D FMT_HHQ502_
	HHQ502_OTHER \$FMT_CHAR.

HHQ.510. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had diabetes?

HHQ510 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.520)
- Don't Know (d) (Skip to HHQ.520)
- Refused (r) (Skip to HHQ.520)

HHQ.511. Which biological (blood) relatives had diabetes? **[CIRCLE ALL THAT APPLY where appropriate, enter number of biological relatives]**

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with diabetes \_\_\_)
- 4 Sister (enter number of sisters with diabetes \_\_\_)
- 5 Daughter (enter number of daughters with diabetes \_\_\_)
- 6 Son (enter number of sons with diabetes \_\_\_)
- (d) Don't Know
- (r) Refused

HHQ511\_A FMT\_RELATIVE  
 HHQ511\_B FMT\_RELATIVE  
 HHQ511\_C FMT\_RELATIVE

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

HHQS11\_D FMT\_RELATIVE  
HHQS11\_E FMT\_RELATIVE  
HHQS11\_F FMT\_RELATIVE

HHQ.520. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had Alzheimer’s disease or dementia?

HHQS20 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.530)
- Don’t Know (d) (Skip to HHQ.530)
- Refused (r) (Skip to HHQ.530)

HHQ.521. Which biological (blood) relatives had Alzheimer’s or dementia?  
**[Circle all that apply, where appropriate, enter number of biological relatives]**

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with Alzheimer’s or dementia \_\_\_\_)
- 4 Sister (enter number of sisters with Alzheimer’s or dementia \_\_\_\_)
- 5 Daughter (enter number of daughters with Alzheimer’s or dementia \_\_)
- 6 Son (enter number of sons with can Alzheimer’s or dementia \_\_\_\_)
- (d) Don’t Know
- (r) Refused

HHQS21\_A FMT\_RELATIVE  
HHQS21\_B FMT\_RELATIVE  
HHQS21\_C FMT\_RELATIVE  
HHQS21\_D FMT\_RELATIVE  
HHQS21\_E FMT\_RELATIVE  
HHQS21\_F FMT\_RELATIVE

*Just a reminder that the questions in this section of the interview are about illnesses that have occurred in your biological (blood) relatives--- your parents, brothers, sisters, and children. Please do not include half or step sisters or brothers. Please include both living and deceased relatives.*

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

HHQ.530. {Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had} asthma?

HHQ530 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.540)
- Don't Know (d) (Skip to HHQ.540)
- Refused (r) (Skip to HHQ.540)

HHQ.531. Which biological (blood) relatives had asthma? [CIRCLE ALL THAT APPLY where appropriate, enter number of biological relatives]

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with asthma\_\_\_)
- 4 Sister (enter number of sisters with asthma\_\_\_)
- 5 Daughter (enter number of daughters with asthma\_\_\_)
- 6 Son (enter number of sons with asthma\_\_\_)
- (d) Don't Know
- (r) Refused

HHQS31\_A FMT\_RELATIVE  
 HHQS31\_B FMT\_RELATIVE  
 HHQS31\_C FMT\_RELATIVE  
 HHQS31\_D FMT\_RELATIVE  
 HHQS31\_E FMT\_RELATIVE  
 HHQS31\_F FMT\_RELATIVE

HHQ.540. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had osteoporosis or brittle bones?

HHQ540 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.550)
- Don't Know (d) (Skip to HHQ.550)
- Refused (r) (Skip to HHQ.550)

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

HHQ.541. Which biological (blood) relatives had osteoporosis or brittle bones? [CIRCLE ALL THAT APPLY where appropriate, enter number of biological relatives]

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with osteoporosis or brittle bones \_\_\_\_)
- 4 Sister (enter number of sisters with osteoporosis or brittle bones \_\_\_\_)
- 5 Daughter (enter number of daughters with osteoporosis or brittle bones \_\_\_\_)
- 6 Son (enter number of sons with osteoporosis or brittle bones \_\_\_\_)
- (d) Don't Know
- (r) Refused

HHQ541\_A FMT\_RELATIVE  
 HHQ541\_B FMT\_RELATIVE  
 HHQ541\_C FMT\_RELATIVE  
 HHQ541\_D FMT\_RELATIVE  
 HHQ541\_E FMT\_RELATIVE  
 HHQ541\_F FMT\_RELATIVE

HHQ.550. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had high blood pressure or hypertension?

HHQ550 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.560)
- Don't Know (d) (Skip to HHQ.560)
- Refused (r) (Skip to HHQ.560)

HHQ.551. Which biological (blood) relatives had high blood pressure or hypertension? [CIRCLE ALL THAT APPLY where appropriate, enter number of biological relatives]

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with high blood pressure or hypertension \_\_\_\_)
- 4 Sister (enter number of sisters with high blood pressure or hypertension \_\_\_\_)
- 5 Daughter (enter number of daughters with high blood pressure or hypertension \_\_\_\_)
- 6 Son (enter number of sons with high blood pressure or hypertension \_\_\_\_)
- (d) Don't Know
- (r) Refused

HHQ551\_A FMT\_RELATIVE

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

HHQ551\_B FMT\_RELATIVE  
HHQ551\_C FMT\_RELATIVE  
HHQ551\_D FMT\_RELATIVE  
HHQ551\_E FMT\_RELATIVE  
HHQ551\_F FMT\_RELATIVE

HHQ.560. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had a stroke?

