

**ADULT CORE**  
**Section I -- IDENTIFICATION**

**FR: THE SAMPLE ADULT PERSON IS {sample adult name}. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON. NO PROXIES ARE PERMITTED (EXCEPT WHEN THE SAMPLE ADULT RESPONDENT HAS A PHYSICAL OR MENTAL CONDITION WHICH PROHIBITS RESPONDING). PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {sample adult name}.**

>**SADULT**< (1) Available (7) Refused  
(2) Not Available (9) Don't know  
(3) Physical or Mental condition prohibits responding

**Check Item AIDCCI1:** If the FAMILY respondent and Sample Adult are the same person, go to ACN.010; Else go to AID.030.

AID.030 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:**

(1) Yes (2) No

>**AIDVERF1**< Gender = {male/female} Is it correct?  
>**AIDVERF2**< Age = {3 digit format} Is it correct?  
>**AIDVERF3**< Birthday = {spoken word format} Is it correct?

**Check Item AIDCCI2:** If >**AIDVERF\_S**< = (2) go to **AID.040**; If >**AIDVERF\_A**< = (2) go to **AID.050**; If >**AIDVERF\_D**< = (2) go to **AID.060**; Else go to **ACN.010**. If no changes or when changes complete, go to next section -- Conditions

AID.040 **FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.**

Is {sample adult name} Male or Female?

>**AIDSEX**< (1) Male (7) Refused  
(2) Female (9) Don't know

(Go to Check Item AIDCCI2)

**[Update revised sex AIDSEX in SEX]**

AID.050 How old is {sample adult name}?

>**AIDAGE**< (000-120) 0-120 years old  
(997) Refused  
(999) Don't know  
(Go to Check Item AIDCCI2)  
**[Update revised age AIDAGE in AGE]**

AID.060      What is {sample adult name}'s birthday?

>AIDDOB\_M<    MONTH:

- |               |             |                |                 |
|---------------|-------------|----------------|-----------------|
| (01) January  | (05) May    | (09) September | (97) Refused    |
| (02) February | (06) June   | (10) October   | (99) Don't Know |
| (03) March    | (07) July   | (11) November  |                 |
| (04) April    | (08) August | (12) December  |                 |

>AIDDOB\_D<    DAY:

- (01-31) 1-31
- (97) Refused
- (99) Don't Know

>AIDDOB\_Y<    YEAR:

- (0000-1999) 0-1999
- (9997) Refused
- (9999) Don't Know
- (Go to Check Item AIDCCI2)

**[Update revised birthdate in DOB\_M, DOB\_BDAY, and DOB\_Y\_P]**

**[Note: Variables in the AID section are used to verify information collected from the family respondent. They do not exist as separate variables in the analytic file.]**  
**(Go to next section -- Conditions)**

## Section II -- CONDITIONS

ACN.010 Now I am going to ask you about certain medical conditions.

Have you EVER been told by a doctor or other health professional that you had...Hypertension, also called high blood pressure?

>HYPEV< (1) Yes (7) Refused (ACN.031)  
(2) No (ACN.031) (9) Don't know (ACN.031)

ACN.020 Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

>HYPDIFV< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.020.010 DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

>HYPYR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.031 **FR: READ LEAD-IN IF NECESSARY:**

Have you EVER been told by a doctor or other health professional that you had...

>C1<  
(1) Yes (7) Refused  
(2) No (9) Don't know

>CHDEV< ... Coronary heart disease?  
>ANGEV< ... Angina, also called angina pectoris?  
>MIEV< ... A heart attack (also called myocardial infarction)?  
>HRTEV< ... Any kind of heart condition or heart disease (other than the ones I just asked about)?  
>STREV< ... A stroke?  
>EPHEV< ... Emphysema?

**Check Item ACNCCI1: If C1@CHDEV=1 or C1@ANGEV=1 or C1@MIEV=1 or C1@HRTEV=1 or C1@STREV=1 or C1@EPHEV=1 goto C1YR; else goto CP.**

ACN.031.010 DURING THE PAST 12 MONTHS, have you had ...?

