

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

HHQ100 FMT_YES_NO.

<2> 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**?

<1> YES

HHQ120 FMT_YES_NO.

<2> NO (skip to HHQ130)

<d> DON'T KNOW (skip to HHQ130)

<r> REFUSED (skip to HHQ130)

HHQ130 (Has a doctor or other health professional ever told you that you had) a **heart attack**?

<1> YES

<2> NO (skip to HHQ140)

HHQ130 FMT_YES_NO.

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

<r> REFUSED (skip to HHQ140)

HEALTH HISTORY

HHQ131 How many heart attacks have you had?

<1-99>

HHQ131 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

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?

<1> YES

<2> NO **(skip to HHQ160)**

HHQ140 FMT_NUMERIC.

<d> DON'T KNOW **(skip to HHQ160)**

<r> REFUSED **(skip to HHQ160)**

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

(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_.
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)?

HEALTH HISTORY

<1> YES

HHQ150**FMT_YES_NO.**

<2> NO (skip to HHQ160)

<d> DON'T KNOW (skip to HHQ160)

<r> REFUSED (skip to HHQ160)

HHQ160 (Has a doctor or other health professional ever told you that you had) a **stroke**?

<1> YES

<2> NO (skip to HHQ180)

HHQ160**FMT_YES_NO.**

<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

<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/hyperlipidemia**?

<1> YES

<2> NO (skip to HHQ190)

HHQ180**FMT_YES_NO.**

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

<r> REFUSED (skip to HHQ190)

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

(HAND CARD. ENTER ALL THAT APPLY)

<1> NO TREATMENT

<2> PRESCRIBED MEDICINE

<3> WEIGHT CONTROL/LOSS

<4> EXERCISE

HEALTH HISTORY

<5> SPECIAL DIET
 <6> OTHER (SPECIFY)

<d> DON'T KNOW
 <r> REFUSED

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

HHQ190 (Has a doctor or other health professional ever told you that you had) **diabetes?**

<1> YES

HHQ190 FMT_YES_NO.

<2> NO (skip to HHQ200)

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

<r> REFUSED (skip to HHQ200)

HHQ191 Which type of diabetes have you had? (Pick only one)

<1> TYPE I

HHQ191 FMT_HHQ191_.

<2> TYPE II

<3> ONLY WHEN PREGNANT

<4> BORDLINE DIABETES WHICH IS SOMETIMES CALLED PRE-DIABETES

<d> DON'T KNOW

<r> REFUSED

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

<1-130> YEARS

HHQ192 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED

HHQ193 How is your diabetes currently being treated or controlled?

(HAND CARD. ENTER ALL THAT APPLY.)

<1> NO TREATMENT

<2> INSULIN

HEALTH HISTORY

- <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	FMT_HHQ193_.
2nd Response	HHQ193_B	FMT_HHQ193_.
3rd Response	HHQ193_C	FMT_HHQ193_.
4th Response	HHQ193_D	FMT_HHQ193_.
OTHER Response	HHQ193_OTHER	\$FMT_CHAR.

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

<1> YES

HHQ200 FMT_YES_NO.

<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/hypertension?**

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ202 FMT_NUMERIC.

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

(HAND CARD. ENTER ALL THAT APPLY.)

<1> NO TREATMENT

<2> PRESCRIBED MEDICINE

<3> WEIGHT CONTROL/LOSS

<4> EXERCISE

<5> SPECIAL DIET

<6> OTHER (SPECIFY)

HEALTH HISTORY

<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_.
OTHER Response	HHQ203_OTHER	\$FMT_CHAR.

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 HHQ230)

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

<1-130> YEARS

HHQ212 FMT_NUMERIC.

<d> DON'T KNOW
<r> REFUSED

HHQ214 Do you still have asthma?

<1> YES

HHQ214 FMT_YES_NO.

<2> NO

<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

HHQ215 FMT_YES_NO.

<2> NO

<d> DON'T KNOW
<r> REFUSED

HEALTH HISTORY

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

<1> YES

HHQ216 FMT_YES_NO.

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ217 How is your asthma currently being treated or controlled?

(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

1 st Response	HHQ217_A	FMT_HHQ217_.
2 nd Response	HHQ217_B	FMT_HHQ217_.
3 rd Response	HHQ217_C	FMT_HHQ217_.
4 th Response	HHQ217_D	FMT_HHQ217_.
5 th Response	HHQ217_E	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

<3> 15-24 DAYS

<4> 25-30 DAYS

HHQ218 FMT_HHQ218_.

<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?

HEALTH HISTORY

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

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

HHQ219 FMT_HHQ219_.

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

- <1> YES
- <2> NO

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

HHQ230_R2 FMT_YES_NO.

HHQ270 (Has a doctor or other health professional ever told you that you had) **allergies** or **hay fever**?

- <1> YES
- <2> NO (End of HHQ; GO TO SIQ230)

HHQ270 FMT_YES_NO.

- <d> DON'T KNOW (End of HHQ; GO TO SIQ230)
- <r> REFUSED (End of HHQ; GO TO SIC230)

HHQ271 Which types of allergies have you had?

(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

HEALTH HISTORY

<r> REFUSED

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

HHQ276 Do you still have allergies or hay fever?

<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?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

SIQ231 FMT_NUMERIC.

