

HEALTH HISTORY PART I

HHQ100pre This next questionnaire is about your personal health history.

I will ask you if a health professional ever told you that you have or had certain common health problems in your lifetime and if so, how old you were when these occurred.

For some health problems I will ask you about the treatment you received. If there is any question that you don't know the answer to let me know. If there is any question that makes you uncomfortable you may ask me to skip the question.

INTERVIEWER: HIT ENTER TO CONTINUE

HHQ100 Has a doctor or other health professional ever told you that you had congestive heart failure?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

HHQ100 FMT_YES_NO.

HHQ120 (Has a doctor or other health professional ever told you that you had...)

...**angina**, also called **angina pectoris**?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

HHQ120 FMT_YES_NO.

HHQ130 (Has a doctor or other health professional ever told you that you had...)

...a **heart attack**?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

HHQ130 FMT_YES_NO.

(skip to HHQ140)

(skip to HHQ140)
(skip to HHQ140)

HHQ131 How many heart attacks have you had?

HEALTH HISTORY

<1-99>

<d> DON'T KNOW
<r> REFUSED

HHQ131 FMT_NUMERIC.

HHQ132 How old were you when you were first told you had a heart attack?

<1-130> YEARS

<d> DON'T KNOW
<r> REFUSED

HHQ132 FMT_NUMERIC.

HHQ140 Have you ever had heart surgery?

<1> YES

<2> NO (skip to HHQ150)

HHQ140 FMT_YES_NO.

<d> DON'T KNOW (skip to HHQ150)
<r> REFUSED (skip to HHQ150)

HHQ141 Which of the following types of heart surgery have you had?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY.)

<1> **BYPASS SURGERY**
<2> **ANGIOPLASTY**
<3> **VALVE SURGERY**
<4> **PACEMAKER**
<5> OTHER (SPECIFY)

<d> DON'T KNOW
<r> REFUSED

HIT 'x' TO EXIT

1st RESPONSE	HHQ141_A	FMT_HHQ141_.
2nd RESPONSE	HHQ141_B	FMT_HHQ141_.
3rd RESPONSE	HHQ141_C	FMT_HHQ141_.
4th RESPONSE	HHQ141_D	FMT_HHQ141_.
5th RESPONSE	HHQ141_E	FMT_HHQ141_.
OTHER RESPONSE	HHQ141_OTHER	\$FMT_CHAR.

HEALTH HISTORY

HHQ150 Has a doctor or other health professional ever told you that you had a transient ischemic attack (TIA)?

<1> YES

<2> NO

<d> DON'T KNOW <r>
REFUSED

HHQ150 FMT_YES_NO.

HHQ160 (Has a doctor or other health professional ever told you that you had...)

...a **stroke?**

<1> YES

<2> NO **(skip to HHQ180)**

<d> DON'T KNOW **(skip to HHQ180)**

<r> REFUSED **(skip to HHQ180)**

HHQ160 FMT_YES_NO.

HHQ162 How old were you when you were first told that you had a stroke?

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ162 FMT_NUMERIC.

HHQ180 Has a doctor or other health professional ever told you that you had...

...**high cholesterol or hyperlipidemia?**

<1> YES

<2> NO **(skip to HHQ190)**

<d> DON'T KNOW **(skip to HHQ190)**

<r> REFUSED **(skip to HHQ190)**

HHQ180 FMT_YES_NO.

HHQ183 How is your high cholesterol or hyperlipidemia currently being treated? List all that apply.

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY)

<1> NO TREATMENT

HEALTH HISTORY

<2> PRESCRIBED MEDICINE
 <3> WEIGHT CONTROL/LOSS
 <4> EXERCISE
 <5> SPECIAL DIET
 <6> OTHER (SPECIFY)

 <d> DON'T KNOW
 <r> REFUSED

1st RESPONSE	HHQ183_A	FMT_HHQ183_.
2nd RESPONSE	HHQ183_B	FMT_HHQ183_.
3rd RESPONSE	HHQ183_C	FMT_HHQ183_.
4th RESPONSE	HHQ183_D	FMT_HHQ183_.
5th RESPONSE	HHQ183_E	FMT_HHQ183_.
OTHER RESPONSE	HHQ183_OTHER	\$FMT_CHAR.

