

# Agricultural Health Study - Phase IV Follow-Up CATI

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All dichotomous variables with 1=Yes / 2=No were changed to

YES..... 1  
 NO.....0  
 REF..... .r  
 DK..... .d

**Farming and General Questions <DO NOT DISPLAY ON-SCREEN>**

**AG1.** Is your current home located on a farm? A farm is defined as any place from which \$1,000 or more of agricultural products would normally be sold during the year.

YES..... 1 P4\_FARMHOME  
 NO.....[AG3] ..... 2  
 REF.....[AG3] ..... 7  
 DK.....[AG3] ..... 8

**AG2.** In the past 12 months, how many total acres of crops were grown on this farm?

None ..... 01 P4\_ACRES  
 Less than 5 acres..... 02  
 5 to 49 acres ..... 03  
 50 to 199 acres ..... 04  
 200 to 499 acres ..... 05  
 500 to 999 acres ..... 06  
 More than 1,000 acres ..... 07  
 REF..... 97  
 DK..... 98

**AG3.** In the past 12 months, have you personally performed farm work?

YES.....[AG5] ..... 1 P4\_STFARM  
 NO..... 2  
 Inconsistent responses in TELEform  
 [M3/F3 = 1 and M4/F4 = 997]..... 3  
 Inconsistent responses in TELEform  
 [M3/F3 = 2 and M4/F4 = 998]..... 4  
 REF.....[AG11] ..... 7  
 DK.....[AG11] ..... 8

**AG4.** When was the last year you personally performed farming activities?

[IF R SAYS 'NEVER DID FARM WORK', ENTER '0' FOR YEAR]

[ENTER YEAR]

<RANGE: 1907 – 2016>

P4\_STFARM\_LASTYEAR

\_|\_|\_|\_|\_ → <GO TO AG11>  
 YEAR

REF.....[AG11] ..... 9997  
 DK.....[AG11] ..... 9998

**AG5.** In the past 12 months, did you personally grow any major income producing crops, excluding gardens for personal use?

- YES..... 1 P4\_CROPS
- NO.....[AG7] ..... 2
- Crops mentioned in remark....[AG7] .... 3
- REF.....[AG7] ..... 7
- DK.....[AG7] ..... 8

**AG6a.** In the past 12 months, which of the following major income producing crops did you personally grow, excluding gardens for personal use?

Please answer yes or no to each of the following...

**<BEGINNING WITH AG6a3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH AG6a8>**

			Y	N	REF	DK
1.	Field corn	<span style="border: 1px solid red; padding: 2px;">P4_CORNFIELD</span>	1	2	7	8
2.	Pop corn	<span style="border: 1px solid red; padding: 2px;">P4_CORNPOP</span>	1	2	7	8
3.	Seed corn	<span style="border: 1px solid red; padding: 2px;">P4_CORNSEED</span>	1	2	7	8
4.	Hay or forage	<span style="border: 1px solid red; padding: 2px;">P4_HAY</span>	1	2	7	8
5.	Soybeans	<span style="border: 1px solid red; padding: 2px;">P4_SOYBEANS</span>	1	2	7	8
6.	Wheat	<span style="border: 1px solid red; padding: 2px;">P4_WHEAT</span>	1	2	7	8
7.	Alfalfa	<span style="border: 1px solid red; padding: 2px;">P4_ALFALFA</span>	1	2	7	8
8.	Oats	<span style="border: 1px solid red; padding: 2px;">P4_OATS</span>	1	2	7	8

**AG6b.** In the past 12 months, which of the following major income producing crops did you personally grow, excluding gardens for personal use?

Please answer yes or no to each of the following...

**<BEGINNING WITH AG6b3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH AG6b9>**

			Y	N	REF	DK
1.	Sweet corn	<span style="border: 1px solid red; padding: 2px;">P4_CORNSWEET</span>	1	2	7	8
2.	Cabbage	<span style="border: 1px solid red; padding: 2px;">P4_CABBAGE</span>	1	2	7	8
3.	Cucumbers	<span style="border: 1px solid red; padding: 2px;">P4_CUCUMBERS</span>	1	2	7	8
4.	Peppers	<span style="border: 1px solid red; padding: 2px;">P4_PEPPERS</span>	1	2	7	8
5.	Pumpkins	<span style="border: 1px solid red; padding: 2px;">P4_PUMPKINS</span>	1	2	7	8
6.	Snap beans	<span style="border: 1px solid red; padding: 2px;">P4_SNAPBEANS</span>	1	2	7	8
7.	Sweet Potatoes	<span style="border: 1px solid red; padding: 2px;">P4_SWEETPOTATOES</span>	1	2	7	8
8.	Tomatoes	<span style="border: 1px solid red; padding: 2px;">P4_TOMATOES</span>	1	2	7	8
9.	Potatoes	<span style="border: 1px solid red; padding: 2px;">P4_POTATOES</span>	1	2	7	8

**AG6c.** In the past 12 months, which of the following major income producing crops did you personally grow, excluding gardens for personal use?

Please answer yes or no to each of the following...

**<BEGINNING WITH AG6c3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH AG6c9>**

			Y	N	REF	DK
1.	Peanuts	<span style="border: 1px solid red; padding: 2px;">P4_PEANUTS</span>	1	2	7	8
2.	Other vegetables	<span style="border: 1px solid red; padding: 2px;">P4_OTHERVEGETABLE</span>	1	2	7	8

		Y	N	REF	DK
3. Apples	P4_APPLES	1	2	7	8
4. Blueberries	P4_BLUEBERRY	1	2	7	8
5. Grapes	P4_GRAPES	1	2	7	8
6. Melons	P4_MELONS	1	2	7	8
7. Peaches	P4_PEACHES	1	2	7	8
8. Strawberries	P4_STRAWBERRY	1	2	7	8
9. Other fruits	P4_OTHERFRUITS	1	2	7	8

**AG6d.** In the past 12 months, which of the following major income producing crops did you personally grow, excluding gardens for personal use?

Please answer yes or no to each of the following...

<BEGINNING WITH AG6d3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH AG6d9>

		Y	N	REF	DK
1. Bermuda grass	P4_BERMUDAGRASS	1	2	7	8
2. Christmas trees	P4_XMASTREES	1	2	7	8
3. Nursery crops	P4_NURSERYCROPS	1	2	7	8
4. Cotton	P4_COTTON	1	2	7	8
5. Tobacco	P4_TOBACCO	1	2	7	8
6. Sorghum	P4_SORGHUM	1	2	7	8
7. Barley	P4_BARLEY	1	2	7	8
8. Rye	P4_RYE	1	2	7	8
9. Other crops	P4_OTHERCROPS	1	2	7	8

**AG7.** In the past 12 months, did you personally raise any poultry or livestock for sale?

YES.....	1	P4_LIVESTOCK
NO.....[AG11] .....	2	
REF.....[AG11] .....	7	
DK.....[AG11] .....	8	

**AG8.** In the past 12 months, which of the following poultry or livestock did you personally raise for sale?

Please answer yes or no to each of the following...

<BEGINNING WITH AG8\_3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH AG8\_8>

		Y	N	REF	DK
1. Beef cattle	P4_BEEF	1	2	7	8
2. Dairy cattle	P4_DAIRY	1	2	7	8
3. Hogs or swine	P4_HOGS	1	2	7	8
4. Poultry	P4_POULTRY	1	2	7	8
5. Poultry for eggs	P4_EGGS	1	2	7	8
6. Sheep or goats	P4_SHEEP	1	2	7	8
7. Horses	P4_HORSES	1	2	7	8
8. Other animals	P4_OTHERANIMAL	1	2	7	8

**<ASK AG9 ONLY IF AG8 1, 2, 3, 6, 7, or 8 = YES>**

**<IF MORE THAN ONE TYPE OF LIVESTOCK IS REPORTED IN AG8 (1, 2, 3, 6, 7, 8), INSERT "or" BEFORE THE LAST SELECTED LIVESTOCK FILL>**

**AG9.** In the past 12 months, how many livestock in total, that is [*cattle,*] [*hogs,*] [*sheep or goats,*] [*horses,*] [*other animals,*] did you personally raise for sale? Report the most livestock you had at any one time in the past 12 months.