>C1YR< (1) Yes (7) Refused  
(2) No (9) Don't know

>CHDYR< ... Coronary heart disease?  
>ANGYR< ... Angina, also called angina pectoris?  
>MIYR< ... A heart attack (also called myocardial infarction)?  
>HRTYR< ... Any kind of heart condition or heart disease (other than the ones I just asked about)?  
>STRYR< ... A stroke?  
>EPHYR< ... Emphysema?

ACN.031.020 Have you EVER been told by a doctor or other health professional that you had ...

>CP< (1) Yes (7) Refused  
(2) No (9) Don't know

>HCHLEV< ...High cholesterol  
>PCIRCEV< ...Poor circulation in your legs  
>IRRHBEV< ...Irregular heartbeats  
>CONHFEV< ...Congestive heart failure

**Check Item ACNCCI3: If CP@HCHLEV=1 or CP@PCIRCEV=1 or CP@IRRHBEV=1 or CP@CONHFEV=1 goto CPYR; else goto AASMEV.**

ACN.031.030 DURING THE PAST 12 MONTHS, have you had ...?

>CPYR< (1) Yes (7) Refused  
(2) No (9) Don't know

>HCHLYR< ...High cholesterol  
>PCIRCYR< ...Poor circulation in your legs  
>IRRHBYR< ...Irregular heartbeats  
>CONHFYR< ...Congestive heart failure

ACN.080 **FR: READ LEAD-IN IF NECESSARY:**

Have you EVER been told by a doctor or other health professional that you had asthma?

>AASMEV< (1) Yes (7) Refused (ACN.110)  
(2) No (ACN.110) (9) Don't know (ACN.110)

ACN.085 Do you still have asthma?

>AASSTILL< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.090 During the PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

>AASMYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI5: If AASSTILL =2,R,D AND AASMYR=2,R,D goto ULCEV; else, go to check item ACNCCI6.**

**Check item ACNCCI6: If AASMYR=2,R,D, goto AASMED; else go to AASMERYR**

ACN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

>AASMERYR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN100.010 DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?

**FR READ IF NECESSARY: FOR HOMEMAKERS THIS INCLUDES WORK AROUND THE HOUSE.**

**FR: ENTER 996 IF RESPONDENT UNABLE TO DO THIS ACTIVITY**

>AWZMSWK< (000) None  
(001-365)1-365  
(996) Unable to do this activity  
(997) Refused  
(999) Don't know  
@A Days

**[if @A ge <100> and @A ne <996>] display**  
<{AWZMSWK@A} is an unusually large number.  
Did you miss {AWZMSWK@A} days of work due to asthma?>]

- (1) Correct, proceed to next question
- (2) Incorrect, change answer

ACN.100.020 Have you EVER taken the preventive kind of ASTHMA medicine used everyday to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

>AASMED< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.030 An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma management plan?

**FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS**

>AASWMP< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.040 Has a doctor or other health professional EVER advised you to change things in your home, school, or work to improve your asthma?

>AAPENVLN< (1)Yes  
(2)No  
(3) Was told no changes needed  
(7) Refused  
(9) Don't know

ACN.110 **FR: READ LEAD-IN IF NECESSARY**

Have you EVER been told by a doctor or other health professional that you had .....An ulcer? This could be a stomach, duodenal or peptic ulcer.

>ULCEV< (1) Yes (7) Refused (ACN.125.010)  
(2) No (ACN.125.010) (9) Don't know (ACN.125.010)

ACN.120 During the PAST 12 MONTHS, have you had an ulcer?

>ULCYR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.125.010 Have you EVER been told by a doctor or other health professional that you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

>BOWLEV< (1) Yes (7) Refused (ACN.125.030)  
(2) No (ACN.125.030) (9) Don't know (ACN.125.030)

ACN.125.020 DURING THE PAST 12 MONTHS, have you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

>BOWLYR< (1) Yes (7) Refused  
(2) No (9) Don't Know

ACN.125.030 Have you EVER been told by a doctor or other health professional that you had...

