

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

HHQ100 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

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

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

HHQ120 FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

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

...a **heart attack**?

HHQ130 FMT_YES_NO.

<1> YES

<2> NO (skip to HHQ140)

<d> DON'T KNOW (skip to HHQ140)

<r> REFUSED (skip to HHQ140)

HHQ131 How many heart attacks have you had?

<1-99>

HHQ131 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY

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

<1-130> YEARS

HHQ132 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

HHQ140 Have you ever had heart surgery?

HHQ140 FMT_YES_NO.

<1> YES

<2> NO (skip to HHQ150)

<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.

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

<1> YES

<2> NO

HHQ150 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY

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

...a **stroke**?

HHQ160 FMT_YES_NO.

<1> YES

<2> NO (skip to HHQ180)

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

<r> REFUSED (skip to HHQ180)

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

<1-130> YEARS

HHQ162 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

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

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

HHQ180 FMT_YES_NO.

<1> YES

<2> NO (skip to HHQ190)

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

<r> REFUSED (skip to HHQ190)

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

<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_.

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

HHQ195	FMT_YES_NO.
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HHQ196 How old were you when you were first told you had pre-diabetes?

<1-130> YEARS (skip to HHQ193)

HHQ196	FMT_NUMERIC.
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- <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
 <2> TYPE II
 <3> ONLY WHEN PREGNANT

HHQ191_R3	FMT_HHQ191_R3_.
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- <d> DON'T KNOW
 <r> REFUSED

NOTE: <3> was not supposed to be an option offered, but it was accidentally kept in the UWSC's IHQ programming. Based on the wording of the lead-in question,

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HHQ190_R2, no one should have chosen <3>. This wording was used in 2008-2016 when the lead-in question did not mention pregnancy. The _R3 extension was added to the variable name because the participants who were able to answer this question does not match the participants from the 2008-2016 years who had these options.

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

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

HEALTH HISTORY

<r> REFUSED

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?**

HHQ200 FMT_YES_NO.

<1> YES

<2> NO (skip to HHQ210)

<d> DON'T KNOW(skip to HHQ210)

<r> REFUSED (skip to HHQ210)

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

HIT 'X' TO EXIT

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_.

HEALTH HISTORY

OTHER RESPONSE	HHQ203_OTHER	\$FMT_CHAR.
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HHQ210 Has a doctor or other health professional ever told you that you have...

...asthma?

HHQ210	FMT_YES_NO.
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<1> YES

<2> NO (skip to HHQ230r2)

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

<r> REFUSED (skip to HHQ230r2)

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

<1-130> YEARS

HHQ212	FMT_NUMERIC.
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<d> DON'T KNOW

<r> REFUSED

HHQ214 Do you still have asthma?

<1> YES

<2> NO

HHQ214	FMT_YES_NO.
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<d> DON'T KNOW

<r> REFUSED

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

<1> YES

<2> NO

HHQ215	FMT_YES_NO.
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<d> DON'T KNOW

<r> REFUSED

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

<1> YES

<2> NO

HHQ216	FMT_YES_NO.
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<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY

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)

<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?

HHQ218 **FMT_HHQ218_.**

- <1> NEVER
- <2> 1-14 DAYS
- <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?

HHQ219 **FMT_HHQ219_.**

<0> NEVER

- <1> 1-4 TIMES
- <2> 5-14 TIMES
- <3> 15-29 TIMES
- <4> 30-59 TIMES
- <5> 60-99 TIMES

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<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**?

HHQ230_R2 FMT_YES_NO.

<1> YES

<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**?

HHQ270 FMT_YES_NO.

<1> YES

<2> NO (GO TO HHQ600)

<d> DON'T KNOW (GO TO HHQ600)

<r> REFUSED (GO TO HHQ600)

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_.

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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?

HHQ276 FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ600 Do you have upper respiratory or sinus symptoms (runny nose, congestion, post-nasal drip, sinus headache or others) any time during the year?

<1> YES (Skip to HHQ605)

<2> NO (Skip to HHQ610)

HHQ600 FMT_YES_NO.

<d> DON'T KNOW (Skip to HHQ610)

<r> REFUSED (Skip to HHQ610)

NOTE: QUESTION WAS DROPPED MID YEAR (AUGUST 2019).

HHQ605 From which of the following conditions? Please list all that apply.