- Less than 50..... 1
  - 50 to 99 ..... 2
  - 100 to 499 ..... 3
  - 500 to 999 ..... 4
  - 1,000 or more..... 5
  - REF..... 7
  - DK..... 8
- P4\_LIVESTOCK\_NUM

**<ASK AG10 ONLY IF AG8 4 or 5 = YES>**

**AG10.** In the past 12 months, how many poultry did you personally raise for sale? Report the most poultry you had at any one time in the past 12 months.

- Less than 50..... 1
  - 50 to 99 ..... 2
  - 100 to 499 ..... 3
  - 500 to 999 ..... 4
  - 1,000 to 10,000 ..... 5
  - More than 10,000 ..... 6
  - REF..... 7
  - DK..... 8
- P4\_POULTRY\_NUM

**AG11.** The next questions are about your use of pesticides including herbicides, insecticides, fungicides, fumigants, or other chemicals used to kill plants, insects, fungi, molds, or rodents. Please do not include the use of antibiotics, sanitizers, antimicrobial soaps or fertilizers.

Have you ever personally mixed, loaded, or applied any pesticides for use on crops, animals, or any other purpose NOT including home and garden use?

- YES..... 1
  - NO.....[AG15] ..... 2
  - REF.....[AG15] ..... 7
  - DK.....[AG15] ..... 8
- P4\_MIXAPPLY

**AG12.** How many years in your lifetime did you personally mix, load, or apply pesticides?

[ENTER # OF YEARS] **<RANGE: 1 – 110>**

- #YEARS
- REF..... 997
  - DK..... 998
- P4\_YRSMIX

**AG13.** How many days per year on average did you personally mix, load, or apply pesticides?  
 [ENTER # OF DAYS PER YEAR] <RANGE: 1 – 365>

|\_|\_|\_|  
 #DAYS/YR

P4\_MIXDPY

REF..... 997  
 DK..... 998

**AG14.** In the past 12 months, have you personally mixed, loaded, or applied pesticides?

YES..... 1  
 NO..... 2  
 REF..... 7  
 DK..... 8

P4\_MIXAPPLY\_NOW

**AG15.** Since you started farming, have you ever produced or grown any crops, vegetables, fruits, livestock, or poultry for sale without using conventional pesticides?

YES..... 1  
 NO..... [AG17]..... 2  
 DID NOT FARM ..... [AG17]..... 3  
 REF..... [AG17]..... 7  
 DK..... [AG17]..... 8

P4\_CROPS\_NOPEST

**AG16.** What percent, by acreage, of your current operation does not use conventional pesticides?

None ..... 1  
 Less than 10% ..... 2  
 10 to 25%..... 3  
 More than 25%..... 4  
 Not currently farming..... 5  
 REF..... 7  
 DK..... 8

P4\_PCT\_NOPEST

**AG17.** Do you currently have a job other than working on a farm? If you are retired, the answer should be 'No'.

YES..... 1  
 NO..... [AG19] ..... 2  
 REF..... [AG19] ..... 7  
 DK..... [AG19] ..... 8

P4\_JOB OFF\_NOW

**AG18.** About how many years have you had this job?

Less than 1 year.....	1	P4_JOB OFF_HO WLONG
1 to 5 years .....	2	
5 to 10 years .....	3	
10 to 20 years .....	4	
More than 20 years .....	5	
REF .....	7	
DK.....	8	

**AG19.** What is your primary source of drinking water at your current home?

Private well.....	1	P4_WATER
Spring.....	2	
Public or community supply.....	3	
Bottled water .....	4	
Rural water.....	5	
REF.....[AG22] .....	7	
DK.....[AG22] .....	8	

**AG20.** How many years has this been your primary source of drinking water at your current house? Please round to the nearest year. [IF IT WAS LESS THAN 1 YEAR, ENTER '1']  
[ENTER # OF YEARS] <RANGE: 1 – 110>

_ _ _	P4_WATER_YRS	
#YEARS		
REF.....		997
DK.....		998

**<ASK AG21 ONLY IF AG19 = 1 (PRIVATE WELL)>**

**AG21.** If you currently use a private well for drinking water, how deep is your private well?

Less than 50 feet.....	1	P4_WELL_DEPTH
50 to 100 feet .....	2	
101 to 150 feet .....	3	
More than 150 feet.....	4	
Did not use well.....	996	
REF.....	7	
DK.....	8	

**AG22.** What is your current marital status? Please choose the one response that best describes your situation.

Single .....	1	P4_MARITAL
Married.....	2	
Living as married.....	3	
Divorced or separated.....	4	
Widowed .....	5	
REF.....	7	
DK.....	8	

**AG23.** What is the highest year or level of school you completed?

- Less than high school degree ..... 01 P4\_SCHOOL
- Completed high school or G.E.D..... 02
- Some college but no degree ..... 03
- Associate or technical degree ..... 04
- Bachelor’s degree ..... 05
- Master’s degree ..... 06
- Doctoral degree..... 07
- REF ..... 97
- DK..... 98

**Tobacco and Alcohol <DO NOT DISPLAY ON-SCREEN>**

**TA1.** Have you smoked a total of 100 cigarettes or more during your lifetime?

- YES..... 1 P4\_SMOK100
- NO.....[TA6]..... 2
- REF.....[TA6]..... 7
- DK.....[TA6]..... 8

**TA2.** How old were you when you first started smoking cigarettes?

- [ENTER AGE] <RANGE: 1 – 110> P4\_SMOKAGESTART
- |\_|\_|\_|  
AGE
- REF ..... 997
  - DK..... 998

**TA3.** Do you currently smoke cigarettes?

- YES.....[TA5]..... 1 P4\_SMOKNOW
- NO..... 2
- REF .....[TA5]..... 7
- DK.....[TA5]..... 8

**TA4.** How old were you when you last smoked cigarettes?

- [ENTER AGE] <RANGE: 1 – 110> P4\_SMOKAGESTOP
- |\_|\_|\_|  
AGE
- REF ..... 997
  - DK..... 998

**TA5.** Thinking about all the years that you smoked, about how many cigarettes per day did you usually smoke on days when you smoked? [ENTER # OF CIGARETTES PER DAY]

**<RANGE: 1 – 100>**

|\_|\_|\_|  
#CIGARETTES/DAY

P4\_SMOKNUM

REF ..... 997  
DK ..... 998

**TA6.** Have you ever used chewing tobacco for 6 months or longer?

YES ..... 1  
NO ..... [TA10] ..... 2  
REF ..... [TA10] ..... 7  
DK ..... [TA10] ..... 8

P4\_CHEW\_TOBACCO

**TA7.** How old were you when you first started using chewing tobacco?

[ENTER AGE] **<RANGE: 1 – 110>**

|\_|\_|\_|  
AGE

P4\_CHEW\_TOBACCO\_AGE

REF ..... 997  
DK ..... 998

**TA8.** How many total years did you use chewing tobacco? Please round to the nearest year.

[IF IT WAS LESS THAN 1 YEAR, ENTER '1'] [ENTER # OF YEARS] **<RANGE: 1 – 110>**

|\_|\_|\_|  
#YEARS

P4\_CHEW\_TOBACCO\_YRS

REF ..... 997  
DK ..... 998

**TA9.** Do you currently use chewing tobacco?

YES ..... 1  
NO ..... 2  
REF ..... 7  
DK ..... 8

P4\_CHEW\_TOBACCO\_NOW

**TA10.** Have you ever used snuff for 6 months or longer?

YES ..... 1  
NO ..... [TA14] ..... 2  
REF ..... [TA14] ..... 7  
DK ..... [TA14] ..... 8

P4\_SNUFF

**TA11.** How old were you when you first started using snuff? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_SNUFF\_AGE

REF..... 997  
DK..... 998

**TA12.** For how many total years did you use snuff? Please round to the nearest year. [IF IT WAS LESS THAN 1 YEAR, ENTER '1'] [ENTER # OF YEARS] <RANGE: 1 – 110>

|\_|\_|\_|  
#YEARS

P4\_SNUFF\_YRS

REF..... 997  
DK..... 998

**TA13.** Do you currently use snuff?

YES..... 1  
NO..... 2  
REF..... 7  
DK..... 8

P4\_SNUFF\_NOW

**TA14.** The following questions ask about drinking alcoholic beverages including beer or ale, wine, wine coolers, champagne, mixed drinks, and liquor. When you are asked about a “drink,” think about a 12-ounce bottle or can of beer, a 5-ounce glass of wine or champagne, one wine cooler, one shot of liquor, or one mixed drink or cocktail.

Did you ever drink any type of alcoholic beverage?

