



**Five Year Follow-up Interview**  
**Health Module**  
*for Men*

**Last Updated May 8, 2001**

FILE NAME: MENS1203.wpd

This questionnaire is intended to be administered utilizing a CATI system. The following specific information will be available electronically prior to the start of the interview:

- Subject Name
- Gender
- Address, City, State, Zip Code
- Enrollment Date
- Current Date
- Current Time

In addition, the CATI system will contain listings of common crops, animals, pesticides, pesticide application methods, etc., to facilitate the interviewers data entry.

In this document and when using the CATI system:

LARGE CASE PRINT = instructions to the interviewer; do not read these to the respondent

**Shaded Areas** = instructions to the programmer (will not appear on CATI screen); do not read to the respondent

Underline = portions of the question to be verbally stressed by interviewer; will appear as bold text on CATI

**Bold** = = questions and introductory statements to be read to the respondent; will appear on CATI as regular text

(Parenthesis) = clauses that the interviewer can choose to read or not to read, depending on the flow of the interview and the respondent's grasp of the question

< > = response edit check. A signal screen will appear: "Response is not in normal range. Are you sure this is correct?"

<< >> = response range. A signal screen will appear: "Input invalid, value not in range". Interview must change response.

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**WHEN CONDUCTING AN INTERVIEW WITHOUT USING THE CATI SYSTEM, FILL IN:**

Respondent ID # \_\_\_\_\_ Name of Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Interview Started: \_\_\_\_\_ Time Interview Ended \_\_\_\_\_  
MM DD YY

- Call Result (on CATI): 1. Consent    2. Refuse    3. Applicator is deceased    4. Applicator chronically ill  
 5. Applicator is unable to participate because of language difficulties    6. Applicator is unable to participate for other reasons    7. Maxed

INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE

Now I'm going to ask you some general questions about your health and lifestyle.

**1. How tall are you?**

A2\_HGTFT<sup>1</sup> ENTER # OF FEET \_\_\_\_\_ DK REF  
<5-6> <<1-7>>

A2\_HGTIN ENTER # OF INCHES \_\_\_\_\_ DK REF  
<<0-11>>

**2. How much do you weigh now?**

A2\_WEIGHT \_\_\_\_\_pounds DK REF  
<125-300> <<1-997>>

**3. How would you describe your use of cigarettes?**

A2\_SMOKE\_STATUS READ ALL RESPONSES  
1. Never a smoker DK  
2. Currently a smoker REF  
3. Former smoker

**4a. During the last year, about how many drinks of beer, wine or liquor did you have on a typical weekend?  
(one beer, one glass of wine, or one shot of liquor counts as one drink)**

A2\_DRINK\_WKEND \_\_\_\_\_ (Fill in) DK Ref  
<0-12> <<0-97>>

**4b. About how many drinks altogether did you have during the rest of the week?**

A2\_DRINK\_DURWK \_\_\_\_\_ (Fill in) **[if Q4a and Q4b=00, go to Q5]** DK Ref  
<0-30> <<0-97>>

**4c. During the last year, about how many times did you have 5 or more drinks on one occasion?**

A2\_DRINK\_FVONE \_\_\_\_\_ times DK REF  
<0-50> <<0-365>>

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<sup>1</sup>Variable names are shown in green. Note that when the responses are included in an applicator file, they start with "A2". When they are included in a spouse data file, however, the "A2" is replaced with "S2".

**5. How many children have ever lived with you for at least three consecutive months (include stepchildren, adopted children, grandchildren and those who have died)?**

A2\_KIDS\_3MONTHS

\_\_\_\_\_ children    \_\_DK \_\_REF    <0-10> <<0-97>>

[If Q5= 00, DK or Ref, Go to Q6a]

**5a. Were any of these children diagnosed with diabetes before age 20?**

A2\_KIDS\_DIAB

1. yes    \_\_REF [go to Q6a]

2. no    [go to Q6a]    \_\_DK [go to Q6a]

**5a1. How many of these children have been diagnosed with diabetes (before age 20)?**

A2\_KIDS\_DIAB\_NUM

\_\_\_\_\_ children    \_\_DK [go to Q6a]    \_\_REF [go to Q6a]  
<1-# children in Q5> <<1-97>>

