

SENSORY AND DENTAL (SDQ)

The next few questions ask about your vision, hearing, and exposure to noise. and dental health

VISION

SDQ.010. At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is...? **SDQ010 FMT_EGFPVD**

- Excellent 1
- Good 2
- Fair 3
- Poor 4
- Very poor 5
- Refused 777
- Don't Know 999

SDQ.020. How much difficulty do you have...

- _____ a. Reading ordinary print in newspapers?
- _____ b. Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?
- _____ c. Going down steps, stairs, or curbs in dim light or at night?
- _____ d. Noticing objects off to the side while you are walking?
- _____ e. Finding something on a crowded shelf?

[HAND CARD & READ CATEGORIES TO RESPONDENT IF NECESSARY.]

- No difficulty 1
- A little difficulty 2
- Moderate difficulty 3
- Extreme difficulty 4
- Unable to do because of eyesight 5
- Does not do this for other reasons 6
- Refused 777
- Don't Know 999

SDQ020A FMT_SDQ020_
SDQ020B FMT_SDQ020_
SDQ020C FMT_SDQ020_
SDQ020D FMT_SDQ020_
SDQ020E FMT_SDQ020_

SDQ.030. How limited are you in how long you can work or do other daily activities such as housework, child care, school, or community activities because of your vision? Would you say you are limited...?

- None of the time 0 **SDQ030 FMT_SDQ030**
- A little of the time 1
- Some of the time 2
- Most of the time 3
- All of the time 4
- Refused 777
- Don't Know 999

SENSORY AND DENTAL (SDQ)

SDQ.040. Has a doctor or other health professional ever told you that you had an eye problem (other than needing glasses)? **SDQ040** **FMT_YES_NO**

- Yes 1
- No 2 **(Skip to SDQ.046)**
- Refused 777 **(Skip to SDQ.046)**
- Don't Know 999 **(Skip to SDQ.046)**

SDQ.041. Do you still have an eye problem? **SDQ041** **FMT_YES_NO**

- Yes 1
- No 2
- Refused 777
- Don't Know 999

SDQ.042a-h. Which type of eye problem was it? Name all that apply. **[HAND CARD]**

- a. Glaucoma 1
- b. Macular degeneration 2
- c. Diabetic retinopathy 3
- d. Cataract 4
- e. Retinal detachment 5
- f. Traumatic injury to eye 6
- g. Bleeding at the back of eye 7
- h. Other (Specify: _____) 8
- Refused 777
- Don't Know 999

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

[repeat SDQ.043-SDQ.044 for each named eye problem (a-h) in SDQ.042.]

SDQ.043 ____ (write in letter of eye problem)
How old were you when you were first told you had {the named eye problem}?

Enter age in years

- Refused 77
- Don't Know 99

SDQ.043 ____ (write in letter of eye problem)
How old were you when you were first told you had {the named eye problem}?

Enter age in years

- Refused 77
- Don't Know 99

SDQ043_1 FMT_NUMERIC
 SDQ043_2 FMT_NUMERIC
 SDQ043_3 FMT_NUMERIC

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SDQ043_4 FMT_NUMERIC
 SDQ043_5 FMT_NUMERIC
 SDQ043_6 FMT_NUMERIC
 SDQ043_7 FMT_NUMERIC
 SDQ043_8 FMT_NUMERIC

SDQ.044 ____ Was it in one or both eyes?
 One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?
 One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ044_1 FMT_SDQ044_
 SDQ044_2 FMT_SDQ044_
 SDQ044_3 FMT_SDQ044_
 SDQ044_4 FMT_SDQ044_
 SDQ044_5 FMT_SDQ044_
 SDQ044_6 FMT_SDQ044_
 SDQ044_7 FMT_SDQ044_
 SDQ044_8 FMT_SDQ044_

SDQ.043 ____ (write in letter of eye problem)
 How old were you when you were
 first told you had {the named eye problem}?
 |__|__|
 Enter age in years