YES..... 1  
NO..... [HW1]..... 2  
REF..... [HW1]..... 7  
DK..... [HW1]..... 8

P4\_ALC

**TA15.** How old were you when you last consumed an alcoholic beverage? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_ALCAGESTOP

REF..... 997  
DK..... 998

**TA16.** In the past 12 months, how often did you drink any type of alcoholic beverage?

- About every day ..... 01 P4\_ALCNOW
- 3 to 5 days a week ..... 02
- 1 to 2 days a week ..... 03
- 2 to 3 days a month..... 04
- About once a month ..... 05
- Less than once a month ..... 06
- Never ..... [HW1] ..... 07
- REF ..... [HW1] ..... 97
- DK ..... [HW1] ..... 98

**TA17.** In the past 12 months, on days when you drank alcoholic beverages, how many drinks did you usually have?

- 1 to 2 ..... 1 P4\_ALCNUM
- 3 to 5 ..... 2
- 6 to 8 ..... 3
- 9 to 11 ..... 4
- 12 or more ..... 5
- REF ..... 7
- DK ..... 8

**<FILL '4' FOR WOMEN; '5' FOR MEN>**

**TA18.** In the past 12 months, how often have you had [4 / 5] or more drinks on a single occasion?

- 2 or more times per week..... 1 P4\_ALC\_FVONE
- About once a week..... 2
- 2 to 3 times a month..... 3
- Once a month or less ..... 4
- Never ..... 5
- REF ..... 7
- DK ..... 8

**General Health <DO NOT DISPLAY ON-SCREEN>**

**Height and Weight**

**HW1.** What is your current height? Please answer in feet and inches, and round to the nearest inch.[ENTER # OF FEET]<RANGE: HW1Ft 3 – 7>[ENTER # OF INCHES]<RANGE:

**HW1In 0 – 11>**

<span style="border: 1px solid red; padding: 2px;">P4_HGTFT</span>	<span style="border: 1px solid red; padding: 2px;">P4_HGTIN</span>
_	_ _
FT	INCHES

- REF ..... 97
- DK ..... 98

**<IF HW1Ft = DK/REF, GO TO HW2>**

<HW1In, INSERT PARENTHESES AROUND ALL QUESTION TEXT>

**HW2.** What is your current weight? [ENTER # OF POUNDS] <RANGE: 50 – 600>

|\_|\_|\_|  
#POUNDS

P4\_WEIGHTNOW

REF ..... 997  
DK ..... 998

**HW3.** In the past three years, have you lost more than 5 pounds without intending to?

YES ..... 1  
NO ..... [FH1] ..... 2  
REF ..... [FH1] ..... 7  
DK ..... [FH1] ..... 8

P4\_WEIGHTLOSS\_5LBS

**HW4.** In the past three years, how many pounds did you lose without intending to?  
[ENTER # OF POUNDS] <RANGE: 5 – 100>

|\_|\_|\_|  
#POUNDS

P4\_WEIGHTLOSS

REF ..... 997  
DK ..... 998

**Family Medical History**

**FH1.** Has anyone in your immediate family related to you by blood, that is, your mother, father, sisters, brothers, or children, ever been diagnosed with asthma?

YES ..... 1  
NO ..... 2  
REF ..... 7  
DK ..... 8

P4\_FAMASTHMA

**FH2.** Has anyone in your immediate family related to you by blood, that is, your mother, father, sisters, brothers, or children, ever been diagnosed with Parkinson’s disease?

YES ..... 1  
NO ..... 2  
REF ..... 7  
DK ..... 8

P4\_FAMPARKINSONS

**FH3.** Has anyone in your immediate family related to you by blood (mother, father, sisters, brothers, or children) ever had cancer?

YES ..... 1  
NO ..... [FH5] ..... 2

P4\_FAMCANCER

- Non-immediate family only ..... 3
- Remark indicates cancer..... [FH5] ..... 4
- REF ..... [FH5] ..... 7
- DK..... [FH5] ..... 8

**FH4a.** Which of the following types of cancer have members of your immediate family had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH4a3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH4a7>

		Y	N	REF	DK
1. Bladder	P4_FAMCANCER_BLADDER	1	2	7	8
2. Bone	P4_FAMCANCER_BONE	1	2	7	8
3. Brain	P4_FAMCANCER_BRAIN	1	2	7	8
4. Breast	P4_FAMCANCER_BREAST	1	2	7	8
5. Cervical	P4_FAMCANCER_CERVICAL	1	2	7	8
6. Colon or rectal	P4_FAMCANCER_COLON	1	2	7	8
7. Esophagus	P4_FAMCANCER_ESOPHAGUS	1	2	7	8

**FH4b.** Which of the following types of cancer have members of your immediate family had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH4b3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH4b8>

		Y	N	REF	DK
1. Kidney	P4_FAMCANCER_KIDNEY	1	2	7	8
2. Leukemia	P4_FAMCANCER_LEUKEMIA	1	2	7	8
3. Liver	P4_FAMCANCER_LIVER	1	2	7	8
4. Lung	P4_FAMCANCER_LUNG	1	2	7	8
5. Lymphoma	P4_FAMCANCER_LYMPHOMA	1	2	7	8
6. Melanoma	P4_FAMCANCER_MELANOMA	1	2	7	8
7. Multiple myeloma	P4_FAMCANCER_MULTIPLE_MYELOMA	1	2	7	8
8. Ovarian	P4_FAMCANCER_OVARIAN	1	2	7	8

**FH4c.** Which of the following types of cancer have members of your immediate family had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH4c3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH4c6>

		Y	N	REF	DK
1. Pancreatic	P4_FAMCANCER_PANCREATIC	1	2	7	8
2. Prostate	P4_FAMCANCER_PROSTATE	1	2	7	8
3. Stomach	P4_FAMCANCER_STOMACH	1	2	7	8
4. Thyroid	P4_FAMCANCER_THYROID	1	2	7	8
5. Uterine/endometrial	P4_FAMCANCER_UTERINE	1	2	7	8
6. Other type of cancer	P4_FAMCANCER_OTHER	1	2	7	8

**FH5.** Have you ever been diagnosed with or had cancer?

- YES..... 1
- NO..... [PR1] ..... 2

P4\_CANCER

Non-melanoma skin cancer only ..... [PR1] ..... 3  
 Remark indicates cancer..... [PR1] ..... 4  
 REF ..... [PR1] ..... 7  
 DK..... [PR1] ..... 8

**FH6a.** Which of the following types of cancer have you had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH6a3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH6a7>

<IF MALE, DO NOT ASK 'Cervical'>

		Y	N	REF	DK
1. Bladder	P4_CANCER_BLADDER	1	2	7	8
2. Bone	P4_CANCER_BONE	1	2	7	8
3. Brain	P4_CANCER_BRAIN	1	2	7	8
4. Breast	P4_CANCER_BREAST	1	2	7	8
5. Cervical	P4_CANCER_CERVICAL	1	2	7	8
6. Colon or rectal	P4_CANCER_COLON	1	2	7	8
7. Esophagus	P4_CANCER_ESOPHAGUS	1	2	7	8

**FH6b.** Which of the following types of cancer have you had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH6b3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH6b8>

<IF MALE, DO NOT ASK 'Ovarian'>

		Y	N	REF	DK
1. Kidney	P4_CANCER_KIDNEY	1	2	7	8
2. Leukemia	P4_CANCER_LEUKEMIA	1	2	7	8
3. Liver	P4_CANCER_LIVER	1	2	7	8
4. Lung	P4_CANCER_LUNG	1	2	7	8
5. Lymphoma	P4_CANCER_LYMPHOMA	1	2	7	8
6. Melanoma	P4_CANCER_MELANOMA	1	2	7	8
7. Multiple myeloma	P4_CANCER_MULTIPLE_MYELOMA	1	2	7	8
8. Ovarian	P4_CANCER_OVARIAN	1	2	7	8

**FH6c.** Which of the following types of cancer have you had?

Please answer yes or no to each of the following...

<BEGINNING WITH FH6c3, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH FH6c6>

<IF MALE, DO NOT ASK 'Uterine or endometrial'>

<IF FEMALE, DO NOT ASK 'Prostate'>

		Y	N	REF	DK
1. Pancreatic	P4_CANCER_PANCREATIC	1	2	7	8
2. Prostate	P4_CANCER_PROSTATE	1	2	7	8
3. Stomach	P4_CANCER_STOMACH	1	2	7	8
4. Thyroid	P4_CANCER_THYROID	1	2	7	8
5. Uterine/endometrial	P4_CANCER_UTERINE	1	2	7	8

	Y	N	REF	DK
6. Other type of cancer	1	2	7	8

P4\_CANCER\_OTHER

**Pain Relievers**

The next questions are about some common pain relievers.