HHQ190 Other than during a pregnancy, has a doctor or other health professional ever told you that you had...

...diabetes?

HHQ190_R2 FMT_HHQ190_R2_.

<1> YES (skip to HHQ191)
 <2> NO (skip to HHQ195)
 <3> YES, BORDERLINE OR PRE-DIABETES (Skip to HHQ196)

<d> DON'T KNOW (skip to HHQ195)
 <r> REFUSED (skip to HHQ195)

HHQ195 Other than during a pregnancy, has a doctor or other health professional ever told you that you had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that your blood sugar is higher than normal but not high enough to be called diabetes?

<1> YES (skip to HHQ196)
 <2> NO (skip to HHQ200)

HHQ195 FMT_YES_NO.

<d> DON'T KNOW (skip to HHQ200)
 <r> REFUSED (skip to HHQ200)

HHQ196 How old were you when you were first told you had pre-diabetes?

HEALTH HISTORY

<1-130> YEARS (skip to HHQ193) **HHQ196 FMT_NUMERIC.**

<d> DON'T KNOW (skip to HHQ193)

<r> REFUSED (skip to HHQ193)

HHQ191 Which type of diabetes have you had?

(INTERVIEWER: PICK ONLY ONE. RETURN TO HHQ190 IF INDIVIDUAL SAYS BORDERLINE OR PRE-DIABETES)

<1> TYPE I **HHQ191_R2 FMT_HHQ191_R2_.**

<2> TYPE II

<d> DON'T KNOW

<r> REFUSED

HHQ192 How old were you when you were first told you had diabetes?

<1-130> YEARS **HHQ192_R2 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

HHQ193 How is your diabetes or pre-diabetes currently being treated or controlled?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY.)

<1> NO TREATMENT

<2> INSULIN

<3> ORAL ANTI-DIABETICS (PILLS)

<4> WEIGHT CONTROL/LOSS

<5> EXERCISE

<6> SPECIAL DIET

<7> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY

1st RESPONSE	HHQ193_A_R2	FMT_HHQ193_
2nd RESPONSE	HHQ193_B_R2	FMT_HHQ193_
3rd RESPONSE	HHQ193_C_R2	FMT_HHQ193_
4th RESPONSE	HHQ193_D_R2	FMT_HHQ193_
5th RESPONSE	HHQ193_E_R2	FMT_HHQ193_
6th RESPONSE	HHQ193_F_R2	FMT_HHQ193_
OTHER RESPONSE	HHQ193_OTHER_R2	\$FMT_CHAR.

HHQ194 Has a doctor or other health care professional ever told you that you had any of the following complications associated with diabetes?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' FOR NONE OR FOR NO FURTHER DIAGNOSES)

- <1> NEUROPATHY (NERVE DISEASE)
- <2> RETINOPATHY (EYE DISEASE)
- <3> NEPHROPATHY (KIDNEY DISEASE)
- <4> OTHER (SPECIFY)

- <d> DON'T KNOW
- <r> REFUSED
- <x> NONE OR NO FURTHER DIAGNOSES

1st RESPONSE	HHQ194_A_R2	FMT_HHQ194_R2_
2nd RESPONSE	HHQ194_B_R2	FMT_HHQ194_R2_
3rd RESPONSE	HHQ194_C_R2	FMT_HHQ194_R2_
4th RESPONSE	HHQ194_D_R2	FMT_HHQ194_R2_
OTHER RESPONSE	HHQ194_OTHER_R2	\$FMT_CHAR.

HHQ200 Has a doctor or other health professional ever told you that you had...
...**high blood pressure or hypertension?**

- <1> YES **HHQ200 FMT_YES_NO.**
- <2> NO **(skip to HHQ210)**

- <d> DON'T KNOW **(skip to HHQ210)**
- <r> REFUSED **(skip to HHQ210)**

HEALTH HISTORY

HHQ202 How old were you when you were first told that you had **high blood pressure or hypertension**?

<1-130> YEARS

HHQ202 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

HHQ203 How is your **high blood pressure or hypertension** currently treated? List all that apply.

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY.)