<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...?**INTERVIEWER: READ CATEGORIES TO SP**

SDQ010 FMT_EGFPVP.

HEALTH HISTORY

- <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...?

INTERVIEWER: READ CATEGORIES TO SP

- <1> Excellent
- <2> Very Good
- <3> Good

- <4> Fair
- <5> Poor

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

SDQ270 FMT_EGFPVP.

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

- <1> YES
- <2> NO

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

SDQ240 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 **(Skip to HHQ400)**

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

SDQ360 FMT_YES_NO.

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

HEALTH HISTORY

- <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

1 st Response	SDQ361_A	FMT_SDQ361_.
2 nd Response	SDQ361_B	FMT_SDQ361_.
3 rd Response	SDQ361_C	FMT_SDQ361_.
4 th Response	SDQ361_D	FMT_SDQ361_.
6 th Response	SDQ361_E	FMT_SDQ361_.
7 th Response	SDQ361_F	FMT_SDQ361_.
8 th Response	SDQ361_G	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)

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
- <2> NO (Skip to HHQ500int) HHQ480 FMT_YES_NO.

- <d> DON'T KNOW (Skip to HHQ500int)

HEALTH HISTORY

<r> REFUSED (**Skip to HHQ500int**)

HHQ481

Which types of cancer on this card have you had?

(CHECK 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

HHQ500int

Now we will ask you questions about certain illnesses that have occurred in your 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: HIT ENTER TO CONTINUE

HHQ510

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

<1> YES
<2> NO

HHQ510 FMT_YES_NO.

<d> DON'T KNOW
<r> REFUSED

HEALTH HISTORY

HHQ520 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?

<1> YES
<2> NO

HHQ520 FMT_YES_NO.

<d> DON'T KNOW
<r> REFUSED

HHQ530 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had asthma?

<1> YES
<2> NO

HHQ530 FMT_YES_NO.

<d> DON'T KNOW
<r> REFUSED

HHQ550 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?

<1> YES
<2> NO

HHQ550 FMT_YES_NO.

<d> DON'T KNOW
<r> REFUSED

HHQ570_R2 Were any of your 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 HHQ580new)

HHQ570_R2 FMT_YES_NO.

<d> DON'T KNOW (Skip to HHQ580new)
<r> REFUSED (Skip to HHQ580new)

HHQ572_R2 What was the youngest age at which any relative was first diagnosed with heart attack or a stroke?

<0-130> YEARS OLD

HHQ572_R2 FMT_NUMERIC.

<d> DON'T KNOW
<r> REFUSED

HHQ580new Has a doctor or other health professional ever told you that you had any of the following?
(HAND CARD. CHECK ALL THAT APPLY, ENTER 'xx' WHEN DONE)

HEALTH HISTORY

<a>	ALCOHOL ABUSE	<t>	KIDNEY STONES
	ALZHEIMER'S DISEASE	<u>	LEARNING DISABILITY
<c>	ANEMIA	<v>	LYME DISEASE
<d>	ANXIETY	<w>	MIGRAINE HEADACHE
<e>	AUTISM SPECTRUM DISORDER	<x>	MILD COGNITIVE
	IMPAIRMENT		
<f>	CELIAC DISEASE	<y>	MULTIPLE SCLEROSIS
<g>	CHLAMYDIA	<z>	OSTEOARTHRITIS
<h>	CROHN'S DISEASE	<aa>	OSTEOPOROSIS
<i>	CHRONIC KIDNEY DISEASE	<bb>	PARKINSON'S DISEASE
<j>	DEPRESSION	<cc>	POST TRAUMATIC STRESS
			DISORDER (PTSD)
<k>	DRUG ABUSE	<dd>	PSORIASIS
<l>	ECZEMA/DERMATITIS	<ee>	REFLUX/GERD
<m>	EPILEPSY	<ff>	RHEUMATOID ARTHRITIS
<n>	GONORRHEA	<gg>	SHINGLES OR CHICKEN
	POX		
<oa>	HEPATITIS A	<hh>	SICKLE CELL DISEASE
<ob>	HEPATITIS B	<ii>	STOMACH OR INTESTINAL
			ULCER
<oc>	HEPATITIS C	<jj>	SYPHILIS
<p>	HERPES TYPE 1/COLD SORES	<kk>	TUBERCULOSIS
<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
<xx>	NO FURTHER DIAGNOSES		

1 st Response	HHQ580_A	\$FMT_DISEASE.
2 nd Response	HHQ580_B	\$FMT_DISEASE.
3 rd Response	HHQ580_C	\$FMT_DISEASE.
4 th Response	HHQ580_D	\$FMT_DISEASE.
5 th Response	HHQ580_E	\$FMT_DISEASE.
6 th Response	HHQ580_F	\$FMT_DISEASE.
7 th Response	HHQ580_G	\$FMT_DISEASE.
8 th Response	HHQ580_H	\$FMT_DISEASE.
9 th Response	HHQ580_I	\$FMT_DISEASE.
10 th Response	HHQ580_J	\$FMT_DISEASE.

CGQ_intro

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**.

INTERVIEWER: HIT ENTER TO CONTINUE

HEALTH HISTORY

CGQ010 **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?

<1> YES

<2> NO (Skip to RXQ032pre)

CGQ010

FMT_YES_NO.

<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