**PR1.** Have you ever taken aspirin regularly, that is, at least twice per week for 6 months or longer?

YES.....	1	P4_ASPIRIN
NO.....[PR6] .....	2	
REF.....[PR6] .....	7	
DK.....[PR6] .....	8	

**PR2.** Do you currently take aspirin regularly, that is, at least twice per week?

YES.....	1	P4_ASPIRIN_NOW
NO.....	2	
REF.....	7	
DK.....	8	

**PR3.** How many years in total have you taken aspirin regularly (at least twice per week)?

Less than 1 year.....	1	P4_ASPIRIN_YRS
1 to 5 years .....	2	
5 to 10 years .....	3	
10 to 15 years .....	4	
More than 15 years .....	5	
REF.....	7	
DK.....	8	

**PR4.** When you took aspirin regularly, typically how many days per week did you take it?

Every day .....	1	P4_ASPIRIN_FREQ
5 to 6 days per week .....	2	
3 to 4 days per week .....	3	
1 to 2 days per week .....	4	
REF.....	7	
DK.....	8	

**PR5.** Did you typically take baby aspirin or regular aspirin?

BABY ASPIRIN .....	1	P4_ASPIRIN_TYPE
REGULAR ASPIRIN .....	2	
BOTH .....	3	
REF.....	7	
DK.....	8	

**PR6.** The next questions are about the pain reliever ibuprofen. Common brand names include Motrin, Advil, and Nuprin.

Have you ever taken ibuprofen regularly, that is, at least twice per week for 6 months or longer?

- YES..... 1
- NO.....[PR10] ..... 2
- REF.....[PR10] ..... 7
- DK.....[PR10] ..... 8

P4\_IBUPROFIN

**PR7.** Do you currently take ibuprofen regularly, that is, at least twice per week?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_IBUPROFIN\_NOW

**PR8.** How many years in total have you taken ibuprofen regularly (at least twice per week)?

- Less than 1 year..... 1
- 1 to 5 years ..... 2
- 5 to 10 years ..... 3
- 10 to 15 years ..... 4
- More than 15 years ..... 5
- REF..... 7
- DK..... 8

P4\_IBUPROFIN\_YRS

**PR9.** When you took ibuprofen regularly, typically how many days per week did you take it?

- Every day ..... 1
- 5 to 6 days per week ..... 2
- 3 to 4 days per week ..... 3
- 1 to 2 days per week ..... 4
- REF..... 7
- DK..... 8

P4\_IBUPROFIN\_FREQ

**PR10.** Have you ever taken Tylenol or acetaminophen regularly, that is, at least twice per week for 6 months or longer?

- YES..... 1
- NO.....[GH1] ..... 2
- REF.....[GH1] ..... 7
- DK.....[GH1] ..... 8

P4\_ACETAMINOPHEN

**PR11.** Do you currently take Tylenol or acetaminophen regularly, that is, at least twice per week?

- YES ..... 1
- NO..... 2
- REF ..... 7
- DK..... 8

P4\_ACETAMINOPHEN\_NOW

**PR12.** How many years in total have you taken Tylenol or acetaminophen regularly (at least twice per week)?

- Less than 1 year..... 1
- 1 to 5 years ..... 2
- 5 to 10 years ..... 3
- 10 to 15 years ..... 4
- More than 15 years ..... 5
- REF ..... 7
- DK..... 8

P4\_ACETAMINOPHEN\_YRS

**PR13.** When you took Tylenol or acetaminophen regularly, typically how many days per week did you take it?

- Every day ..... 1
- 5 to 6 days per week ..... 2
- 3 to 4 days per week ..... 3
- 1 to 2 days per week ..... 4
- REF ..... 7
- DK..... 8

P4\_ACETAMINOPHEN\_FREQ

**GH1.** About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Would you say...

- Never ..... 1
- Less than 1 year ago..... 2
- 1 to 2 years ago ..... 3
- 2 to 5 years ago ..... 4
- More than 5 years ago ..... 5
- REF ..... 7
- DK..... 8

P4\_SEENDOCTOR\_HOWLONG

**GH2a. <MEN:>** [When did you last have a PSA test, a blood test used to check men for prostate cancer, or a digital rectal exam to examine the prostate gland?]

P4\_LAST\_PSA

**GH2b. <WOMEN:>** [When did you last have a mammogram, an x-ray of each breast to look for breast cancer?]

- Never ..... 1
- Less than 1 year ago..... 2
- 1 to 2 years ago ..... 3
- 2 to 5 years ago ..... 4
- More than 5 years ago ..... 5
- REF ..... 7
- DK..... 8

P4\_LAST\_MAMMOGRAM

**GH3.** When did you last have a sigmoidoscopy or colonoscopy, exams in which a tube is inserted in the rectum to view the colon?

- Never ..... 1
- Less than 1 year ago..... 2
- 1 to 2 years ago ..... 3
- 2 to 5 years ago ..... 4
- More than 5 years ago ..... 5
- REF ..... 7
- DK..... 8

P4\_LASTCOLONOSCOPY

**GH4.** Have you ever taken any over-the-counter or prescribed medicines to help with bowel movements? Do not include medications taken only a few times a year.

- YES ..... 1
- NO..... 2
- REF ..... 7
- DK..... 8

P4\_OTC\_MEDS\_FOR\_BOWELMOVEMENTS

**GH5.** Typically, how often do you have bowel movements?

- Two or more times per day..... 1
- Once per day..... 2
- 5 to 6 times per week ..... 3
- 3 to 4 times a week, or about once every other day... 4
- Less than three times per week ..... 5
- REF ..... 7
- DK..... 8

P4\_BOWELMOVEMENTS\_HOWOFT

**<MEN: GO TO HEALTH CONDITIONS>**

**<WOMEN: GO TO WOMEN’S REPRODUCTIVE HEALTH>**

**Women’s Reproductive Health <DO NOT DISPLAY ON-SCREEN>**

**RH1.** How many times have you been pregnant in your lifetime? Please include live births and stillbirths as well as any pregnancies that ended in a loss of pregnancy or abortion.

[IF R HAS NEVER BEEN PREGNANT, ENTER ‘0’] [ENTER # OF PREGNANCIES]  
**<RANGE: 0 – 30>**

|\_|\_|  
#PREGNANCIES

P4\_PREGNANT\_TIMES

REF.....[RH5] ..... 97  
DK..... 98

**<IF RH1 = 0 or 97, GO TO RH5>**

**RH2.** How many of your pregnancies ended in live birth or stillbirth? [IF NONE, ENTER ‘0’]  
[ENTER # OF BIRTHS] **<RANGE: 0 – 30>**

|\_|\_|  
#BIRTHS

P4\_BIRTHS

REF..... 97  
DK..... 98

**<IF RH2 = 0, 97, or 98, GO TO RH5>**

**RH3.** How old were you the first time you had a pregnancy ending in a live birth or stillbirth?  
[ENTER AGE] **<RANGE: 12 – 55>**

|\_|\_|  
AGE

P4\_FIRST\_BIRTH\_AGE

REF..... 97  
DK..... 98

**<IF RH2 = 1, GO TO RH5>**

**RH4.** How old were you the last time you had a live birth or stillbirth? [ENTER AGE]  
**<RANGE: 12 – 55>**

|\_|\_|  
AGE

P4\_LAST\_BIRTH\_AGE

REF..... 97  
DK..... 98

**RH5.** Have you ever had any of the following surgeries? Please answer yes or no to each.

<ADD PARENTHESES AROUND ALL QUESTION TEXT FOR RH5b AND RH5c>

		Y	N	REF	DK
a. Hysterectomy (HISS-ter-ECK-ta-mee), a surgical procedure to remove the uterus, without removing ovaries	P4_MENO_SURGERY1	1	2	7	8
b. Hysterectomy (HISS-ter-ECK-ta-mee), a surgical procedure to remove the uterus, with removal of one or more ovaries	P4_MENO_SURGERY2	1	2	7	8
c. Separate surgery to remove one or both ovaries	P4_MENO_SURGERY3	1	2	7	8

**RH6.** Have you had a menstrual period in the past 12 months?

YES.....[RH9] .....	1	P4_LMP_12MOS
NO.....	2	
REF.....[RH9] .....	7	
DK.....[RH9] .....	8	

**RH7.** Why did your periods stop? Please listen to each of the following statements, and then choose the one response that best describes your situation. P4\_MENO\_STOP

My periods stopped on their own, naturally .....	1
My periods stopped after my uterus or ovaries were removed.....	2
My periods stopped due to radiation or chemotherapy .....	3
My periods stopped because I am using the kind of birth control that eliminates periods.....	4
My periods stopped because I am pregnant or breastfeeding.....	5
My periods stopped for some other reason .....	6
REF .....	7
DK.....	8

**RH8.** How old were you when you had your last menstrual period? [ENTER AGE] <RANGE: 10 – 65>

_  _   → <GO TO RH11>	P4_LMPAGE
AGE	
REF..... [RH11].....	7
DK..... [RH11].....	8
Never had a period..... [RH11].....	996

**<ASK RH9 ONLY IF RH6 = 1, 7, or 8>**

**RH9.** Please listen to each of the following statements, and then choose the one response that best describes your situation.