<1> NO TREATMENT

<2> PRESCRIBED MEDICINE

<3> WEIGHT CONTROL/LOSS

<4> EXERCISE

<5> SPECIAL DIET

<6> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

1st RESPONSE	HHQ203_A	FMT_HHQ203_.
2nd RESPONSE	HHQ203_B	FMT_HHQ203_.
3rd RESPONSE	HHQ203_C	FMT_HHQ203_.
4th RESPONSE	HHQ203_D	FMT_HHQ203_.
5th RESPONSE	HHQ203_E	FMT_HHQ203_.
OTHER RESPONSE	HHQ203_OTHER	\$FMT_CHAR.

HIT 'X' TO EXIT

HHQ210 Has a doctor or other health professional ever told you that you have...

...**asthma**?

<1> YES

<2> NO **(skip to HHQ230r2)**

HHQ210 FMT_YES_NO.

<d> DON'T KNOW **(skip to HHQ230r2)**

<r> REFUSED **(skip to HHQ230r2)**

HEALTH HISTORY

HHQ212 How old were you when you were first told you have asthma?

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ212 FMT_NUMERIC.

HHQ214 Do you still have asthma?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ214 FMT_YES_NO.

HHQ215 During the last 12 months, have you had an episode of asthma or an asthma attack?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ215 FMT_YES_NO.

HHQ216 During the past 12 months, have you visited an emergency room or urgent care because of your asthma?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ216 FMT_YES_NO.

HHQ217 How is your asthma currently being treated or controlled?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY.)

<1> USE NOTHING/NO TREATMENT

<2> INHALED BRONCHODILATOR

<3> INHALED STERIOD

<4> ORAL MEDICATION

<5> INJECTED MEDICATIONS

<6> CONTROLLING ALLERGIES AND/OR ASTHMA TRIGGERS

<7> WEIGHT CONTROL/LOSS/EXERCISE/SPECIAL DIET

<8> OTHER (SPECIFY)

HEALTH HISTORY

<d> DON'T KNOW
<r> REFUSED

1st RESPONSE	HHQ217_A	FMT_HHQ217_.
2nd RESPONSE	HHQ217_B	FMT_HHQ217_.
3rd RESPONSE	HHQ217_C	FMT_HHQ217_.
4th RESPONSE	HHQ217_D	FMT_HHQ217_.
5th RESPONSE	HHQ217_E	FMT_HHQ217_.
6th RESPONSE	HHQ217_F	FMT_HHQ217_.
7th RESPONSE	HHQ217_G	FMT_HHQ217_.
OTHER RESPONSE	HHQ217_OTHER	\$FMT_CHAR.

HHQ218 During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

<1> NEVER
<2> 1-14 DAYS **HHQ218 FMT_HHQ218_.**
<3> 15-24 DAYS
<4> 25-30 DAYS

<d> DON'T KNOW
<r> REFUSED

HHQ219 During the past 30 days, how many days did you take a prescription asthma medication DURING AN ASTHMA ATTACK to stop it?

<0> NEVER
<1> 1-4 TIMES
<2> 5-14 TIMES **HHQ219 FMT_HHQ219_.**
<3> 15-29 TIMES
<4> 30-59 TIMES
<5> 60-99 TIMES
<6> MORE THAN 100 TIMES

<d> DON'T KNOW
<r> REFUSED

HHQ230r2 Has a doctor or other health professional ever told you that you had...
...**chronic bronchitis** or **emphysema**?

<1> YES **HHQ230_R2 FMT_YES_NO.**

HEALTH HISTORY

<2> NO
 <d> DON'T KNOW
 <r> REFUSED

HHQ270 (Has a doctor or other health professional ever told you that you had...)

...allergies or hay fever?