SDQ.043 ____ (write in letter of eye problem)
 How old were you when you were
 first told you had {the named eye problem}?
 |__|__|
 Enter age in years

Refused 77
 Don't Know 99

Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?
 One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?
 One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

HEARING

SDQ.046. Do you feel you have a hearing loss?
 Yes
 No
 Refused
 Don't Know

SDQ046 FMT_YES_NO
 1
 2 (Skip to SDQ.050)
 777 (Skip to SDQ.050)
 999 (Skip to SDQ.050)

SDQ.049. How old were you when your hearing loss developed?

SDQ049 FMT_SDQ049

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| | |
|-----------------------|-----|
| Less than 5 years old | 0 |
| 5 to 19 | 1 |
| 20 to 29 | 2 |
| 30 to 39 | 3 |
| 40 to 49 | 4 |
| 50 to 59 | 5 |
| 60 to 69 | 6 |
| 70 years or more | 7 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.050. Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf? *SDQ050* *FMT_SDQ050*

| | |
|------------------|-----|
| Excellent | 1 |
| Good | 2 |
| A little trouble | 3 |
| Moderate trouble | 4 |
| A lot of trouble | 5 |
| Deaf | 6 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.060. Has a doctor or other health professional ever told you that you had a hearing or ear problem? *SDQ060* *FMT_YES_NO*

| | |
|------------|------------------------------|
| Yes | 1 |
| No | 2 (Skip to SDQ.070) |
| Refused | 777 (Skip to SDQ.070) |
| Don't Know | 999 (Skip to SDQ.070) |

SDQ.062a-i. Which type of ear or hearing problem was it? **[HAND CARD]**

| | |
|-----------------------------|-----|
| Tubes in ears | 1 |
| Drainage/discharge from ear | 2 |
| Partial hearing loss | 3 |
| Deaf | 4 |
| Acoustic neuroma | 5 |
| Choisteatoma | 6 |
| Meniere's disease | 7 |
| Otosclerosis | 8 |
| Other (Specify: _____) | 9 |
| Refused | 777 |
| Don't Know | 999 |

| | | |
|--------------------------------|-----------------|--------------------|
| <i>1st response</i> | <i>SDQ062_A</i> | <i>FMT_SDQ062_</i> |
| <i>2nd response</i> | <i>SDQ062_B</i> | <i>FMT_SDQ062_</i> |
| <i>3rd response</i> | <i>SDQ062_C</i> | <i>FMT_SDQ062_</i> |
| <i>4th response</i> | <i>SDQ062_D</i> | <i>FMT_SDQ062_</i> |
| <i>5th response</i> | <i>SDQ062_E</i> | <i>FMT_SDQ062_</i> |
| <i>6th response</i> | <i>SDQ062_F</i> | <i>FMT_SDQ062_</i> |
| <i>7th response</i> | <i>SDQ062_G</i> | <i>FMT_SDQ062_</i> |

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| | | |
|--------------------------------|--------------|-------------|
| <i>8th response</i> | SDQ062_H | FMT_SDQ062_ |
| <i>9th response</i> | SDQ062_I | FMT_SDQ062_ |
| <i>Other response</i> | SDQ062_OTHER | FMT_CHAR |

SDQ.070. Have you ever worn a hearing aid? SDQ070 FMT_YES_NO

| | | |
|------------|-----|-------------------|
| Yes | 1 | |
| No | 2 | (Skip to SDQ.080) |
| Refused | 777 | (Skip to SDQ.080) |
| Don't Know | 999 | (Skip to SDQ.080) |

SDQ.071. In the last 12 months, have you worn a hearing aid? SDQ071 FMT_YES_NO

| | | |
|------------|-----|--|
| Yes | 1 | |
| No | 2 | |
| Refused | 777 | |
| Don't Know | 999 | |