[# of ages in Q5a1a = # of children in Q5a1]

**5a1a. How old were they when this was diagnosed?**

A2\_KIDS\_DIAB\_AGE\*\* (01..97)

\_\_\_\_\_    \_\_DK \_\_REF  
<<0-20>>

These next questions are about medical conditions you may have:

**6a. Has a doctor or other health professional ever told you that you had a heart attack (or myocardial infarction)?**

A2\_MI

1. yes    \_\_REF [go to Q6b]

2. no    [go to Q6b]    \_\_DK [go to Q6b]

**6a1. How old were you when the doctor first told you that you had a heart attack?**

A2\_MI\_AGE

\_\_\_\_\_    \_\_DK \_\_Ref  
<30-current age> <<0-97>>

**6b. (Has a doctor or other health professional ever told you that you had) an irregular heart beat (or arrhythmia)?**

A2\_ARRYTH

1. yes    \_\_REF [go to Q6c]

2. no    [go to Q6c]    \_\_DK [go to Q6c]



**6d2a. Do you take insulin shots?**

A2\_INSULIN 1. yes \_\_REF  
 2. no \_\_DK

**6e. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?**

A2\_THYROID 1. yes \_\_REF [Go to Q6f]  
 2. no [Go to Q6f] \_\_DK [Go to Signal Screen]

\*\*\*\*\*

**SIGNAL SCREEN:**

**PLEASE PROBE FOR BETTER ANSWER:**

Was it an overactive thyroid or hyperthyroidism problem like Grave's Disease, or thyrotoxicosis?

**IF NO:**

Was it an underactive thyroid or hypothyroidism problem like Hashimoto's Disease, or some other autoimmune disease?

**IF NO:**

Was it an enlarged thyroid, thyroid nodules or Goiter?

PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION

PRESS 'S' IF DK OR NO TO ALL OF ABOVE

\*\*\*\*\*

**6e1. Were you ever told you had an overactive thyroid (also called hyperthyroidism)?**

A2\_HYPERTHY 1. yes \_\_REF [Go to Q6e2]  
 2. no [Go to Q6e2] \_\_DK [Go to Q6e2]

**6e1a. Was it due to Graves disease?**

A2\_GRAVES 1. yes \_\_REF [Go to Q6e1b]  
 2. no [Go to Q6e1b] \_\_DK [Go to Q6e1b]

**6e1a1. How old were you when the doctor first told you that you had this (Graves disease)?**

A2\_GRAVES\_AGE \_\_\_\_\_ \_\_DK \_\_REF  
 <0-current age> <<0-97>>

**6e1a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_GRAVES\_MED 1. yes  REF  
 2. no  DK

[all responses Go to Q6e2]

**6e1b. Was it due to thyrotoxicosis?**

A2\_THYROTOX 1. yes  REF [Go to Q6e1c]  
 2. no  DK [Go to Q6e1c]

**6e1bl. How old were you when the doctor first told you that you had this (thyrotoxicosis)?**

A2\_THYROTOX\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e1b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_THYROTOX\_MED 1. yes  REF  
 2. no  DK

[all responses Go to Q6e2]

**6e1c. Was there some other cause that was identified?**

A2\_HYPERTHY\_OTH 1. yes  REF [Go to Q6e2]  
 2. no  DK [Go to Q6e2]

**6e1c1. What was this cause?**

A2\_HYPERTHY\_OTH\_SPC \_\_\_\_\_  DK  REF

**6e1c2. How old were you when the doctor first told you that you had this condition?**

A2\_HYPERTHY\_OTH\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e1c3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_HYPERTHY\_OTH\_MED 1. yes  REF  
 2. no  DK

**6e2. (Were you ever told you had) an underactive thyroid (also called hypothyroidism)?**

A2\_HYPOTHY 1. yes  REF [Go to Q6e3]  
 2. no [Go to Q6e3]  DK [Go to Q6e3]

**6e2a. Was this due to thyroiditis, Hashimoto's disease or autoimmune disease?**

A2\_HASHIMOTO 1. yes  REF [Go to Q6e2b]  
 2. no [Go to Q6e2b]  DK [Go to Q6e2b]