>CE< (1) Yes (7) Refused  
(2) No (9) Don't know

>THYREV< ... a thyroid problem (hypo or hyper)?

>URINPEV< ...urinary problems such as incontinence, frequent or slow urination or infections?

>ALLRFEV< ...an allergic reaction to food or odors?

>ALLRMEV< ...an allergic reaction to medication severe enough to require treatment or medication?

**Check Item ACNCCI7: If CE@THYREV=1 or CE@URINPEV=1 or CE@ALLRFEV=1 or CE@ALLRMEV, go to Check Item CEYR; else goto CN.**

ACN.125.040 DURING THE PAST 12 MONTHS, have you had...?

>CEYR< (1) Yes (7) Refused  
(2) No (9) Don't know

>THYRYR< ... a thyroid problem (hypo or hyper)?

>URINPYR< ...urinary problems such as incontinence, frequent or slow urination or infections?

>ALLRFYR< ...an allergic reaction to food or odors?

>ALLRMYR< ...an allergic reaction to medication severe enough to require treatment or medication?

ACN.125.050 Have you EVER been told by a doctor or other health professional that you had...

>CN< (1) Yes (7) Refused  
(2) No (9) Don't know

>MSEV< ... Multiple sclerosis?  
>PARKEV< ... Parkinson's disease?  
>NEUROPEV< ... Neuropathy?  
>SEIZEV< ... Seizures?

ACN.125.060 DURING THE PAST 12 MONTHS have you ...

>CSYR< (1) Yes (7) Refused  
(2) No (9) Don't know

>INSOMYR< ... regularly had insomnia or trouble sleeping?  
>FATIGYR< ... regularly had excessive sleepiness during the day?  
>PAINYR< ... had recurring pain?

ACN.125.070 DURING THE PAST 12 MONTHS, have you been frequently depressed or anxious?

>ANXDEPYR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.125.080 During the PAST 12 MONTHS have you had...

>CDYR< (1) Yes (7) Refused  
(2) No (9) Don't know

>SPRAINYR< ...any severe sprains or strains?  
>DENTLPYR< ...dental pain?  
>SKINPYR< ...skin problems?

ACN.130 **FR: READ LEAD-IN IF NECESSARY**

Have you EVER been told by a doctor or other health professional that you had...  
Cancer or a malignancy of any kind?

>CANEV< (1) Yes (7) Refused (ACN.160)  
(2) No (ACN.160) (9) Don't know (ACN.160)



ACN.190 Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

>DIBPILL< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.201 During the PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

>C2< (1) Yes (7) Refused  
(2) No (9) Don't know

>AHAYFYR< ... Hay fever?

>SINYR< ... Sinusitis?

>CBRCHYR< ... Chronic bronchitis?

>KIDWKYR< ... Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

>LIVYR< ... Any kind of liver condition?

ACN.250 The next questions refer to your joints. Please do NOT include the back or neck.

>JNTSYMP< During THE PAST 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(1) Yes (7) Refused (ACN.290)  
(2) No (ACN.290) (9) Don't know (ACN.290)

ACN.260 **FR: SHOW FLASHCARD A3**  
**MARK ALL THAT APPLY. ENTER "N" FOR NO MORE**

Which joints are affected?

>JMTHP< (1) Shoulder-right (6) Hip-left (11) Ankle-right (16) Fingers/thumb-left  
(2) Shoulder-left (7) Wrist-right (12) Ankle-left (17) Other joint not listed  
(3) Elbow-right (8) Wrist-left (13) Toes-right (97) Refused  
(4) Elbow-left (9) Knee-right (14) Toes-left (99) Don't know  
(5) Hip-right (10) Knee-left (15) Fingers/thumb-right

ACN.260.010 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.

DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

>JNTPN< (00-10) 0-10  
(97) Refused  
(99) Don't know

ACN. 270 Did your joint symptoms FIRST begin more than 3 months ago?

>JNTCHR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN . 280 Have you EVER seen a doctor or other health professional for these joint symptoms?