<1> YES **HHQ270 FMT_YES_NO.**
 <2> NO **(End of HHQ; GO TO SIQ230)**
 <d> DON'T KNOW **(End of HHQ; GO TO SIQ230)**
 <r> REFUSED **(End of HHQ; GO TO SIQ230)**

HHQ271 Which types of allergies have you had?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY)

<1> TREES, GRASSES, PLANTS, POLLEN
 <2> MEDICINES
 <3> FOODS
 <4> CHEMICALS/SCENTS
 <5> MOLDS
 <6> ANIMALS/DANDER
 <7> DUST MITES
 <10> STINGING INSECTS
 <11> OTHER (SPECIFY)
 <d> DON'T KNOW
 <r> REFUSED

1st RESPONSE	HHQ271_A	FMT_HHQ271_.
2nd RESPONSE	HHQ271_B	FMT_HHQ271_.
3rd RESPONSE	HHQ271_C	FMT_HHQ271_.
4th RESPONSE	HHQ271_D	FMT_HHQ271_.
5th RESPONSE	HHQ271_E	FMT_HHQ271_.
6th RESPONSE	HHQ271_F	FMT_HHQ271_.
7th RESPONSE	HHQ271_G	FMT_HHQ271_.
8th RESPONSE	HHQ271_H	FMT_HHQ271_.
9th RESPONSE	HHQ271_I	FMT_HHQ271_.
OTHER RESPONSE	HHQ271_OTHER	\$FMT_CHAR.

HHQ276 Do you still have allergies or hay fever?

HEALTH HISTORY

<1> YES **HHQ276 FMT_YES_NO.**
 <2> NO
 <d> DON'T KNOW
 <r> REFUSED

(SIQ230 and SIQ231 for MEN >=40 YEARS OLD. If <40, skip to SDQ010 below)

SIQ230 Have you ever had a prostate blood test, PSA test, and/or a rectal exam?

<1> YES **SIQ230 FMT_YES_NO.**
 <2> NO **(Skip to SDQ010)**
 <d> DON'T KNOW **(Skip to SDQ010)**
 <r> REFUSED **(Skip to SDQ010)**

SIQ231 Within how many years? **SIQ231 FMT_NUMERIC.**

INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS
 <d> DON'T KNOW
 <r> REFUSED

SDQ010 At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is excellent, good, fair, poor or very poor?

<1> EXCELLENT **SDQ010 FMT_EGFPVP.**
 <2> GOOD
 <3> FAIR
 <4> POOR
 <5> VERY POOR
 <d> DON'T KNOW
 <r> REFUSED

SDQ040 Has a doctor or other health professional ever told you that you had an eye problem other than needing glasses?

HEALTH HISTORY

- | | | | |
|-----|------------|------------------|--------------------|
| | | SDQ040 | FMT_YES_NO. |
| <1> | YES | | |
| <2> | NO | (Skip to SDQ060) | |
| <d> | DON'T KNOW | (Skip to SDQ060) | |
| <r> | REFUSED | (Skip to SDQ060) | |

SDQ042 Which type of eye problem was it? Name all that apply.

(INTERVIEWER: HAND CARD)

- <1> Glaucoma
 - <2> Macular degeneration
 - <3> Diabetic retinopathy
 - <4> Cataract
 - <5> Retinal detachment
 - <6> Traumatic injury to eye
 - <7> Bleeding at the back of eye
 - <8> Other (Specify)
- <d> DON'T KNOW
- <r> REFUSED HIT "x" to EXIT

1st RESPONSE	SDQ042_A	FMT_SDQ042_.
2nd RESPONSE	SDQ042_B	FMT_SDQ042_.
3rd RESPONSE	SDQ042_C	FMT_SDQ042_.
4th RESPONSE	SDQ042_D	FMT_SDQ042_.
5th RESPONSE	SDQ042_E	FMT_SDQ042_.
6th RESPONSE	SDQ042_F	FMT_SDQ042_.
7th RESPONSE	SDQ042_G	FMT_SDQ042_.
8th RESPONSE	SDQ042_H	FMT_SDQ042_.
OTHER RESPONSE	SDQ042_OTHER	\$FMT_CHAR.

SDQ060 Has a doctor or other health professional ever told you that you had a hearing or ear problem?

- | | | | |
|-----|------------|------------------|--------------------|
| | | SDQ060 | FMT_YES_NO. |
| <1> | YES | | |
| <2> | NO | (Skip to SDQ270) | |
| <d> | DON'T KNOW | (Skip to SDQ270) | |
| <r> | REFUSED | (Skip to SDQ270) | |

SDQ062 Which type of ear or hearing problem was it? Name all that apply.