SDQ.080. In the last 12 months, have you had buzzing, ringing, or noise in your ears? SDQ080 FMT_YES_NO

| | | |
|------------|-----|-------------------|
| Yes | 1 | |
| No | 2 | (Skip to SDQ.090) |
| Refused | 777 | (Skip to SDQ.090) |
| Don't Know | 999 | (Skip to SDQ.090) |

SDQ.081. Do you hear this noise only following very loud sounds (i.e., concerts, shooting, or noise at work)? SDQ081 FMT_YES_NO

| | | |
|------------|-----|--|
| Yes | 1 | |
| No | 2 | |
| Refused | 777 | |
| Don't Know | 999 | |

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SDQ.090. During the past 12 months have you had dizziness, difficulty with balance and/or difficulty with falling? **SDQ090** **FMT_YES_NO**

| | |
|------------|-----------------------|
| Yes | 1 |
| No | 2 (Skip to SDQ.094) |
| Refused | 777 (Skip to SDQ.094) |
| Don't Know | 999 (Skip to SDQ.094) |

SDQ.091a-c. Which of these problems have you had? **[Enter all that apply]**

| | | |
|----------------------------|-----|-------------------|
| a. Dizziness | 1 | if yes, ask 92a |
| b. Difficulty with balance | 2 | if yes, ask 92b |
| c. Falling | 3 | if yes, ask 92c |
| Refused | 777 | (Skip to SDQ.094) |
| Don't Know | 999 | (Skip to SDQ.094) |

SDQ091_A **FMT_SDQ091_**
SDQ091_B **FMT_SDQ091_**
SDQ091_C **FMT_SDQ091_**

SDQ.092a-c. How long did the {name indicated problems from question 091 individually and answer the following} last? Would you say...?

| 92a | 92b | 92c |
|-----------------|-------------------------|-----------------|
| Dizziness | Difficulty with balance | Falling |
| <2 weeks 1 | < 2 weeks 1 | < 2 weeks 1 |
| 2 wks to 3 mo 2 | 2 wks to 3 mo 2 | 2 wks to 3 mo 2 |
| > 3 months 3 | >3 months 3 | >3 months 3 |
| Refused 777 | Refused 777 | Refused 777 |
| Don't Know 999 | Don't Know 999 | Don't Know 999 |

SDQ092_1 **FMT_SDQ092_** **No variable from UWSC**
SDQ092_2 **FMT_SDQ092_**

SDQ.093 How often have you fallen in the last 12 months? **SDQ093** **FMT_NUMERIC**

Enter number of times fallen
 Refused 777
 Don't Know 999

SDQ.094. Have you ever been treated by a doctor or other health professional for a dizziness, a balance problem, or falling? **SDQ094** **FMT_YES_NO**

| | |
|------------|-----------------------|
| Yes | 1 |
| No | 2 (Skip to SDQ.100) |
| Refused | 777 (Skip to SDQ.100) |
| Don't Know | 999 (Skip to SDQ.100) |

SDQ.095. How long ago were you treated? Would you say...?
SDQ095 **FMT_SDQ095**

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| | |
|-----------------------|-----|
| Less than 1 year ago | 1 |
| 1 to 5 years ago | 2 |
| More than 5 years ago | 3 |
| Refused | 777 |
| Don't Know | 999 |

NOISE EXPOSURE

SDQ.100. At your current job, how often is it noisy (so that you need to speak in a raised voice or louder to be heard when a person is two feet away)? **[HAND CARD]**

| | | |
|------------------|-----|--------------------------|
| None of the time | 1 | (Skip to SDQ.121) |
| 25% of the time | 2 | |
| 50% of the time | 3 | |
| 75% of the time | 4 | |
| 100% of the time | 5 | |
| Occasionally | 6 | |
| Refused | 777 | |
| Don't Know | 999 | |