P4\_MENO\_STATUS

- My periods have not stopped and I am not taking hormone replacement therapy .....[RH11] ..... 1
- My periods have not stopped but I am taking hormone replacement therapy .....[RH11] ..... 2
- My periods stopped, but restarted when I began hormone replacement therapy .....[RH11] ..... 3
- My periods stopped sometime in the last 12 months ..... 4
- REF .....[RH11] ..... 7
- DK.....[RH11] ..... 8

**<ASK RH10 ONLY IF RH9 = 4>**

**RH10.** Why did your periods stop sometime in the last 12 months? Please listen to each of the following statements, and then choose the one response that best describes your situation.

P4\_MENO\_STOP\_12MOS

- My periods stopped on their own, naturally ..... 1
- My periods stopped after my uterus or ovaries were removed..... 2
- My periods stopped due to radiation or chemotherapy ..... 3
- My periods stopped because I am using the kind of birth control that eliminates periods..... 4
- My periods stopped because I am pregnant or breastfeeding..... 5
- My periods stopped for some other reason ..... 6
- REF ..... 7
- DK..... 8

**RH11.** Have you ever used estrogen or progesterone for hormone replacement therapy? Common brand and generic names include Premarin, Estrace, estradiol, Provera, and medroxyprogesterone (muh-DROX-see-pro-JESS-ter-own).

P4\_HRT

- YES..... 1
- NO.....[RH16] ..... 2
- REF.....[RH16] ..... 7
- DK.....[RH16] ..... 8

**RH12.** How old were you when you first used prescribed hormone replacement therapy?

**[ENTER AGE] <RANGE: 10 – 75>**

P4\_HRT\_AGE

- |  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

  
 AGE
- REF ..... 97
- DK..... 98

**RH13.** How many years altogether have you used prescribed hormone replacement therapy?  
Do not count years that you stopped. Please round to the nearest year.

[IF TOTAL AMOUNT OF TIME WAS LESS THAN 1 YEAR, ENTER '1']  
[ENTER # OF YEARS] <RANGE: 1 – 100>

|\_|\_|\_|  
#YEARS

P4\_HRT\_YRS

REF ..... 997  
DK ..... 998

**RH14.** Are you currently using prescribed hormone replacement therapy?

YES ..... 1  
NO ..... 2  
REF ..... 7  
DK ..... 8

P4\_HRT\_NOW

**RH15.** Was the prescribed hormone replacement that you took the most often...

A combination of estrogen and progesterone.. 1  
Estrogen only ..... 2  
Progesterone only ..... 3  
Something else ..... 4  
REF ..... 7  
DK ..... 8

P4\_HRT\_TYPE

**RH16.** Have you ever taken birth control pills for any reason?

YES ..... 1  
NO ..... [HC1] ..... 2  
REF ..... [HC1] ..... 7  
DK ..... [HC1] ..... 8

P4\_BC\_PILLS

**RH17.** How old were you when you first took birth control pills? [ENTER AGE]  
**<RANGE: 10 – 65>**

|\_|\_|  
AGE

P4\_BC\_PILLS\_AGE

REF ..... 97  
DK ..... 98

**RH18.** How many years altogether did you take birth control pills? Do not count years that you stopped. Please round to the nearest year.

[IF TOTAL AMOUNT OF TIME WAS LESS THAN 1 YEAR, ENTER '1']

[ENTER # OF YEARS] <RANGE: 1 – 100>

|\_|\_|\_|  
#YEARS

P4\_BC\_PILLS\_YRS

REF ..... 997  
DK ..... 998

**Health Conditions <DO NOT DISPLAY ON-SCREEN>**

These questions are about medical conditions you may have had. Please only report conditions that were diagnosed by a doctor or other health professional. We are interested in what age you were diagnosed with a specific condition. If you do not know your exact age, please give us your best guess.

**HC1.** Have you ever been diagnosed with Parkinson's disease?

YES ..... 1  
NO ..... [HC6] ..... 2  
REF ..... [HC6] ..... 7  
DK ..... [HC6] ..... 8

P4\_PARKINSONS

**HC2.** How old were you when you were first diagnosed with Parkinson's disease?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_PARKINSONS\_AGE

REF ..... 997  
DK ..... 998

**HC3.** Was the diagnosis made or confirmed by a neurologist or movement disorder specialist?

YES ..... 1  
NO ..... 2  
REF ..... 7  
DK ..... 8

P4\_PARKINSONS\_SPECIALIST

**HC4.** Do you currently take any prescribed medicines for Parkinson’s disease?

Examples include Carbidopa (CAR-bih-doe-puh) or levodopa (LEE-voe-doe-puh), with brand names such as Sinemet (SIN-uh-met), Stalevo (stuh-LEE-voe), or Parcopa (par-KOE-puh); Mirapex (MEER-uh-pex) or Pramipexole (PRAM-ih-PEX-ole); Requip (REE-kwip) or Ropinirole (roe-PIN-ih-role); Permax (PER-max) or Pergolide (PER-go-lide).

YES.....	1	<b>P4_PARKINSONS_MED</b>
NO.....[HC6] .....	2	
REF.....[HC6] .....	7	
DK.....[HC6] .....	8	

**HC5.** Did your symptoms ever improve after taking any of these medicines?

YES.....	1	<b>P4_PARKINSONS_MED_HELP</b>
NO.....	2	
REF.....	7	
DK.....	8	

**HC6.** Have you ever been diagnosed with a heart attack or myocardial infarction?

YES.....	1	<b>P4_MI</b>
NO.....[HC8] .....	2	
REF.....[HC8] .....	7	
DK.....[HC8] .....	8	

**HC7.** How old were you when you were first diagnosed with a heart attack or myocardial infarction? [ENTER AGE] **<RANGE: 1 – 110>**

<u>  </u> <u>  </u> <u>  </u> <u>  </u> AGE		<b>P4_MI_AGE</b>
REF.....	997	
DK.....	998	

**HC8.** Have you ever been diagnosed with depression?

YES.....	1	<b>P4_DEPRESSION</b>
NO.....[HC11] .....	2	
REF.....[HC11] .....	7	
DK.....[HC11] .....	8	

**HC9.** How old were you when you were first diagnosed with depression?  
[ENTER AGE] **<RANGE: 1 – 110>**

<u>  </u> <u>  </u> <u>  </u> <u>  </u> AGE		<b>P4_DEPRESSION_AGE</b>
REF.....	997	
DK.....	998	

**HC10.** Are you currently taking any prescribed medicines for depression?

- YES..... 1 P4\_DEPRESSION\_MED
- NO..... 2
- REF..... 7
- DK..... 8

**HC11.** Have you ever been diagnosed with high blood pressure or hypertension?  
**<FOR WOMEN FILL:>** [*Please do not count this condition if it occurred only during pregnancy.*]

- YES..... 1 P4\_HBP
- NO.....[HC14] ..... 2
- REF.....[HC14] ..... 7
- DK.....[HC14] ..... 8

**HC12.** How old were you when you were first diagnosed with high blood pressure or hypertension? [ENTER AGE] **<RANGE: 1 – 110>**