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

<1> COMMON COLD

<2> ACUTE SINUS INFECTION

<3> CHRONIC SINUS SYMPTOMS

<4> SEASONAL ALLERGIES (E.G. RAGWEED)

<5> ENVIRONMENTAL ALLERGIES (E.G. MOLD, DUST MITES)

<6> WORK PLACE IRRITANTS

<7> SLEEP PROBLEMS

<8> OTHER UPPER RESPIRATORY CONDITIONS (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

1st RESPONSE	HHQ605_A	FMT_HHQ605_.
2nd RESPONSE	HHQ605_B	FMT_HHQ605_.
3rd RESPONSE	HHQ605_C	FMT_HHQ605_.
4th RESPONSE	HHQ605_D	FMT_HHQ605_.
5th RESPONSE	HHQ605_E	FMT_HHQ605_.
6th RESPONSE	HHQ605_F	FMT_HHQ605_.

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7th RESPONSE	HHQ605_G	FMT_HHQ605_.
8th RESPONSE	HHQ605_H	FMT_HHQ605_.
OTHER RESPONSE	HHQ605_OTHER	\$FMT_CHAR.

NOTE: QUESTION WAS DROPPED MID YEAR (AUGUST 2019).

HHQ610 Have you ever heard of “nasal irrigation”, or “nasal rinse”, where a person rinses their nose and nasal cavity with salt water from a water bottle, nasal pot, neti pot, or other irrigation product?

HHQ610 FMT_YES_NO.

- <1> YES (Skip to HHQ615)
 <2> NO (If male and age >=40 skip to SIQ230, if female or age < 40, skip to SDQ010)
- <d> DON'T KNOW (If male and age >=40 skip to SIQ230, if female or age < 40, skip to SDQ010)
 <r> REFUSED (If male and age >=40 skip to SIQ230, if female or age < 40, skip to SDQ010)

HHQ615 How often do you use nasal irrigation to treat nasal, allergic or sinus symptoms?

(INTERVIEWER: PLEASE SELECT ONE. HAND CARD)

HHQ615 FMT_HHQ615_.

- <1> I HAVE NEVER USED NASAL IRRIGATION. (SKIP TO HHQ640)
- <2> I AM A REGULAR NASAL IRRIGATION USER (ONE OR MORE TIMES PER WEEK ON AVERAGE)
- I USE NASAL IRRIGATION LESS FREQUENTLY:
- <3> AT LEAST ONCE THE PAST 1 MONTH, BUT NOT IN THE PAST WEEK.
 <4> AT LEAST ONCE IN THE PAST 2-6 MONTHS, BUT NOT IN THE PAST MONTH.
 <5> AT LEAST ONCE IN THE PAST 7-12 MONTHS, BUT NOT IN THE PAST 6 MONTHS.
 <6> I USED NASAL IRRIGATION MORE THAN ONE YEAR AGO BUT NO LONGER USE IT.
 <d> DON'T KNOW
 <r> REFUSED

HHQ620 Which type of nasal irrigation device have you used?

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

HEALTH HISTORY

- <1> NASAL CUP OR "NETI POT"
- <2> SQUEEZE BOTTLE FOR LIQUID
- <3> SQUEEZE BOTTLE FOR SPRAY
- <4> WATER PIK OR OTHER ELECTRIC DEVICE
- <5> OTHER (SPECIFY)

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

1st RESPONSE	HHQ620_A	FMT_HHQ620_.
2nd RESPONSE	HHQ620_B	FMT_HHQ620_.
3rd RESPONSE	HHQ620_C	FMT_HHQ620_.
4th RESPONSE	HHQ620_D	FMT_HHQ620_.
5th RESPONSE	HHQ620_E	FMT_HHQ620_.
OTHER RESPONSE	HHQ620_OTHER	\$FMT_CHAR.

HHQ625 For which of the following conditions have you used nasal irrigation?

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

- <1> COMMON COLD
- <2> ACUTE SINUS INFECTION
- <3> CHRONIC SINUS SYMPTOMS
- <4> SEASONAL ALLERGIES (E.G. RAGWEED)
- <5> ENVIRONMENTAL ALLERGIES (E.G. MOLD, DUST MITES)
- <6> WORK PLACE IRRITANTS
- <7> SLEEP PROBLEMS
- <8> OTHER UPPER RESPIRATORY CONDITIONS (SPECIFY)

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

1st RESPONSE	HHQ625_A	FMT_HHQ605_.
2nd RESPONSE	HHQ625_B	FMT_HHQ605_.
3rd RESPONSE	HHQ625_C	FMT_HHQ605_.
4th RESPONSE	HHQ625_D	FMT_HHQ605_.
5th RESPONSE	HHQ625_E	FMT_HHQ605_.
6th RESPONSE	HHQ625_F	FMT_HHQ605_.
7th RESPONSE	HHQ625_G	FMT_HHQ605_.
8th RESPONSE	HHQ625_H	FMT_HHQ605_.
OTHER RESPONSE	HHQ625_OTHER	\$FMT_CHAR.