**6e2a1. How old were you when the doctor first told you that you had this condition?**

A2\_HASHIMOTO\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e2a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_HASHIMOTO\_MED 1. yes  REF  
 2. no  DK

[all responses Go to Q6e3]

**6e2b. Was there some other cause identified?**

A2\_HYPOTHY\_OTH 1. yes  REF [Go to Q6e3]  
 2. no [Go to Q6e3]  DK [Go to Q6e3]

**6e2b1. What was this cause? \_\_\_\_\_  DK  REF**

A2\_HYPOTHY\_OTH\_SPC

**6e2b2. How old were you when the doctor first told you that you had this condition?**

A2\_HYPOTHY\_OTH\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e2b3. Do you take any medicines for this condition, or did you receive any treatment like surgery at the time it was diagnosed?**

A2\_HYPOTHY\_OTH\_MED 1. yes  REF  
 2. no  DK



**6e3. (Were you ever told you had) an enlarged thyroid, thyroid nodules or Goiter?**

A2\_GOITER 1. yes  REF [\[Go to Q6e4\]](#)  
 2. no [\[Go to Q6e4\]](#)  DK [\[Go to Q6e4\]](#)

**6e3a. How old were you when the doctor first told you that you had (an enlarged thyroid, thyroid nodules or Goiter)?**

A2\_GOITER\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e3b. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_GOITER\_MED 1. yes  REF  
 2. no  DK

**6e4. (Were you ever told you had) some other thyroid problem ?**

A2\_THYROID\_OTH 1. yes  REF [\[Go to Q6f\]](#)  
 2. no [\[Go to Q6f\]](#)  DK [\[Go to Q6f\]](#)

**6e4a. What was this?** \_\_\_\_\_  DK [\[Go to 6f\]](#)  REF [\[Go to 6f\]](#)  
 A2\_THYROID\_OTH\_SPC

**6e4b. How old were you when the doctor first told you that you had this condition?**

A2\_THYROID\_OTH\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6e4c. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_THYROID\_OTH\_MED 1. yes  REF  
 2. no  DK

**6f. (Has a doctor or other health professional ever told you that you had) kidney stones?**

A2\_KIDNEYSTONE 1. yes  REF [\[Go to Q6g\]](#)  
 2. no [\[Go to Q6g\]](#)  DK [\[Go to Q6g\]](#)

**6f1. How old were you when the doctor first told you that you had kidney stones?**

A2\_KIDNEYSTONE\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
<18-current age> <<0-97>>

**6f2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2\_KIDNEYSTONE\_MED

1. yes \_\_REF  
2. no \_\_DK

**6g. (Has a doctor or other health professional ever told you that you had) kidney disease or kidney failure?**

A2\_KIDNEYFAIL

1. yes \_\_REF **[Go to Q6h]**  
2. no **[Go to Q6h]** \_\_DK **[Go to Q6h]**

**6g1. How old were you when the doctor first told you that you had kidney disease or kidney failure?**

A2\_KIDNEYFAIL\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
<0-current age> <<0-97>>

**6h. (Has a doctor or other health professional ever told you that you had) inflammatory bowel disease such as Crohn's disease or ulcerative colitis?**

A2\_CROHN

1. yes \_\_REF **[Go to Q6i]**  
2. no **[Go to Q6i]** \_\_DK **[Go to Q6i]**

**6h1. How old were you when the doctor first told you that you had inflammatory bowel disease such as Crohn's disease or ulcerative colitis?**

A2\_CROHN\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
<18-current age> <<0-97>>

**6i. (Has a doctor or other health professional ever told you that you had) vitiligo resulting in a loss of pigment on the skin?**

A2\_VITILIGO

1. yes \_\_REF **[Go to Q6j]**  
2. no **[Go to Q6j]** \_\_DK **[Go to Q6j]**

**6i1. How old were you when the doctor first told you that you had vitiligo?**

A2\_VITILIGO\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
<0-current age> <<0-97>>

