

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>

||_|_|_| → **<GO TO AG11>**
 YEAR

P4_STFARM_LASTYEAR

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	P4_CORNFIELD	1	2	7	8
2.	Pop corn	P4_CORNPOP	1	2	7	8
3.	Seed corn	P4_CORNSEED	1	2	7	8
4.	Hay or forage	P4_HAY	1	2	7	8
5.	Soybeans	P4_SOYBEANS	1	2	7	8
6.	Wheat	P4_WHEAT	1	2	7	8
7.	Alfalfa	P4_ALFALFA	1	2	7	8
8.	Oats	P4_OATS	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	P4_CORNSWEET	1	2	7	8
2.	Cabbage	P4_CABBAGE	1	2	7	8
3.	Cucumbers	P4_CUCUMBERS	1	2	7	8
4.	Peppers	P4_PEPPERS	1	2	7	8
5.	Pumpkins	P4_PUMPKINS	1	2	7	8
6.	Snap beans	P4_SNAPBEANS	1	2	7	8
7.	Sweet Potatoes	P4_SWEETPOTATOES	1	2	7	8
8.	Tomatoes	P4_TOMATOES	1	2	7	8
9.	Potatoes	P4_POTATOES	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	P4_PEANUTS	1	2	7	8
2.	Other vegetables	P4_OTHERVEGETABLE	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	P4_LIVESTOCK_NUM
50 to 99	2	
100 to 499	3	
500 to 999	4	
1,000 or more.....	5	
REF.....	7	
DK.....	8	

<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	P4_POULTRY_NUM
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	

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	P4_MIXAPPLY
NO.....[AG15]	2	
REF.....[AG15]	7	
DK.....[AG15]	8	

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

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

_ _ _	P4_YRSMIX
#YEARS	
REF..... 997	
DK..... 998	

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_JOBBOFF_HOWLONG
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
 - 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
- P4_SCHOOL

Tobacco and Alcohol <DO NOT DISPLAY ON-SCREEN>

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

- YES..... 1
 - NO..... [TA6]..... 2
 - REF..... [TA6]..... 7
 - DK..... [TA6]..... 8
- P4_SMOK100

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

[ENTER AGE] <RANGE: 1 – 110>

|_|_|_|
AGE

- REF 997
- DK..... 998

P4_SMOKAGESTART

TA3. Do you currently smoke cigarettes?

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

P4_SMOKNOW

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

[ENTER AGE] <RANGE: 1 – 110>

|_|_|_|
AGE

- REF 997
- DK..... 998

P4_SMOKAGESTOP

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>

P4_HGTFT	P4_HGTIN
_	_ _
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				

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
- NO.....[PR6] 2
- REF.....[PR6] 7
- DK.....[PR6] 8

P4_ASPIRIN

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

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

P4_ASPIRIN_NOW

PR3. How many years in total have you taken aspirin 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_ASPIRIN_YRS

PR4. When you took aspirin 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_ASPIRIN_FREQ

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

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

P4_ASPIRIN_TYPE

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	P4_PARKINSONS_MED
NO.....[HC6]	2	
REF.....[HC6]	7	
DK.....[HC6]	8	

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

YES.....	1	P4_PARKINSONS_MED_HELP
NO.....	2	
REF.....	7	
DK.....	8	

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

YES.....	1	P4_MI
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		P4_MI_AGE
REF.....	997	
DK.....	998	

HC8. Have you ever been diagnosed with depression?

YES.....	1	P4_DEPRESSION
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		P4_DEPRESSION_AGE
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), Cytosan (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) | P4_SJOGREN_MED1 | 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) | P4_SJOGREN_MED2 | 1 | 2 | 7 | 8 |
| c. Biologics, given by infusion or injection, such as rituximab (ry-TUX-ih-mab), also called Rituxan (ry-TUX-un). | P4_SJOGREN_MED3 | 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

P4_SARCOIDOSIS_AGE

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

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

P4_PEST_POISON_AGE

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

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

<RANGE: 1 – 20>

|_|_|
#TIMES

P4_PEST_POISON_HOWMANY

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

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