>JNTHP< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.290 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

>ARTH1< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check Item ACNCCI9: IF JNTSYMP=1 or ARTH1=1 go to ARTHWT; else goto PAINECK.**

ACN.290.010 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

>ARTHWT< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.290.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

>ARTHPH< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.290.030 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

>ARTHCLS< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.295 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

>ARTHLMT< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.295.010 In this next question we are referring to work for pay.

Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

>ARTHWRK< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.300 The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have.... Neck pain?

>PAINECK< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.310 **FR: READ LEAD-IN IF NECESSARY**

During the PAST THREE MONTHS, did you have...Low back pain?

>PAINLB< (1) Yes (7) Refused (ACN.331)  
(2) No (ACN.331) (9) Don't know (ACN.331)

ACN.320 Did this pain spread down either leg to areas below the knees?

>PAINLEG< (1) Yes (7) Refused  
(2) No (9) Don't know

**FR: READ LEAD-IN IF NECESSARY**

ACN.331 During the PAST THREE MONTHS, did you have...

(1) Yes (7) Refused  
(2) No (9) Don't know

>PAINFACE< ... Facial ache or pain in the jaw muscles or the joint in front of the ear?  
>AMIGR< ... Severe headache or migraine?

ACN.350 **FR: HAND CALENDAR CARD.**

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

>ACOLD2W< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.360 Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

>AINTIL2W< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check Item ACNCCI10: If SEX=1 goto ACNCCI14; else if SEX=2 AND AGE ge 50 go to Check Item ACNCCI11; else goto PREGNOW.**

ACN.370 Are you currently pregnant?

>PREGNOW< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI11: IF SEX=2 AND AGE le 55 go to MENSYR; else go to check item ACNCCI12.**

ACN.370.010 DURING THE PAST 12 MONTHS have you had any menstrual problems such as heavy bleeding, bothersome cramping, or pre-menstrual syndrome (also called PMS)?

>MENSYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI12: IF SEX=2 AND AGE =45-57 goto MENOYR; else go to check item ACNCCI13.**

ACN.370.020 DURING THE PAST 12 MONTHS have you had any menopausal problems such as hot flashes, night sweats, or other menopausal symptoms?

>MENOYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI13: IF SEX=2 goto GYNYR; else goto ACNCCI14.**

ACN.370.030 DURING THE PAST 12 MONTHS have you had any gynecologic problems such as a vaginal infection, uterine fibroids, or infertility?

>GYNYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI14: IF SEX=1 and AGE ge 40 goto PROSTYR; else go to HEAR Aid**

ACN.370.040 DURING THE PAST 12 MONTHS have you had any men's health problems such as prostate trouble, or impotence?

>PROSTYR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.410 These next questions are about your hearing, vision, and teeth.

Have you ever worn a hearing aid?

>HEAR Aid< (1) Yes (7) Refused (ACN.420)  
(2) No (ACN.420) (9) Don't know (ACN.420)

ACN.410.010 DURING THE PAST 12 MONTHS, how often would you say you wore a hearing aid?  
Would you say always, most of the time, some of the time, or none of the time?

- >HEARFREQ<
- (1) Always
  - (2) Most of the time
  - (3) Some of the time
  - (4) None of the time
  - (7) Refused
  - (9) Don't know

ACN.420 Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?

- >AHEARST<
- (1) Good (ACN.430)
  - (2) Little trouble
  - (3) Lot of trouble
  - (4) Deaf
  - (7) Refused (ACN.430)
  - (9) Don't know (ACN.430)

ACN.420.010 How old were you when you began to have ANY hearing loss in either ear?

- >HEARAGE<
- (1) At birth
  - (2) 0 through 2 years of age
  - (3) 3 through 5 years of age
  - (4) 6 through 18 years of age
  - (5) 19 through 44 years of age
  - (6) 45 through 64 years of age
  - (7) 65 or more years of age
  - (97) Refused
  - (99) Don't know

ACN.420.020 What was the MAIN cause of your hearing loss or deafness?