HEALTH HISTORY**(INTERVIEWER: HAND CARD)**

- <1> Tubes in ears
- <2> Drainage/discharge from ear
- <3> Partial hearing loss
- <4> Deaf
- <5> Acoustic neuroma
- <6> Choesteatoma
- <7> Meniere's disease
- <8> Otosclerosis
- <9> Other (Specify)

- <d> DON'T KNOW
- <r> REFUSED

HIT "x" TO EXIT

1st RESPONSE	SDQ062_A	FMT_SDQ062_.
2nd RESPONSE	SDQ062_B	FMT_SDQ062_.
3rd RESPONSE	SDQ062_C	FMT_SDQ062_.
4th RESPONSE	SDQ062_D	FMT_SDQ062_.
5th RESPONSE	SDQ062_E	FMT_SDQ062_.
6th RESPONSE	SDQ062_F	FMT_SDQ062_.
7th RESPONSE	SDQ062_G	FMT_SDQ062_.
8th RESPONSE	SDQ062_H	FMT_SDQ062_.
9th RESPONSE	SDQ062_I	FMT_SDQ062_.
OTHER RESPONSE	SDQ062_OTHER	\$FMT_CHAR.

SDQ270 Overall, how would you describe the condition of your teeth?

Would you say excellent, very good, good, fair or poor?

SDQ270 FMT_EVGGFP.

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR
- <d> DON'T KNOW
- <r> REFUSED

SDQ340 Have you ever been diagnosed by a dentist as having gum disease?

- <1> YES

HEALTH HISTORY

<2> NO

<d> DON'T KNOW
<r> REFUSED

SDQ340 FMT_YES_NO.

SDQ360 During the past 12 months, was there a time when you needed dental care but did not get it at that time?

<1> YES
<2> NO

SDQ360 FMT_YES_NO.

(Skip to HHQ400)

<d> DON'T KNOW
<r> REFUSED

(Skip to HHQ400)
(Skip to HHQ400)

SDQ361 What were the reasons that you could not get the dental care you needed?

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

<1> COULD NOT AFFORD THE COST
<2> DID NOT WANT TO SPEND THE MONEY
<3> DO NOT HAVE INSURANCE
<4> INSURANCE DID NOT COVER RECOMMENDED PROCEDURES

<5> INSURANCE ONLY COVERS A PORTION OF THE COST
<6> DENTAL OFFICE IS TOO FAR AWAY
<7> DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES

<8> ANOTHER DENTIST RECOMMENDED NOT DOING IT
<9> AFRAID, OR DO NOT LIKE DENTISTS
<10> UNABLE TO TAKE TIME OFF FROM WORK
<11> TOO BUSY
<12> I DID NOT THINK ANYTHING SERIOUS WAS WRONG--EXPECTED
DENTAL PROBLEMS TO GO AWAY
<13> THE DENTIST WOULD NOT ACCEPT MY INSURANCE
<14> OTHER (SPECIFY)

<d> DON'T KNOW
<r> REFUSED

HIT 'x' TO EXIT

HEALTH HISTORY

1st response	SDQ361_A	FMT_SDQ361_.
2nd response	SDQ361_B	FMT_SDQ361_.
3rd response	SDQ361_C	FMT_SDQ361_.
4th response	SDQ361_D	FMT_SDQ361_.
5th response	SDQ361_E	FMT_SDQ361_.
6th response	SDQ361_F	FMT_SDQ361_.
7th response	SDQ361_G	FMT_SDQ361_.
8th response	SDQ361_H	FMT_SDQ361_.
9th response	SDQ361_I	FMT_SDQ361_.
10th response	SDQ361_J	FMT_SDQ361_.
11th response	SDQ361_K	FMT_SDQ361_.
12th response	SDQ361_L	FMT_SDQ361_.
13th response	SDQ361_M	FMT_SDQ361_.
14th response	SDQ361_N	FMT_SDQ361_.
Other response	SDQ361_OTHER	\$FMT_CHAR.

HHQ400 Has a doctor or other health professional ever told you that you were overweight?

- <1> YES **HHQ400 FMT_YES_NO.**
 <2> NO **(Skip to HHQ480)**
 <d> DON'T KNOW **(Skip to HHQ480)**
 <r> REFUSED **(Skip to HHQ480)**

HHQ412 How old were you when you were first told you were overweight?