HHQ630 Do you consider nasal irrigation part of your health care?

- <1> YES
- <2> NO

- <d> DON'T KNOW

HHQ630 FMT_YES_NO.

HEALTH HISTORY

<r> REFUSED

HHQ635 How much does nasal irrigation improve your symptoms?

(INTERVIEWER: PLEASE SELECT ONE. HAND CARD)

HHQ635 FMT_HHQ635_.

- <1> NOT AT ALL
- <2> VERY LITTLE
- <3> SOMEWHAT
- <4> VERY MUCH
- <5> COMPLETELY

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

HHQ640 How did you learn about nasal irrigation?

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

- <1> A DOCTOR OR THEIR STAFF RECOMMENDED IT
- <2> FRIEND OR RELATIVE
- <3> NEWS MEDIA
- <4> ADVERTISING MEDIA

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

1st RESPONSE	HHQ640_A	FMT_HHQ640_.
2nd RESPONSE	HHQ640_B	FMT_HHQ640_.
3rd RESPONSE	HHQ640_C	FMT_HHQ640_.
4th RESPONSE	HHQ640_D	FMT_HHQ640_.

NOTE: QUESTION WAS DROPPED MID YEAR (AUGUST 2019).

HHQ645 Has a doctor or other health care provider recommended nasal irrigation?

HHQ645 FMT_YES_NO.

- <1> YES
- <2> NO **(If male and age >=40 skip to SIQ230, if female or age < 40, skip to SDQ010)**

- <d> DON'T KNOW **(If male and age >=40 skip to SIQ230, if female or age < 40, skip to SDQ010)**
- <r> REFUSED **(If male and age >=40 skip to SIQ230, if female or age < 40,**

HEALTH HISTORY**skip to SDQ010)**

HHQ650 For which conditions has a doctor or other health care provider recommended nasal irrigation?

(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)

- <1> COMMON COLD
- <2> ACUTE SINUS INFECTION
- <3> CHRONIC SINUS SYMPTOMS
- <4> SEASONAL ALLERGIES (E.G. RAGWEED)
- <5> ENVIRONMENTAL ALLERGIES (E.G. MOLD, DUST MITES)
- <6> WORK PLACE IRRITANTS
- <7> SLEEP PROBLEMS
- <8> OTHER UPPER RESPIRATORY CONDITIONS (SPECIFY)

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

1st RESPONSE	HHQ650_A	FMT_HHQ605_.
2nd RESPONSE	HHQ650_B	FMT_HHQ605_.
3rd RESPONSE	HHQ650_C	FMT_HHQ605_.
4th RESPONSE	HHQ650_D	FMT_HHQ605_.
5th RESPONSE	HHQ650_E	FMT_HHQ605_.
6th RESPONSE	HHQ650_F	FMT_HHQ605_.
7th RESPONSE	HHQ650_G	FMT_HHQ605_.
8th RESPONSE	HHQ650_H	FMT_HHQ605_.
OTHER RESPONSE	HHQ650_OTHER	\$FMT_CHAR.

(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?

SDQ230 FMT_YES_NO.

- <1> YES
- <2> NO **(Skip to SDQ010)**

- <d> DON'T KNOW **(Skip to SDQ010)**
- <r> REFUSED **(Skip to SDQ010)**

SIQ231 Within how many years?

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

<1-130> YEARS

SDQ231 FMT_NUMERIC.

<d> DON'T KNOW

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<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?

SDQ010 FMT_EGFPVP.

<1> EXCELLENT

<2> GOOD

<3> FAIR

<4> POOR

<5> VERY POOR

<d> DON'T KNOW

<r> REFUSED

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

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

SDQ270 FMT_EGFPVP.

<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

<2> NO

SDQ340 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

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

SDQ360 FMT_YES_NO.

<1> YES

<2> NO **(Skip to HHQ400)**

<d> DON'T KNOW **(Skip to HHQ400)**

<r> REFUSED **(Skip to HHQ400)**

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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

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
- <2> NO (Skip to HHQ480)

HHQ400 FMT_YES_NO.

- <d> DON'T KNOW (Skip to HHQ480)
- <r> REFUSED (Skip to HHQ480)

HEALTH HISTORY

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?

HHQ480 FMT_YES_NO.