- >HEARCAUS<
- (1) Mother had German measles (rubella) during pregnancy
  - (2) At birth for genetic reason
  - (3) Present at birth for some other reason, not including infectious disease
  - (4) An infectious disease such as measles or meningitis
  - (5) An ear infection/multiple ear infections
  - (6) An ear injury
  - (7) Ear surgery
  - (8) Loud, brief noise from gunfire, blasts, or explosions
  - (9) Other noise from machinery, aircraft, power tools, loud music, appliances, Walkman personal stereos, hair dryers, etc.
  - (10) Getting older
  - (11) Some other cause? (ACN.420.030)
  - (97) Refused
  - (99) Don't Know

ACN.420.030

**FR: ENTER SPECIFIED CAUSE OF HEARING LOSS OR DEAFNESS.**

>OTHCAUS<

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ACN.430 Do you have any trouble seeing, even when wearing glasses or contact lenses?  
>AVISION< (1) Yes (7) Refused (ACN.440.010)  
(2) No (ACN.440.010) (9) Don't know (ACN.440.010)

ACN.440 Are you blind or unable to see at all?  
>ABLIND< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.440.010 Have you EVER been told by a doctor or other health professional that you had...  
>VIM < (1) Yes (7) Refused  
(2) No (9) Don't know

>DIBREV< ...Diabetic retinopathy?  
>CATAREV< ...Cataracts?  
>GLAUCEV< ...Glaucoma?  
>MACDEV< ...Macular degeneration?

**Check Item ACNCCI15: If VIM@DIBREV=1 or VIM@CATAREV=1 or VIM@GLAUCEV=1 or VIM@MACDEV=1 goto VIMYR; else goto Check item ACNCCI17.**

ACN.440.020 DURING THE PAST 12 MONTHS, have you had...?  
>VIMYR< (1) Yes (7) Refused  
(2) No (9) Don't know

>DIBRYR< ...Diabetic retinopathy?  
>CATARYR< ...Cataracts?  
>GLAUCYR< ...Glaucoma?  
>MACDYR< ...Macular degeneration

**Check Item ACNCCI17: If AVISION=1 or DIBRYR=1 or CATARYR=1 or GLAUCYR=1 or MACDYR=1 then goto AVISREH; else goto ACNCCI18]**

ACN.440.030 Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?  
>AVISREH< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.440.040 Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?  
>AVISDEV< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI18: IF ABLIND=1, goto ACNCCI19; else goto AVDF**

ACN.440.050 Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you...

**FR: SHOW FLASHCARD A4.**

- >AVDF< (0) Not at all difficult (4) Can't do at all  
(1) Only a little difficult (6) Do not do this activity  
(2) Somewhat difficult (7) Refused  
(3) Very difficult (9) Don't know

>AVDFNWS< ...To read ordinary print in newspapers?

>AVDFCLS< ...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?

>AVDFNIT< ...To go down steps, stairs or curbs in dim light or at night?

>AVDFDRV< ...To drive during daytime in familiar places?

>AVDFPER< ...To notice objects off to the side while you are walking along?

>AVDFCRD< ...To find something on a crowded shelf?

**Check Item ACNCCI19: IF EVERWRK=2, 7, 9 go to AVISEXAM; else go to AVISWRIN.**

ACN.440.060 Have you EVER had an eye injury that occurred at your place of work that caused you to miss at least one day of work?

**FR: READ IF NECESSARY: THIS DOES NOT INCLUDE WORK AROUND THE HOUSE.**

- >AVISWRIN< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.440.070 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- >AVISEXAM< (1) Less than 1 month  
(2) 1 to 12 months  
(3) 13 to 24 months  
(4) More than 2 years  
(5) Never  
(7) Refused  
(9) Don't know

ACN.440.080 Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, woodworking, or working with chemicals.

- >AVISACT< (1) Yes (7) Refused (ACN.451)  
(2) No (ACN.451) (9) Don't know (ACN.451)

ACN.440.090 When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

- >AVISPROT<
- (1) Always
  - (2) Most of the time
  - (3) Some of the time
  - (4) None of the time
  - (7) Refused
  - (9) Don't know

ACN.451 Have you lost all of your upper and lower natural (permanent) teeth?