SDQ100 FMT_SDQ121_FREQ

SDQ.110. At your current job, how often do you wear hearing (ear) protection? **[HAND CARD]**

| | |
|------------------|-----|
| None of the time | 1 |
| 25% of the time | 2 |
| 50% of the time | 3 |
| 75% of the time | 4 |
| 100% of the time | 5 |
| Occasionally | 6 |
| Refused | 777 |
| Don't Know | 999 |

SDQ110 FMT_SDQ121_FREQ

SDQ.121. How often was it noisy at your longest held job (you needed to speak in a raised voice or louder to be heard when a person was two feet away)? **[HAND CARD]**

| | | |
|------------------|-----|--------------------------|
| None of the time | 1 | [Skip to SDQ 130] |
| 25% of the time | 2 | |
| 50% of the time | 3 | |
| 75% of the time | 4 | |
| 100% of the time | 5 | |
| Occasionally | 6 | |
| Refused | 777 | |
| Don't Know | 999 | |

SDQ121_R FMT_SDQ121_FREQ

SDQ.122. At that job (longest held), how often did you wear hearing (ear) protection? **[HAND CARD]**

| | |
|------------------|---|
| None of the time | 1 |
|------------------|---|

SDQ122 FMT_SDQ121_FREQ

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| | |
|------------------|-----|
| 25% of the time | 2 |
| 50% of the time | 3 |
| 75% of the time | 4 |
| 100% of the time | 5 |
| Occasionally | 6 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.130. Have you held any other noisy jobs (1 year or longer) where you had to speak in a raised voice (or louder) to be heard? **SDQ130** **FMT_YES_NO**

| | | |
|------------|-----|--------------------------|
| Yes | 1 | |
| No | 2 | (Skip to SDQ.140) |
| Refused | 777 | (Skip to SDQ.140) |
| Don't Know | 999 | (Skip to SDQ.140) |

SDQ.131. What type of work did you do the longest on those other jobs?

| | | | |
|-------------------|------------|--------------------|--------------------|
| <i>Refused</i> | <i>777</i> | <i>SDQ131</i> | <i>FMT_NUMERIC</i> |
| <i>Don't Know</i> | <i>999</i> | <i>SDQ131_TEXT</i> | <i>FMT_CHAR</i> |

SDQ.132. How many hours/week did you work? **SDQ132** **FMT_NUMERIC**

| | |
|-------------------------------|-----|
| <u> </u> <u> </u> <u> </u> | |
| Enter hours/week | |
| Refused | 777 |
| Don't Know | 999 |

SDQ.133. How many years did you do this job? **SDQ133** **FMT_NUMERIC**

| | |
|---------------------|----|
| <u> </u> <u> </u> | |
| Enter years | |
| Refused | 77 |
| Don't Know | 99 |

SDQ.140. Have you ever fired a gun? **SDQ140** **FMT_YES_NO**

| | |
|------------|-----|
| Yes | 1 |
| No | 2 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.150. Outside of work have you ever been exposed to loud noise, such as noise from power tools, or loud music for an average of at least once a month for a year?

| | | |
|------------|---------------|-------------------|
| | SDQ150 | FMT_YES_NO |
| Yes | 1 | |
| No | 2 | |
| Refused | 777 | |
| Don't Know | 999 | |

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SDQ.160. Did you listen to a personal music system (e.g., iPod, MP3, or CD) using earphones during the past seven days? **SDQ160** **FMT_YES_NO**

| | |
|------------|-----------------------|
| Yes | 1 |
| No | 2 (Skip to SDQ.270) |
| Refused | 777 (Skip to SDQ.270) |
| Don't Know | 999 (Skip to SDQ.270) |

SDQ.162. Did you listen...? **[HAND CARD]** **SDQ162** **FMT_SDQ162**

| | |
|--------------------|-----|
| Less than 1 hour | 1 |
| 1 to 2 hours | 2 |
| 2 to 4 hours | 3 |
| 4 to 6 hours | 4 |
| 6 to 8 hours | 5 |
| 8 to 10 hours | 6 |
| More than 10 hours | 7 |
| Refused | 777 |
| Don't Know | 999 |