- <0-130> YEARS OLD **HHQ412 FMT_NUMERIC.**
 <d> DON'T KNOW
 <r> REFUSED

HHQ480 Has a doctor or other health professional ever told you that you had cancer?

- <1> YES **HHQ480 FMT_YES_NO.**
 <2> NO **(Skip to HHQ500int)**
 <d> DON'T KNOW **(Skip to HHQ500int)**
 <r> REFUSED **(Skip to HHQ500int)**

HHQ481 Which types of cancer on this card have you had?

(INTERVIEWER: ENTER ALL THAT APPLY, ENTER 'x' WHEN DONE)

- <10> BLADDER <27> NERVOUS SYSTEM
 <11> BLOOD <28> OVARY/OVARIAN
 <12> BONE <29> PANCREAS/PANCREATIC

HEALTH HISTORY

<13> BRAIN	<30> PROSTATE
<14> BREAST	<31> RECTUM/RECTAL
<15> CERVIX/CERVICAL	<32> SKIN (NON MELANOMA)
<16> COLON	<33> SKIN (UNKNOWN)
<17> ESOPHAGUS	<34> SOFT TISSUE (MUSCLE/FAT)
<18> GALLBLADDER	<35> STOMACH
<19> KIDNEY	<36> TESTES/TESTICULAR
<20> LARYNX/WINDPIPE	<37> THYROID
<21> LEUKEMIA	<38> UTERUS/UTERINE
<22> LIVER	<39> OTHER
<23> LUNG	
<24> LYMPHOMA/ HODGKINS DISEASE	<66> MORE THAN 3
<25> MELANOMA	<d> DON'T KNOW
<26> MOUTH/TONGUE/LIP	<r> REFUSED

HHQ481_A	FMT_HHQ481_.
HHQ481_B	FMT_HHQ481_.
HHQ481_C	FMT_HHQ481_.
HHQ481_D	FMT_HHQ481_.

HHQ500int Now we will ask you questions about certain illnesses that have occurred in your close biological or 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.

(INTERVIEWER: HANDCARD)

INTERVIEWER: HIT ENTER TO CONTINUE

HHQ510_R2 Were any of your close biological or blood relatives ever told by a doctor or other health professional that they had diabetes?

<1> YES
<2> NO

HHQ510_R2 FMT_YES_NO.

<d> DON'T KNOW
<r> REFUSED

HHQ520_R2 (Were any of your close biological or blood relatives ever told by a doctor or other health professional that they had...)

...Alzheimer's disease or dementia?

HHQ520_R2 FMT_YES_NO.

<1> YES

HEALTH HISTORY

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ530_R2 (Were any of your close biological or blood relatives ever told by a doctor or other health professional that they had...)

...asthma?

HHQ530_R2 FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ550_R2 (Were any of your close biological or blood relatives ever told by a doctor or other health professional that they had...)

...high blood pressure or hypertension?

<1> YES

<2> NO

HHQ550_R2 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

HHQ570_R3 (Were any of your close biological or blood relatives ever told by a doctor or other health professional that they had...)

... a heart attack or a stroke?

<1> YES

<2> NO **(Skip to HHQ573int)**

HHQ570_R3 FMT_YES_NO.

<d> DON'T KNOW **(Skip to HHQ573int)**

<r> REFUSED **(Skip to HHQ573int)**

HHQ572_R3 What was the youngest age at which any close biological or blood relative was first diagnosed with heart attack or a stroke?

<0-130> YEARS OLD

HHQ572_R3 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY

HHQ573int Now we will ask you about illness that has occurred in your biological or blood relative grandparents, aunts and uncles. Please include both living and deceased relatives.

(INTERVIEWER: HAND CARD)

INTERVIEWER: HIT ENTER TO CONTINUE

HHQ574 Were any of your biological grandparents, aunts or uncles ever told by a doctor or other health professional that they had Alzheimer's disease or dementia?