**6j. (Has a doctor or other health professional ever told you that you had) eczema?**

- A2\_ECZEMA 1. yes  REF [\[Go to Q6k\]](#)  
 2. no [\[Go to Q6k\]](#)  DK [\[Go to Q6k\]](#)

**6j1. How old were you when the doctor first told you that you had eczema?**

- A2\_ECZEMA\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6k. (Has a doctor or other health professional ever told you that you had) psoriasis?**

- A2\_PSORIASIS 1. yes  REF [\[Go to Q6l\]](#)  
 2. no [\[Go to Q6l\]](#)  DK [\[Go to Q6l\]](#)

**6k1. How old were you when the doctor first told you that you had psoriasis?**

- A2\_PSORIASIS\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**6l. (Has a doctor or other health professional ever told you that you had) an allergy to bees, wasps or other insects?**

- A2\_ALLERGY\_BEE 1. yes  REF [\[Go to Q7a\]](#)  
 2. no [\[Go to Q7a\]](#)  DK [\[Go to Q7a\]](#)

**6l1. How old were you when the doctor first told you that you had an allergy to bees, wasps or other insects?**

- A2\_ALLERGY\_BEE\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

Now I am going to ask you some questions about your vision.

**7a. Are you blind in either eye or in both eyes?**

- A2\_BLIND 1. Yes, one eye  
 2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN'T MEAN TO ENTER NO> [\[Go to Q7c\]](#)  
 3. No  
 DK  
 REF

**7b. Do you wear glasses to help correct nearsightedness (difficulty with distance vision) or farsightedness (difficulty with reading or other close vision) or both?**

- A2\_GLASSES
- 1. No \_\_DK
  - 2. Yes, for nearsightedness **[Go to Q7b2]** \_\_REF
  - 3. Yes, for farsightedness **[Go to Q7c]**
  - 4. Yes, for both **[Go to Q7b2]**
  - 5. Yes, for other reasons **[Go to Q7b2]**

**7b1. Do you wear reading glasses?**

- A2\_GLASSES\_READING
- 1. yes \_\_REF
  - 2. no \_\_DK

**[all responses Go to Q7c]**

**7b2. Do you wear bifocals?**

- A2\_GLASSES\_BIFOCAL
- 1. yes \_\_REF
  - 2. no \_\_DK

**7c. Has an eye doctor or other health practitioner ever told you that you have cataracts?**

- A2\_CATARACTS
- 1. yes \_\_REF **[Go to Q7d]**
  - 2. no **[Go to Q7d]** \_\_DK **[Go to Q7d]**

**7c1. How old were you when this condition was first diagnosed?**

- A2\_CATARACTS\_AGE
- \_\_\_\_\_ \_\_DK \_\_Ref
- <18-current age> <<0-97>>

**7c2. Were you given any treatment for this condition?**

- A2\_CATARACTS\_MED
- 1. yes \_\_REF
  - 2. no \_\_DK

**7d. Has an eye doctor or other health practitioner ever told you that you have glaucoma?**

- A2\_GLAUCOMA
- 1. yes \_\_REF **[Go to Q7e]**
  - 2. no **[Go to Q7e]** \_\_DK **[Go to Q7e]**

**7d1. How old were you when this condition was first diagnosed?**

A2\_GLAUCOMA\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
 <18-current age> <<0-97>>

**7d2. Were you given any treatment for this condition?**

A2\_GLAUCOMA\_MED

1. yes \_\_REF  
 2. no \_\_DK

**7e. Has an eye doctor or other health practitioner ever told you that you have a detached retina?**

A2\_DET\_RETINA

1. yes \_\_REF **[Go to Q7f]**  
 2. no **[Go to Q7f]** \_\_DK **[Go to Q7f]**

**7e1. How old were you when this condition was first diagnosed?**

A2\_DET\_RETINA\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
 <0-current age> <<0-97>>