- AGE P4\_HBP\_AGE
- REF..... 997
- DK..... 998

**HC13.** Do you currently take any prescribed medicines for high blood pressure or hypertension?

- YES..... 1 P4\_HBP\_MED
- NO..... 2
- REF..... 7
- DK..... 8

**HC14.** Have you ever been diagnosed with heart failure?

- YES..... 1 P4\_HEART\_FAILURE
- NO.....[HC16] ..... 2
- REF.....[HC16] ..... 7
- DK.....[HC16] ..... 8

**HC15.** How old were you when you were first diagnosed with heart failure?  
[ENTER AGE] **<RANGE: 1 – 110>**

- AGE P4\_HEART\_FAILURE\_AGE
- REF..... 997
- DK..... 998

**HC16.** Have you ever been diagnosed with a stroke? Do not include TIAs or mini-strokes.

- YES..... 1 P4\_P4\_STROKE
- NO.....[HC18] ..... 2
- REF.....[HC18] ..... 7
- DK.....[HC18] ..... 8

**HC17.** How old were you when you were first diagnosed with a stroke?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_STROKE\_AGE

REF..... 997  
DK..... 998

**HC18.** Have you ever been diagnosed with asthma?

P4\_ASTHMA

YES..... 1  
NO.....[HC23] ..... 2  
REF.....[HC23] ..... 7  
DK.....[HC23] ..... 8

**HC19.** How old were you when you were first diagnosed with asthma?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_ASTHMA\_AGE

REF..... 997  
DK..... 998

**HC20.** Do you still have asthma?

P4\_ASTHMA\_NOW

YES.....[HC22] ..... 1  
NO..... 2  
REF.....[HC22] ..... 7  
DK.....[HC22] ..... 8

**HC21.** How old were you when your asthma stopped? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_ASTHMA\_ENDAGE

REF..... 997  
DK..... 998

**HC22.** During the past 12 months, have you used any prescribed medicines for asthma, including an inhaler?

P4\_ASTHMA\_MED

YES..... 1  
NO..... 2  
REF..... 7  
DK..... 8

**HC23.** Have you ever been diagnosed with Farmer's Lung?

P4\_FARMLUNG

YES..... 1  
NO.....[HC25] ..... 2  
REF.....[HC25] ..... 7  
DK.....[HC25] ..... 8

**HC24.** How old were you when you were first diagnosed with Farmer’s Lung?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_FARMLUNG\_AGE

REF..... 997  
DK..... 998

**HC25.** Have you ever been diagnosed with idiopathic pulmonary fibrosis?

YES..... 1  
NO.....[HC27] ..... 2  
REF.....[HC27] ..... 7  
DK.....[HC27] ..... 8

P4\_IDIOPATHIC\_PUL\_FIB

**HC26.** How old were you when you were first diagnosed with idiopathic pulmonary fibrosis?

[ENTER AGE]<RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_IDIOPATHIC\_PUL\_FIB\_AGE

REF..... 997  
DK..... 998

**HC27.** Have you ever been diagnosed with emphysema?

YES..... 1  
NO.....[HC29] ..... 2  
REF.....[HC29] ..... 7  
DK.....[HC29] ..... 8

P4\_EMPHYSEMA

**HC28.** How old were you when you were first diagnosed with emphysema?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_EMPHYSEMA\_AGE

REF..... 997  
DK..... 998

**HC29.** Have you ever been diagnosed with chronic bronchitis?

YES..... 1  
NO.....[HC31] ..... 2  
REF.....[HC31] ..... 7  
DK.....[HC31] ..... 8

P4\_CHRONBRONCHI

**HC30.** How old were you when you were first diagnosed with chronic bronchitis?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_CHRONBRONCHI\_AGE

REF..... 997  
DK..... 998

**HC31.** Have you ever been diagnosed with chronic obstructive pulmonary disease, or COPD?

YES..... 1  
NO.....[HC33] ..... 2  
REF.....[HC33] ..... 7  
DK.....[HC33] ..... 8

P4 COPD

**HC32.** How old were you when you were first diagnosed with chronic obstructive pulmonary disease, or COPD? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_COPD\_AGE

REF..... 997  
DK..... 998

**HC33.** Have you ever been diagnosed with diabetes <FOR WOMEN FILL:> [other than when pregnant]?

YES..... 1  
NO.....[HC37] ..... 2  
REF.....[HC37] ..... 7  
DK.....[HC37] ..... 8

P4\_DIABETES

**HC34.** How old were you when you were first diagnosed with diabetes? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_DIABETES\_AGE

REF..... 997  
DK..... 998

**HC35.** Do you currently take any prescribed medicines for diabetes?

YES..... 1  
NO.....[HC37] ..... 2  
REF.....[HC37] ..... 7  
DK.....[HC37] ..... 8

P4\_DIABETES\_MED\_AGE

**HC36.** Do you currently take insulin?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_DIABETES\_MED

**HC37.** Have you ever been diagnosed with thyroid disease or thyroid problems?

- YES..... 1
- NO.....[HC46] ..... 2
- REF.....[HC46] ..... 7
- DK.....[HC46] ..... 8

P4\_THYROID

**HC38.** Have you ever been diagnosed with an overactive thyroid, or hyperthyroidism?

- YES..... 1
- NO.....[HC42] ..... 2
- REF.....[HC42] ..... 7
- DK.....[HC42] ..... 8

P4\_HYPERTHY

**HC39.** How old were you when you were first diagnosed with an overactive thyroid?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

- REF..... 997
- DK..... 998

P4\_HYPERTHY\_AGE

**HC40.** Was this Graves' disease or some other type of thyroid condition that caused the overactive thyroid gland?

- GRAVES' DISEASE..... 1
- OTHER OVERACTIVE THYROID CONDITION ..... 2
- REF..... 7
- DK..... 8

P4\_GRAVES

**HC41.** Do you currently take any prescribed medicines for an overactive thyroid?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_HYPERTHY\_MED

**HC42.** Have you ever been diagnosed with an underactive thyroid, or hypothyroidism?

YES..... 1  
 NO.....[HC46] ..... 2  
 REF.....[HC46] ..... 7  
 DK.....[HC46] ..... 8

P4\_HYPOTHY

**HC43.** How old were you when you were first diagnosed with an underactive thyroid (hypothyroidism)? [ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
 AGE

P4\_HYPOTHY\_AGE

REF..... 997  
 DK..... 998

**HC44.** Was this thyroiditis, sometimes called Hashimoto’s thyroiditis, or was this some other type of thyroid condition that caused the underactive thyroid gland?

THYROIDITIS (ALSO CALLED HASHIMOTO’S THYROIDITIS) .... 1  
 OTHER UNDERACTIVE THYROID CONDITION..... 2  
 REF ..... 7  
 DK..... 8

P4\_HASHIMOTO

**HC45.** Do you currently take any prescribed medicines for an underactive thyroid?

YES..... 1  
 NO..... 2  
 REF ..... 7  
 DK..... 8

P4\_HYPOTHY\_MED

**HC46.** Have you ever been diagnosed with kidney stones?

YES..... 1  
 NO.....[HC49] ..... 2  
 REF.....[HC49] ..... 7  
 DK.....[HC49] ..... 8

P4\_KIDNEYSTONE

**HC47.** How old were you when you were first diagnosed with kidney stones?  
[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
 AGE

P4\_KIDNEYSTONE\_AGE

REF..... 997  
 DK..... 998

**HC48.** How many times have you had kidney stones? [ENTER # OF TIMES] <RANGE: 1 – 20>

|\_|\_|  
#TIMES

P4\_KIDNEYSTONE\_NUM

REF..... 97  
DK..... 98

**HC49.** Have you ever been diagnosed with kidney disease? Do not include kidney stones.

YES..... 1  
NO.....[HC53] ..... 2  
REF.....[HC53] ..... 7  
DK.....[HC53] ..... 8

P4\_KIDNEYFAIL

**HC50.** How old were you when you were first diagnosed with kidney disease?  
[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_KIDNEYFAIL\_AGE

REF..... 997  
DK..... 998

**HC51.** Have you ever been treated with dialysis?

YES..... 1  
NO.....[HC53] ..... 2  
REF.....[HC53] ..... 7  
DK.....[HC53] ..... 8

P4\_DIALYSIS

**HC52.** How old were you when you were first treated with dialysis? [ENTER AGE]  
<RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_DIALYSIS\_AGE

REF..... 997  
DK..... 998

**HC53.** Have you ever been diagnosed with rheumatoid arthritis, an autoimmune disease? Do not include osteoarthritis, the most common type of arthritis.