<1> YES

<2> NO

HHQ574 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

HHQ580new Has a doctor or other health professional ever told you that you had any of the following?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY, ENTER 'x' FOR NONE OR NO FURTHER DIAGNOSES)

<a> ALCOHOL ABUSE

 ALZHEIMER'S DISEASE

<c> ANEMIA

<d> ANXIETY

<e> AUTISM SPECTRUM DISORDER
IMPAIRMENT

<f> CELIAC DISEASE

<g> CHLAMYDIA

<h> CROHN'S DISEASE

<i> CHRONIC KIDNEY DISEASE

<j> DEPRESSION

<k> DRUG ABUSE

<l> ECZEMA/DERMATITIS

<m> EPILEPSY

<n> GONORRHEA

POX

<oa> HEPATITIS A

<ob> HEPATITIS B

<oc> HEPATITIS C

<p> HERPES TYPE 1/COLD SORES

<t> KIDNEY STONES

<u> LEARNING DISABILITY

<ua> LIVER DISEASE

<v> LYME DISEASE

<w> MIGRAINE HEADACHE

<wa> MILD COGNITIVE

<y> MULTIPLE SCLEROSIS

<z> OSTEOARTHRITIS

<aa> OSTEOPOROSIS

<bb> PARKINSON'S DISEASE

<cc> POST TRAUMATIC STRESS
DISORDER (PTSD)

<dd> PSORIASIS

<ee> REFLUX/GERD

<ff> RHEUMATOID ARTHRITIS

<gg> SHINGLES OR CHICKEN

<hh> SICKLE CELL DISEASE

<ii> STOMACH OR INTESTINAL
ULCER

<jj> SYPHILIS

<kk> TUBERCULOSIS

HEALTH HISTORY

<q> HIV INFECTION/AIDS <ll> URINARY INCONTINENCE
 <r> HUMAN PAPILLOMA VIRUS (HPV) <mm> URINARY TRACT INFECTION
 <s> IRRITABLE BOWEL SYNDROME

 <xd> DON'T KNOW <xr> REFUSED
 <x> NONE OR NO FURTHER DIAGNOSES

HHQ580_A_R2	FMT_DISEASE_R2_.
HHQ580_B_R2	FMT_DISEASE_R2_.
HHQ580_C_R2	FMT_DISEASE_R2_.
HHQ580_D_R2	FMT_DISEASE_R2_.
HHQ580_E_R2	FMT_DISEASE_R2_.
HHQ580_F_R2	FMT_DISEASE_R2_.
HHQ580_G_R2	FMT_DISEASE_R2_.
HHQ580_H_R2	FMT_DISEASE_R2_.
HHQ580_I_R2	FMT_DISEASE_R2_.
HHQ580_J_R2	FMT_DISEASE_R2_.
HHQ580_K_R2	FMT_DISEASE_R2_.
HHQ580_L_R2	FMT_DISEASE_R2_.

HHQ581 Has a doctor or other health professional ever told you that you had any of these following conditions?

(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY, ENTER 'x' FOR NONE OR FOR NO FURTHER DIAGNOSES)

<1> CONNECTIVE TISSUE DISEASE
 <2> PERIPHERAL VASCULAR DISEASE
 <3> HEMIPLEGIA
 <4> SKIN OR SOFT TISSUE INFECTION

 <d> DON'T KNOW <r> REFUSED
 <x> NONE OR NO FURTHER DIAGNOSES

HHQ581_A	FMT_HHQ581_R2_.
HHQ581_B	FMT_HHQ581_R2_.
HHQ581_C	FMT_HHQ581_R2_.
HHQ581_D	FMT_HHQ581_R2_.

CGQ010 There are situations in which people provide regular **unpaid care or assistance** to a family member **including children** or a friend who has **a long-term illness or a disability**.

In the past 12 months, did you provide any such care or assistance to a family member or friend living with you or living elsewhere?

HEALTH HISTORY

<1> YES **CGQ010** **FMT_YES_NO.**
<2> NO **(Skip to RXQ032pre)**
<d> DON'T KNOW **(Go to CGQ020)**
<r> REFUSED **(Skip to RXQ032pre)**

CGQ020 Are you currently giving unpaid help to a family member or friend?

<1> YES **CGQ020** **FMT_YES_NO.**
<2> NO
<d> DON'T KNOW
<r> REFUSED