DENTAL

SDQ.270. Overall, how would you rate the health of your teeth and gums?

| | | | |
|------------|-----|---------------|-------------------|
| Excellent | 1 | SDQ270 | FMT_EVGGFP |
| Very Good | 2 | | |
| Good | 3 | | |
| Fair | 4 | | |
| Poor | 5 | | |
| Refused | 777 | | |
| Don't Know | 999 | | |

SDQ.280. How often during the last 12 months have you had painful aching anywhere in your mouth? Would you say...? **[HAND CARD]** **SDQ280** **FMT_SDQ280_FREQ**

| | |
|--------------|-----|
| Very often | 1 |
| Fairly often | 2 |
| Occasionally | 3 |
| Hardly ever | 4 |
| Never | 5 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.290. How often during the last 12 months have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** **SDQ290** **FMT_SDQ280_FREQ**

| | |
|--------------|---|
| Very often | 1 |
| Fairly often | 2 |
| Occasionally | 3 |
| Hardly ever | 4 |

SENSORY AND DENTAL (SDQ)

| | |
|------------|-----|
| Never | 5 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.300. How often during the last 12 months have you had difficulty doing your usual job or attending school because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** *SDQ300* *FMT_SDQ280_FREQ*

| | |
|---|-----|
| Very often | 1 |
| Fairly often | 2 |
| Occasionally | 3 |
| Hardly ever | 4 |
| Never | 5 |
| Not applicable (not in a job or attending school) | 6 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.310. How often during the last 12 months have you avoided particular foods or have you found it uncomfortable to eat any food because of problems with your teeth, mouth, or dentures? Would you say...? **[HAND CARD]**

SDQ310 *FMT_SDQ280_FREQ*

| | |
|--------------|-----|
| Very Often | 1 |
| Fairly often | 2 |
| Occasionally | 3 |
| Hardly Ever | 4 |
| Never | 5 |
| Refused | 777 |
| Don't Know | 999 |

SDQ.320. Have you lost any of your natural (adult, permanent) teeth? (Include wisdom teeth.)

| | | | |
|--|-----|--------------------------|--------------------|
| Yes, but only my wisdom teeth | 1 | <i>SDQ320</i> | <i>FMT_SDQ320_</i> |
| Yes, other teeth beside or in addition to wisdom teeth | 2 | | |
| No | 3 | (Skip to SDQ.340) | |
| Refused | 777 | (Skip to SDQ.340) | |
| Don't Know | 999 | (Skip to SDQ.340) | |

SDQ.321. How many of your natural teeth have you lost?

|__|__| *SDQ321* *FMT_NUMERIC*

| | |
|--------------|----|
| Enter number | |
| Refused | 77 |
| Don't Know | 99 |

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SDQ.322. Did you lose your teeth because...? **[ENTER ALL THAT APPLY]**

- Cavities 1
- Gum disease 2
- An accident 3
- Wisdom tooth (teeth) pulled 4
- Pulled because of over crowding 5
- Other (Specify: _____) 6
- Refused 777
- Don't Know 999

1st response SDQ322_A FMT_SDQ322_
 2nd response SDQ322_B FMT_SDQ322_
 3rd response SDQ322_C FMT_SDQ322_
 4th response SDQ322_D FMT_SDQ322_
 5th response SDQ322_E FMT_SDQ322_
 6th response SDQ322_F FMT_SDQ322_
 Other response SDQ322_OTHER FMT_CHAR

SDQ.340. Have you ever been diagnosed by a dentist as having gum (periodontal) disease?

- Yes 1 SDQ340 FMT_YES_NO
- No 2 (Go to SDQ.350)
- Refused 777 (Go to SDQ.350)
- Don't Know 999 (Go to SDQ.350)

SDQ.341. How old were you when you were first diagnosed with gum disease?