**7e2. Were you given any treatment for this condition?**

A2\_DET\_RETINA\_MED

1. yes \_\_REF  
 2. no \_\_DK

**7f. Has an eye doctor or other health practitioner ever told you that you have retinal or macular degeneration?**

A2\_MACULAR\_DEG

1. yes \_\_REF **[Go to Q7g]**  
 2. no **[Go to Q7g]** \_\_DK **[Go to Q7g]**

**7f1. How old were you when this condition was first diagnosed?**

A2\_MACULAR\_DEG\_AGE

\_\_\_\_\_ \_\_DK \_\_REF  
 <30-current age> <<0-97>>

**7f2. Were you given any treatment for this condition?**

A2\_MACULAR\_DEG\_MED

1. yes \_\_REF  
 2. no \_\_DK

**7g. Has an eye doctor or other health practitioner ever asked you to test your own vision at home with Amsler grid paper?**

A2\_AMSLER\_GRID      1. yes      \_\_REF  
                                  2. no      \_\_DK

**[if Q7a = 2 or Q7b=No, DK or Ref, go to Q8]**

**7h1. While wearing your glasses, do you presently have any of the following problems with your vision:**

A2\_VISION\_CENTRPROB

**Loss of central or detail vision but little or no problem seeing out of the corner of your eye?**

1. yes      \_\_REF  
 2. no      \_\_DK

**7h2. (While wearing your glasses, do you presently have any of the following problems with your vision:)**

A2\_VISION\_DISTORT

**Distortion of straight lines,( so that telephone poles or door frames look crooked, as if you were seeing them through heat waves on a highway)?**

1. yes      \_\_REF  
 2. no      \_\_DK

**7h3. (While wearing your glasses, do you presently have any of the following problems with your vision:)**

A2\_VISION\_GRAYSPOT

**Seeing a small gray spot in the center of your vision that is like the after-effect of a camera flash but doesn't go away?**

1. yes      \_\_REF  
 2. no      \_\_DK

**7h4. (While wearing your glasses, do you presently have any of the following problems with your vision:)**

A2\_VISION\_SIZECOLOR

**The size or color of objects doesn't look the same for both eyes?**

1. yes      \_\_REF  
 2. no      \_\_DK

**7h5. (While wearing your glasses, do you presently have any of the following problems with your vision:)**

A2\_VISION\_POORNIGHT

**Poor night vision?**

1. yes      \_\_REF  
 2. no      \_\_DK

The following questions are about injuries and neurologic problems.

8. Have you ever had a head injury that required medical attention?

A2\_INJURY\_HEAD 1. yes \_REF [Go to Q9]  
2. no [Go to Q9] \_DK [Go to Q9]

8a. Were you knocked unconscious?

A2\_INJURY\_HEAD\_KO 1. yes \_REF  
2. no \_DK

9. Have you ever had a neck, back, or spinal cord injury that required medical attention?

A2\_INJURY\_SPINE 1. yes \_REF  
2. no \_DK

10. Have you ever had post-polio syndrome, a leg injury, or some other problem that makes it difficult for you to walk?

A2\_INJURY\_LEG 1. yes \_REF  
2. no \_DK

11. Were you ever told by a health professional that you had epilepsy?

A2\_EPILEPSY 1. yes \_REF [Go to Q12]  
2. no [Go to Q12] \_DK [Go to Q12]

11a. How old were you when you were first told you had epilepsy?

A2\_EPILEPSY\_AGE  
\_\_\_\_\_ years old \_DK \_REF  
<0-current age> <<0-97>>

11b. Do you currently take any medicines for epilepsy?

A2\_EPILEPSY\_MED 1. yes \_REF  
2. no \_DK

12. Were you ever told (by a health professional) that you had ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig's disease?

A2\_ALS 1. yes \_REF [Go to Q13]  
2. no [Go to Q13] \_DK [Go to Q13]

**12a. How old were you when you were first told you had ALS?**

A2\_ALS\_AGE

\_\_\_\_\_ years old                      \_\_\_DK \_\_\_REF  
 <30-current age> <<0-97>>

**13. Were you ever told (by a health professional) that you had multiple sclerosis?**

A2\_MS

1. yes                                      \_\_\_REF **[Go to Q14]**  
 2. no    **[Go to Q14]**                      \_\_\_DK **[Go to Q14]**

**13a. How old were you when you were first told you had multiple sclerosis?**

A2\_MS\_AGE

\_\_\_\_\_ years old                      \_\_\_DK \_\_\_REF  
 <15-current age> <<0-97>>