HHQ560 FMT\_YES\_NO

- Yes 1
- No 2 (Skip to HHQ.570)
- Don't Know (d) (Skip to HHQ.570)
- Refused (r) (Skip to HHQ.570)

HHQ.561. Which biological (blood) relatives had a stroke? **[ENTER ALL THAT APPLY where appropriate, enter number of biological relatives]**

- 1 Mother
- 2 Father
- 3 Brother (enter number of brothers with stroke \_\_\_)
- 4 Sister (enter number of sisters with stroke \_\_\_)
- 5 Daughter (enter number of daughters with stroke \_\_\_)
- 6 Son (enter number of sons with stroke\_\_\_)
- (d) Don't Know
- (r) Refused

HHQ561\_A FMT\_RELATIVE  
HHQ561\_B FMT\_RELATIVE  
HHQ561\_C FMT\_RELATIVE  
HHQ561\_D FMT\_RELATIVE  
HHQ561\_E FMT\_RELATIVE  
HHQ561\_F FMT\_RELATIVE

**[Repeat HHQ.562 for each relative named in HHQ.561]**

HHQ.562.a-f. How old was your {relative} when first diagnosed with stroke?

Mother                   |\_|\_|\_|\_|



HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

Father	_ _ _ _
Brother	_ _ _ _
Sister	_ _ _ _
Daughter	_ _ _ _
Son	_ _ _ _

Enter age in years

(d) Don't Know  
 (r) Refused

HHQ562A FMT\_NUMERIC  
 HHQ562B FMT\_NUMERIC  
 HHQ562C FMT\_NUMERIC  
 HHQ562D FMT\_NUMERIC  
 HHQ562E FMT\_NUMERIC  
 HHQ562F FMT\_NUMERIC

HHQ.570. Were any of your biological (blood) relatives ever told by a doctor or other health professional that they had a heart attack or angina?

HHQ570 FMT\_YES\_NO

Yes 1  
 No 2 (End of Questionnaire)  
 Don't Know (d) (End of Questionnaire)  
 Refused (r) (End of Questionnaire)

HHQ.571. Which biological (blood) relatives had a heart attack or angina? [ENTER ALL THAT APPLY where appropriate, enter number of biological relatives]

1 Mother  
 2 Father  
 3 Brother (enter number of brothers with heart attack or angina \_\_\_)  
 4 Sister (enter number of sisters with heart attack or angina \_\_\_)  
 5 Daughter (enter number of daughters with heart attack or angina \_\_\_)  
 6 Son (enter number of sons with heart attack or angina \_\_\_)  
 (d) Don't Know  
 (r) Refused

HHQ571\_A FMT\_RELATIVE  
 HHQ571\_B FMT\_RELATIVE  
 HHQ571\_C FMT\_RELATIVE

**HEALTH HISTORY PART II (HHQ) (In Exam Center)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

HHQ571\_D FMT\_RELATIVE  
 HHQ571\_E FMT\_RELATIVE  
 HHQ571\_F FMT\_RELATIVE

**[Repeat HHQ.572 for each relative named in HHQ.571]**

HHQ.572.a-f. How old was your {relative} when first diagnosed with heart attack or angina?

Mother	_ _ _
Father	_ _ _
Brother	_ _ _
Sister	_ _ _
Daughter	_ _ _
Son	_ _ _

Enter age in years

- (d) Don't Know
- (r) Refused

HHQ572A FMT\_NUMERIC  
 HHQ572B FMT\_NUMERIC  
 HHQ572C FMT\_NUMERIC  
 HHQ572D FMT\_NUMERIC  
 HHQ572E FMT\_NUMERIC  
 HHQ572F FMT\_NUMERIC

HHQ 580 (a-nn) Has a doctor or other health professional ever told you that you had any of the following? (Please check the box next to the health condition if you have been told you have that condition)

	Condition			Condition	
a	Alcohol abuse		w	Migraine headache	
b	Alzheimer's disease		x	Mild cognitive impairment	
c	Anemia		y	Multiple sclerosis	
d	Anxiety		z	Osteoarthritis	
e	Autism Spectrum Disorder		aa	Osteoporosis	
f	Celiac disease		bb	Parkinson's disease	
g	Chlamydia		cc	Post-Traumatic Stress Disorder (PTSD)	
h	Crohn's disease		dd	Psoriasis	
i	Chronic kidney disease		ee	Reflux/GERD	
j	Depression		ff	Rheumatoid arthritis	

HEALTH HISTORY PART II (HHQ) (In Exam Center)

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

<b>k</b>	Drug abuse		<b>gg</b>	Shingles or chicken pox	
<b>l</b>	Eczema/dermatitis		<b>hh</b>	Sickle cell disease	
<b>m</b>	Epilepsy		<b>ii</b>	Stomach or intestinal ulcer	
<b>n</b>	Gonorrhea		<b>jj</b>	Syphilis	
<b>o</b>	Hepatitis --- Which type? __A, __B __C		<b>kk</b>	Tuberculosis	
<b>p</b>	Herpes type 1/cold sores		<b>ll</b>	Urinary incontinence	
<b>q</b>	HIV infection/AIDS		<b>mm</b>	Urinary infections	
<b>r</b>	Human Papillomavirus (HPV)				
<b>s</b>	Irritable bowel syndrome		<b>xx</b>	None	
<b>t</b>	Kidney stones		<b>dk</b>	Don't Know	
<b>u</b>	Learning disability		<b>rf</b>	Refused.	
<b>v</b>	Lyme Disease				

- HHQ580\_A \$FMT\_CHAR
- HHQ580\_B \$FMT\_CHAR
- HHQ580\_C \$FMT\_CHAR
- HHQ580\_D \$FMT\_CHAR
- HHQ580\_E \$FMT\_CHAR
- HHQ580\_F \$FMT\_CHAR
- HHQ580\_G \$FMT\_CHAR
- HHQ580\_H \$FMT\_CHAR
- HHQ580\_I \$FMT\_CHAR
- HHQ580\_J \$FMT\_CHAR