YES..... 1  
NO.....[HC58] ..... 2  
REF.....[HC58] ..... 7  
DK.....[HC58] ..... 8

P4\_RHEUMATOID

**HC54.** How old were you when you were first diagnosed with rheumatoid arthritis?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

P4\_RHEUMATOID\_AGE

REF..... 997  
DK..... 998

**HC55.** Did you see a rheumatologist, a physician who specializes in bone, joint, and skin diseases, for rheumatoid arthritis?

YES..... 1  
NO..... 2  
REF..... 7  
DK..... 8

P4\_RHEUMATOID\_SPECIALIST

**HC56.** Have you ever taken any of the following medicines for rheumatoid arthritis?

<DO NOT ADD PARENTHESES AROUND QUESTION TEXT FOR HC56b AND HC56c>

- |    |  | Y                  | N | REF | DK |
|----|--|--------------------|---|-----|----|
| a. | Hydroxychloroquine (hy-DROX-see-KLOR-o-quine) or chloroquine (KLOR-o-quine), also called Plaquenil (PLAK-qua-nill); or Methotrexate (meth-oh-TREX-ate), also called Rheumatrex (ROOM-uh-trex) or Trexall (TREX-all)  | 1                  | 2 | 7   | 8  |
|    |  | P4_RHEUMATOID_MED1 |   |     |    |
| b. | Leflunomide (lef-FLOO-no-mide), also called Arava (air-RAH-vah); or Sulfasalazine (SULL-fuh-SAL-uh-zeen), also called Azulfidine (az-ZULL-fi-dine)   | 1                  | 2 | 7   | 8  |
|    |  | P4_RHEUMATOID_MED2 |   |     |    |
| c. | Biologics, given by infusion or injection, such as infliximab (in-FLIX-ih-mab), also called Remicade (REM-ih-kade); adalimumab (ay-da-LIM-yoo-mab), also called Humira (hew-MEER-uh); etanercept (ee-TAN-er-sept), also called Enbrel (EN-brull); rituximab (ry-TUX-ih-mab), also called Rituxan (ry-TUX-un). Do not include steroid injections in the joints. | 1                  | 2 | 7   | 8  |
|    |  | P4_RHEUMATOID_MED3 |   |     |    |

<IF (HC56a OR HC56b OR HC56c = 1), GO TO HC57>  
<IF (HC56a AND HC56b AND HC56c <> 1), GO TO HC58>

**HC57.** Are you currently taking any of these medicines for rheumatoid arthritis?

YES..... 1  
NO..... 2  
REF..... 7  
DK..... 8

P4\_RHEUMATOID\_MED\_NOW

**HC58.** Have you ever been diagnosed with lupus?

YES..... 1  
 NO.....[HC63] ..... 2  
 REF.....[HC63] ..... 7  
 DK.....[HC63] ..... 8

P4\_LUPUS

**HC59.** How old were you when you were first diagnosed with lupus? [ENTER AGE]

<RANGE: 1 – 110>

|\_|\_|\_|  
 AGE

REF..... 997  
 DK..... 998

P4\_LUPUS\_AGE

**HC60.** Did you see a rheumatologist, a physician who specializes in bone, joint, and skin diseases, for lupus?

YES..... 1  
 NO..... 2  
 REF..... 7  
 DK..... 8

P4\_LUPUS\_SPECIALIST

**HC61.** Have you ever taken any of the following medicines for lupus?

<DO NOT ADD PARENTHESES AROUND QUESTION TEXT FOR HC61b AND HC61c>

- |    |   | Y | N | REF | DK |
|----|---|---|---|-----|----|
| a. | Hydroxychloroquine (hy-DROX-see-KLOR-o-quine) or chloroquine (KLOR-o-quine), also called Plaquenil (PLAK-qua-nill); or Methotrexate (meth-oh-TREX-ate), also called Rheumatrex (ROOM-uh-trex) or Trexall (TREX-all) | 1 | 2 | 7   | 8  |
| b. | Azathioprine (ay-za-THYE-oh-preen), also called Imuran (IM-yoo-ran); Cellcept (SELL-sept), Cytoxan (sy-TOX-un), or Cyclosporine (SY-klo-SPORE-in)   | 1 | 2 | 7   | 8  |
| c. | Biologics, given by infusion or injection, such as belimumab (bee-LIM-yoo-mab), also called Benlysta (ben-LISS-tuh). Do not include steroid injections in the joints or skin.                                       | 1 | 2 | 7   | 8  |

P4\_LUPUS\_MED1

P4\_LUPUS\_MED2

P4\_LUPUS\_MED3

<IF (HC61a OR HC61b OR HC61c = 1), GO TO HC62>  
 <IF (HC61a AND HC61b AND HC61c <= 1)), GO TO HC63>

**HC62.** Are you currently taking any of these medicines for lupus?

YES..... 1  
 NO..... 2  
 REF..... 7  
 DK..... 8

P4\_LUPUS\_MED\_NOW

**HC63.** Have you ever been diagnosed with Sjögren’s (SHOW-grenz) disease?

- YES..... 1 P4\_SJOGREN
- NO.....[HC68] ..... 2
- REF.....[HC68] ..... 7
- DK.....[HC68] ..... 8

**HC64.** How old were you when you were first diagnosed with Sjögren’s (SHOW-grenz) disease? [ENTER AGE] <RANGE: 1 – 110>

- |||  
AGE P4\_SJOGREN\_AGE
- REF..... 997
- DK..... 998

**HC65.** Did you see a rheumatologist, a physician who specializes in bone, joint, and skin diseases, or an ear, nose and throat specialist for Sjögren’s disease?

- YES..... 1 P4\_SJOGREN\_SPECIALIST
- NO..... 2
- REF..... 7
- DK..... 8

**HC66.** Have you ever taken any of the following medicines for Sjögren’s disease?

**<DO NOT ADD PARENTHESES AROUND QUESTION TEXT FOR HC66b AND HC66c>**

- |  |   | Y | N | REF | DK |
|--|---|---|---|-----|----|
| a. Hydroxychloroquine (hy-DROX-see-KLOR-o-quine) or chloroquine (KLOR-o-quine), also called Plaquenil (PLAK-qua-nill); or Methotrexate (meth-oh-TREX-ate), also called Rheumatrex (ROOM-uh-trex) or Trexall (TREX-all)                 | <span style="border: 1px solid red; padding: 2px;">P4_SJOGREN_MED1</span> | 1 | 2 | 7   | 8  |
| b. Pilocarpine (pie-low-CAR-peen), also called Salagen (SAL-uh-jen); or Cevimeline (sev-vi-ME-leen), also called Evoxac (EE-voe-zak); or Cyclosporine Ophthalmic (SY-klo-SPORE-in off-THAL-mick), also called Restasis (ree-STAY-siss) | <span style="border: 1px solid red; padding: 2px;">P4_SJOGREN_MED2</span> | 1 | 2 | 7   | 8  |
| c. Biologics, given by infusion or injection, such as rituximab (ry-TUX-ih-mab), also called Rituxan (ry-TUX-un).  | <span style="border: 1px solid red; padding: 2px;">P4_SJOGREN_MED3</span> | 1 | 2 | 7   | 8  |

**<IF (HC66a OR HC66b OR HC66c = 1)), GO TO HC67>**

**<IF (HC66a AND HC66b AND HC66c <> 1)), GO TO HC68>**

**HC67.** Are you currently taking any of these medicines for Sjögren’s disease?

- YES..... 1 P4\_SJOGREN\_MED\_NOW
- NO..... 2
- REF..... 7
- DK..... 8

**HC68.** Have you ever been diagnosed with sarcoidosis?

- YES..... 1
- NO.....[HC70] ..... 2
- REF.....[HC70] ..... 7
- DK.....[HC70] ..... 8

P4\_SARCOIDOSIS

**HC69.** How old were you when you were first diagnosed with sarcoidosis?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

- REF..... 997
- DK..... 998

P4\_SARCOIDOSIS\_AGE

**HC70.** Have you ever been diagnosed with pesticide poisoning?

- YES..... 1
- NO.....[HC73] ..... 2
- REF.....[HC73] ..... 7
- DK.....[HC73] ..... 8

P4\_PEST\_POISON

**HC71.** How old were you when you were first diagnosed with pesticide poisoning?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