**14. Were you ever told (by a health professional) that you had Parkinson's Disease?**

A2\_PARKINSON

1. yes                                      \_\_\_REF **[Go to Q14d]**  
 2. no    **[Go to Q14d]**                      \_\_\_DK **[Go to Q14d]**

**14a. How old were you when you were first told you had Parkinson's disease?**

A2\_PARKINSON\_AGE

\_\_\_\_\_ years                      \_\_\_DK \_\_\_REF  
 <30-current age> <<0-97>>

**14b. Have you ever taken Sinemet, Atamet, L-dopa, Mirapex, pramipexole, Requip, ropinirole, Permax, or pergolide for Parkinson's Disease?**

A2\_PARKINSON\_MED

1. yes                                      \_\_\_REF **[Go to Q14c]**  
 2. no    **[Go to Q14c]**                      \_\_\_DK **[Go to Q14c]**

**14b1. Did your symptoms improve?**

A2\_PARKINSON\_IMPR

1. yes                                      \_\_\_REF  
 2. no                                        \_\_\_DK

**14c. Do your Parkinson's disease symptoms seem to be worse:**

A2\_PARKINSON\_SIDE

READ RESPONSES  
 1. On the right side of your body                      \_\_\_DK  
 2. On your left side                                      \_\_\_REF  
 3. No difference between sides

**[ALL RESPONSES go to Q15]**



**14d. Do you shuffle your feet or take tiny steps when you walk?**

A2\_PARK\_STEP 1. yes \_\_\_REF  
2. no \_\_\_DK

**14e. Do you move more slowly than other people your age?**

A2\_PARK\_SLOW 1. yes \_\_\_REF  
2. no \_\_\_DK

**14f. Do your arms or legs shake?**

A2\_PARK\_LEGS\_SHAKE 1. yes \_\_\_REF  
2. no \_\_\_DK

**14g. Do your hands shake?**

A2\_PARK\_HAND\_SHAKE 1. yes \_\_\_REF [Go to Q14h]  
2. no [Go to Q14h] \_\_\_DK [Go to Q14h]

**14g1. Is this worse when you are doing something using your hands or at rest?**

A2\_PARK\_HAND\_WORSE 1. during use \_\_\_DK  
2. at rest \_\_\_REF  
3. no, the same

**14h. Have you been told by a health professional that you have a tremor such as essential, familial, or benign tremor?**

A2\_PARK\_TREMOR 1. yes \_\_\_REF  
2. no \_\_\_DK

**14i. Do you have a problem with your balance?**

A2\_PARK\_BALANCE 1. yes \_\_\_REF [Go to Q14j]  
2. no [Go to Q14j] \_\_\_DK [Go to Q14j]

**14i1. Do you sometimes fall because your balance is poor?**

A2\_PARK\_FALL 1. yes \_\_\_REF  
2. no \_\_\_DK

**14j. Is your handwriting smaller than it once was?**

A2\_PARK\_WRITE 1. yes \_\_REF  
2. no \_\_DK

**14k. Do people tell you that your voice is softer than it once was?**

A2\_PARK\_VOICE 1. yes \_\_REF  
2. no \_\_DK

Now, I would like to ask you about your hearing.

**15. Do you have trouble with your hearing in one or both ears? (this is without a hearing aid)?**

A2\_HEARING 1. yes  
2. no [RESUME EXPOSURE MODULE]  
\_\_REF [RESUME EXPOSURE MODULE]  
\_\_DK [RESUME EXPOSURE MODULE]

**15a. Do you wear a hearing aid in either or both ears?**

A2\_HEARING\_AID 1. yes \_\_REF  
2. no \_\_DK

**15b. Was your hearing loss present since birth?**

A2\_HEARING\_LOSS\_BIR 1. yes \_\_REF  
2. no \_\_DK

**15c. Was your hearing loss due to an infection or injury?**

A2\_HEARING\_LOSS\_INJ 1. yes \_\_REF  
2. no \_\_DK

**[RETURN TO THE DECISION BOX BEFORE Q12 IN PESTICIDE MODULE]**