- |__|__| SDQ341 FMT_NUMERIC
- Enter age in years
- Refused 77
- Don't Know 99

SDQ.342. Have you ever been treated for your gum disease? **[Enter all that apply]**

- Yes, with frequent cleanings (by dental hygienist) 1
- Yes, with surgery 2
- Yes, with other treatment 3
- No 4
- Refused 777
- Don't Know 999

1st response SDQ342_A FMT_SDQ342_
 2nd response SDQ342_B FMT_SDQ342_
 3rd response SDQ342_C FMT_SDQ342_

SDQ.350. Have you ever had any of the following? **[ENTER ALL THAT APPLY. HAND CARD]**

- None 1
- Braces 2
- Bridge/false tooth (teeth) 3

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| | |
|----------------|-----|
| Crown (cap) | 4 |
| Dental implant | 5 |
| Root canal | 6 |
| Denture | 7 |
| Refused | 777 |
| Don't Know | 999 |

| | | |
|--------------------------------|----------|-------------|
| <i>1st response</i> | SDQ350_A | FMT_SDQ350_ |
| <i>2nd response</i> | SDQ350_B | FMT_SDQ350_ |
| <i>3rd response</i> | SDQ350_C | FMT_SDQ350_ |
| <i>4th response</i> | SDQ350_D | FMT_SDQ350_ |
| <i>5th response</i> | SDQ350_E | FMT_SDQ350_ |
| <i>6th response</i> | SDQ350_F | FMT_SDQ350_ |

SDQ.360. 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 |
| Yes | 1 | |
| No | 2 | (End of Questionnaire) |
| Refused | 777 | (End of Questionnaire) |
| Don't Know | 999 | (End of Questionnaire) |

SDQ.361. What were the reasons that you could not get the dental care you needed?

[ENTER ALL THAT APPLY. HAND CARD]

| | |
|---|-----|
| Could not afford the cost | 1 |
| Did not want to spend the money | 2 |
| Do not have insurance | 3 |
| Insurance did not cover recommended procedures | 4 |
| Insurance only covers a portion of the cost | 5 |
| Dental office is too far away | 6 |
| Dental office is not open at convenient times | 7 |
| Another dentist recommended not doing it | 8 |
| Afraid, or do not like dentists | 9 |
| Unable to take time off from work | 10 |
| Too busy | 11 |
| I did not think anything serious was wrong--expected dental problems to go away | 12 |
| The dentist would not accept my insurance | 13 |
| Other (Specify: _____) | 14 |
| Refused | 777 |
| Don't Know | 999 |

| | | |
|--------------------------------|----------|-------------|
| <i>1st response</i> | SDQ361_A | FMT_SDQ361_ |
| <i>2nd response</i> | SDQ361_B | FMT_SDQ361_ |
| <i>3rd response</i> | SDQ361_C | FMT_SDQ361_ |
| <i>4th response</i> | SDQ361_D | FMT_SDQ361_ |
| <i>5th response</i> | SDQ361_E | FMT_SDQ361_ |
| <i>6th response</i> | SDQ361_F | FMT_SDQ361_ |
| <i>7th response</i> | SDQ361_G | FMT_SDQ361_ |

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| | | |
|---------------------------|--------------|-------------|
| 8 th response | SDQ361_H | FMT_SDQ361_ |
| 9 th response | SDQ361_I | FMT_SDQ361_ |
| 10 th response | SDQ361_J | FMT_SDQ361_ |
| 11 th response | SDQ361_K | FMT_SDQ361_ |
| 12 th response | SDQ361_L | FMT_SDQ361_ |
| 13 th response | SDQ361_M | FMT_SDQ361_ |
| 14 th response | SDQ361_N | FMT_SDQ361_ |
| Other response | SDQ361_OTHER | FMT_CHAR |

Reference questionnaire:

<..\..\..\Questionnaires\Questionnaires 2010\approved Time 1 2010\1-7 SDQ changes 4-01 SHOW 2010 .doc>