<1> YES

<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
<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

1ST RESPONSE	HHQ481_A	FMT_HHQ481_.
2ND RESPONSE	HHQ481_B	FMT_HHQ481_.
3RD RESPONSE	HHQ481_C	FMT_HHQ481_.
4TH RESPONSE	HHQ481_D	FMT_HHQ481_.
OTHER RESPONSE	HHQ481_OTHER	\$FMT_CHAR.

HEALTH HISTORY

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, cousins, nieces, nephews, or grandchildren. Please include both living and deceased relatives.

(INTERVIEWER: HANDCARD)

INTERVIEWER: HIT ENTER TO CONTINUE

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

HHQ510_R2 FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ520_R2 (Were any of your 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

<2> NO

<d> DON'T KNOW

<r> REFUSED

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

...high blood pressure or hypertension?

HHQ550_R2 FMT_YES_NO.

<1> YES

<2> NO

HEALTH HISTORY

- <c> ANEMIA
- <d> ANXIETY
- <e> AUTISM SPECTRUM DISORDER
- <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~~
- <oa> HEPATITIS A
- <ob> HEPATITIS B

- <oc> HEPATITIS C
- <p> ~~HERPES TYPE 1/COLD SORES~~
- <q> ~~HIV INFECTION/AIDS~~
- <r> ~~HUMAN PAPILLOMA VIRUS (HPV)~~
- <s> IRRITABLE BOWEL SYNDROME

- <xd> DON'T KNOW
- <xr> REFUSED
- <x> NO FURTHER DIAGNOSES

- <ua> LIVER DISEASE
- <v> LYME DISEASE
- <w> MIGRAINE HEADACHE
- <wa> MILD COGNITIVE IMPAIRMENT
- <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 POX~~
- <hh> SICKLE CELL DISEASE
- <ii> ~~STOMACH OR INTESTINAL ULCER~~
- <jj> ~~SYPHILIS~~
- <kk> ~~TUBERCULOSIS~~
- <ll> URINARY INCONTINENCE
- <mm> ~~URINARY TRACT INFECTION~~

1st RESPONSE	HHQ580_A_R2	\$FMT_DISEASE_R2_.
2nd RESPONSE	HHQ580_B_R2	\$FMT_DISEASE_R2_.
3rd RESPONSE	HHQ580_C_R2	\$FMT_DISEASE_R2_.
4th RESPONSE	HHQ580_D_R2	\$FMT_DISEASE_R2_.
5th RESPONSE	HHQ580_E_R2	\$FMT_DISEASE_R2_.
6th RESPONSE	HHQ580_F_R2	\$FMT_DISEASE_R2_.
7th RESPONSE	HHQ580_G_R2	\$FMT_DISEASE_R2_.
8th RESPONSE	HHQ580_H_R2	\$FMT_DISEASE_R2_.
9th RESPONSE	HHQ580_I_R2	\$FMT_DISEASE_R2_.
10th RESPONSE	HHQ580_J_R2	\$FMT_DISEASE_R2_.
11th RESPONSE	HHQ580_K_R2	\$FMT_DISEASE_R2_.
12th RESPONSE	HHQ580_L_R2	\$FMT_DISEASE_R2_.
13th RESPONSE	HHQ580_M_R2	\$FMT_DISEASE_R2_.
14th RESPONSE	HHQ580_N_R2	\$FMT_DISEASE_R2_.
15th RESPONSE	HHQ580_O_R2	\$FMT_DISEASE_R2_.
16th RESPONSE	HHQ580_P_R2	\$FMT_DISEASE_R2_.
17th RESPONSE	HHQ580_Q_R2	\$FMT_DISEASE_R2_.
18th RESPONSE	HHQ580_R_R2	\$FMT_DISEASE_R2_.

NOTE: Diseases crossed off were not asked after August 2019 to shorten the survey.

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

HEALTH HISTORY

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

- <a> CONNECTIVE TISSUE DISEASE
- PERIPHERAL VASCULAR DISEASE
- <c> HEMIPLEGIA
- <d> SKIN OR SOFT TISSUE INFECTION

- <d> DON'T KNOW <r> REFUSED
- <x> NO FURTHER DIAGNOSES

1st RESPONSE	HHQ581_A	FMT_HHQ581_.
2nd RESPONSE	HHQ581_B	FMT_HHQ581_.
3rd RESPONSE	HHQ581_C	FMT_HHQ581_.
4th RESPONSE	HHQ581_D	FMT_HHQ581_.

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?

- | | | | |
|-----|------------|----------------------------|--------------------|
| | | CGQ010 | FMT_YES_NO. |
| <1> | YES | | |
| <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 | | |
| <2> | NO | | |
| | | CGQ020 | FMT_YES_NO. |
| <d> | DON'T KNOW | | |
| <r> | REFUSED | | |