- REF..... 997
- DK..... 998

P4\_PEST\_POISON\_AGE

**HC72.** How many times have you been poisoned by pesticides? [ENTER # OF TIMES]

<RANGE: 1 – 20>

|\_|\_|  
#TIMES

- REF..... 97
- DK..... 98

P4\_PEST\_POISON\_HOWMANY

**HC73.** Have you ever had a head injury requiring medical attention?

- YES..... 1
- NO.....[HC77] ..... 2
- REF.....[HC77] ..... 7
- DK.....[HC77] ..... 8

P4\_INJURY\_HEAD

**HC74.** Have you ever had a head injury that resulted in loss of consciousness, that is, you got knocked out?

- YES..... 1
- NO.....[HC77] ..... 2
- REF.....[HC77] ..... 7
- DK.....[HC77] ..... 8

P4\_INJURY\_HEAD\_KO

**HC75.** How old were you the first time you lost consciousness from a head injury?

[ENTER AGE] <RANGE: 1 – 110>

|\_|\_|\_|  
AGE

- REF..... 997
- DK..... 998

P4\_INJURY\_HEAD\_KO\_AGE

**HC76.** How many times have you had a head injury with loss of consciousness?

[ENTER # OF TIMES] <RANGE: 1 – 20>

|\_|\_|  
#TIMES

- REF..... 97
- DK..... 98

P4\_INJURY\_HEAD\_KO\_HOWMANY

**HC77.** Have you ever had hay fever, seasonal allergies or allergic rhinitis, whether or not it was diagnosed by a doctor?

- YES..... 1
- NO.....[SM1] ..... 2
- REF.....[SM1] ..... 7
- DK.....[SM1] ..... 8

P4\_HAYFEVER

**HC78.** In the past 12 months, have you taken any prescribed or over-the-counter medicines for these allergies?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_HAYFEVER\_MED

**Symptoms**

The next few questions are about respiratory symptoms that you may have experienced in the past 12 months.

**SM1.** Do you usually cough during the day or at night, four or more days per week?

- YES..... 1 P4\_COUGH
- NO.....[SM4] ..... 2
- REF.....[SM4] ..... 7
- DK.....[SM4] ..... 8

**SM2.** Do you usually cough like this at least three months per year?

- YES..... 1 P4\_COUGH\_3MO
- NO..... 2
- REF..... 7
- DK..... 8

**SM3.** How many years have you had this cough?  
[IF IT WAS LESS THAN 1 YEAR, ENTER '1'] [ENTER # OF YEARS]

**<RANGE: 1 – 110>**      **IF ALWAYS / ENTIRE LIFE, ENTER '995'**

- #YEARS P4\_COUGH\_YRS
- REF..... 997
- DK..... 998

**SM4.** Do you usually bring up phlegm when you cough? Don't count phlegm from your nose as a result of seasonal allergies or colds.

- YES..... 1 P4\_COUGHPHLEGM
- NO..... 2
- REF..... 7
- DK..... 8

**SM5.** During the past 12 months, about how many days of wheezing or whistling in your chest have you had?

- None ..... 1 P4\_WHEEZE
- 1 to 2 days..... 2
- 3 to 6 days..... 3
- 7 to 12 days..... 4
- 13 or more days ..... 5
- REF..... 7
- DK..... 8

**SM6.** Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill or up a flight of stairs?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_SHORTBREATH

**SM7.** Do your hands shake or tremble?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_PARK\_HANDS\_SHAKE

**SM8.** Do your arms or legs shake?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_PARK\_LEGS\_SHAKE

**SM9.** Is your handwriting smaller than it once was?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_PARK\_WRITE

**SM10.** Is your voice softer than it once was?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_PARK\_VOICE

**SM11.** Do your feet shuffle when you walk?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_PARK\_STEP

**SM12.** Do you have trouble rising from a chair?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_CHAIR

**SM13.** Do you suffer from a loss of sense of smell or a significantly decreased sense of smell?

- YES..... 1
- NO.....[SM15] ..... 2
- REF.....[SM15] ..... 7
- DK.....[SM15] ..... 8

P4\_SMELL\_LOSS

**SM14.** When did you start losing your sense of smell?

- Less than 1 year ago..... 1
- 1 to 5 years ago ..... 2
- 5 to 10 years ago ..... 3
- More than 10 years ago ..... 4
- REF..... 7
- DK..... 8

P4\_SMELL\_LOSS\_WHEN

**SM15.** Have you ever been told, or suspected yourself, that you seem to “act out your dreams” while sleeping? For example, punching or flailing your arms in the air, shouting, or screaming while asleep.

- YES..... 1
- NO.....[SM18] ..... 2
- REF.....[SM18] ..... 7
- DK.....[SM18] ..... 8

P4\_DREAMS

**SM16.** When did you first “act out your dreams”?

- Less than 1 year ago..... 1
- 1 to 5 years ago ..... 2
- 5 to 10 years ago ..... 3
- More than 10 years ago ..... 4
- REF..... 7
- DK..... 8

P4\_DREAMS\_WHEN

**SM17.**How often have you “acted out your dreams”?

- Less than 3 times in your life..... 1
- Less than once a month..... 2
- 1 to 3 times a month..... 3
- Once a week..... 4
- More than once per week..... 5
- REF..... 7
- DK..... 8

P4\_DREAMS\_HOWOFT

**SM18.**Have you ever had joint swelling in your wrists, fingers, elbows, or knees lasting six or more weeks?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_SWELL

**SM19.**Have you ever had joint stiffness in the mornings, lasting at least 1 hour, for at least six weeks? Do not include stiffness that is related to or due to an injury or surgery.

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_STIFF

**SM20.**Have you ever in your life had a period lasting two weeks or longer when most of the day you felt uninterested in things like hobbies, work, or other things you usually enjoy for most of the day?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_UNINTERESTED

**SM21.**Did you ever have a time in your life when you were a “worrier” – that is, when you worried a lot more about things than other people with the same problems as you?

- YES..... 1
- NO..... 2
- REF..... 7
- DK..... 8

P4\_WORRY

<BEGINNING WITH SM22c, INSERT PARENTHESES AROUND ROOT QUESTION TEXT FOR EACH ITEM THROUGH SM22f>

SM22. Over the <u>last two weeks</u> , how often have you been bothered by...	Not at all	Several days	More than half the days	Nearly every day	REF	DK
a. having little interest or pleasure in doing things? Would you say... <u>P4_SYMP_2WKS_1</u>	1	2	3	4	7	8
b. feeling down, depressed, or hopeless? Would you say... <u>P4_SYMP_2WKS_2</u>	1	2	3	4	7	8
c. having trouble falling or staying asleep, or sleeping too much? Would you say... <u>P4_SYMP_2WKS_3</u>	1	2	3	4	7	8
d. feeling tired or having little energy? Would you say... <u>P4_SYMP_2WKS_4</u>	1	2	3	4	7	8
e. feeling nervous, anxious, or on edge? Would you say... <u>P4_SYMP_2WKS_5</u>	1	2	3	4	7	8
f. not being able to stop or control worrying? Would you say... <u>P4_SYMP_2WKS_6</u>	1	2	3	4	7	8

**SM23.** How many hours of sleep do you get each night?

- Less than 6 hours..... 1
- 6 hours to 6 hours and 59 minutes..... 2
- 7 hours to 7 hours and 59 minutes..... 3
- 8 hours to 8 hours and 59 minutes..... 4
- 9 hours or more..... 5
- REF..... 7
- DK..... 8

P4\_SLEEP\_HRS

**SM24.** How often do you feel sleepy most of the day?

- Never ..... 1
- Less than one day per month..... 2

P4\_SLEEPY\_HOWOFT

- 1 to 3 days per month ..... 3
- 1 to 2 days per week ..... 4
- 3 to 5 days per week ..... 5
- 6 to 7 days per week ..... 6
- REF ..... 7
- DK ..... 8

**SM25.** Do you nap during the day?

- YES ..... 1
- NO ..... [CLOSING] ..... 2
- REF ..... [CLOSING] ..... 7
- DK ..... [CLOSING] ..... 8

P4\_NAP

**SM26.** How long do you nap?

- Less than 30 minutes ..... [CLOSING] ..... 1
- 30 minutes to 1 hour ..... [CLOSING] ..... 2
- More than 1 hour ..... [CLOSING] ..... 3
- REF ..... [CLOSING] ..... 7
- DK ..... [CLOSING] ..... 8

P4\_NAP\_HOWLONG