- >LUPPRT<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

ACN.471 **FR: SHOW FLASHCARD A5.**

During the PAST 30 DAYS, how often did you feel...

- >C4<
- (1) ALL of the time
  - (2) MOST of the time
  - (3) SOME of the time
  - (4) A LITTLE of the time
  - (5) NONE of the time
  - (7) Refused
  - (9) Don't know

- >SAD< ... So sad that nothing could cheer you up?  
>NERVOUS< ... Nervous?  
>RESTLESS< ... Restless or fidgety?  
>HOPELESS< ... Hopeless?  
>EFFORT< ... That everything was an effort?  
>WORTHLS< ... Worthless?

**Check item ACNCCI4: If any of the responses to ACN.471 are 1 - 3, goto ACN.530; else goto next section**

ACN.530 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- >MHAMTMO<
- (1) A lot
  - (2) Some
  - (3) A little
  - (4) Not at all
  - (7) Refused
  - (9) Don't know



**Part B -- Limitation of Activities**

AHS.070 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- >SPECEQ< (1) Yes (7) Refused  
 (2) No (9) Don't know

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

AHS.091 **FR: SHOW FLASHCARD A7.**

By yourself, and without using any special equipment, how difficult is it for you to...

|                                   |                                      |                              |                          |                           |                                      |
|-----------------------------------|--------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------------------|
| NOT AT<br>ALL<br>DIFFICULT<br>(0) | ONLY A<br>LITTLE<br>DIFFICULT<br>(1) | SOMEWHAT<br>DIFFICULT<br>(2) | VERY<br>DIFFICULT<br>(3) | CAN'T DO<br>AT ALL<br>(4) | DO NOT<br>DO THIS<br>ACTIVITY<br>(6) |
|-----------------------------------|--------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------------------|

(7) Refused

(9) Don't Know

- >FLWALK< ... Walk a quarter of a mile - about 3 city blocks?  
 >FLCLIMB< ... Walk up 10 steps without resting?  
 >FLSTAND< ... Stand or be on your feet for about 2 hours?  
 >FLSIT< ... Sit for about 2 hours?  
 >FLSTOOP< ... Stoop, bend, or kneel?  
 >FLREACH< ... Reach up over your head?

AHS.141 **FR: SHOW FLASHCARD A4.**  
**FR: READ LEAD-IN IF NECESSARY:**

By yourself, and without using any special equipment, how difficult is it for you to...

|                                   |                                      |                              |                          |                           |                                      |
|-----------------------------------|--------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------------------|
| NOT AT<br>ALL<br>DIFFICULT<br>(0) | ONLY A<br>LITTLE<br>DIFFICULT<br>(1) | SOMEWHAT<br>DIFFICULT<br>(2) | VERY<br>DIFFICULT<br>(3) | CAN'T DO<br>AT ALL<br>(4) | DO NOT<br>DO THIS<br>ACTIVITY<br>(6) |
|-----------------------------------|--------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------------------|

(7) Refused

(9) Don't Know

- >FLGRASP< ... Use your fingers to grasp or handle small objects?  
 >FLCARRY< ... Lift or carry something as heavy as 10 pounds such as a full bag of groceries?  
 >FLPUSH< ... Push or pull large objects like a living room chair?

AHS.171

**FR: SHOW FLASHCARD A7.**  
**FR: READ LEAD-IN IF NECESSARY:**

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT  
ALL  
DIFFICULT  
(0)

ONLY A  
LITTLE  
DIFFICULT  
(1)

SOMEWHAT  
DIFFICULT  
(2)

VERY  
DIFFICULT  
(3)

CAN'T DO  
AT ALL  
(4)

DO NOT  
DO THIS  
ACTIVITY  
(6)

(7) Refused

(9) Don't Know

>FLSHOP<

...Go out to things like shopping, movies, or sporting events?

>FLSOCL<

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

>FLRELAX<

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

**Check item AHSCCI3:** If AHS.091, AHS.141, or AHS.171 equals <1-4> go to AHS.200; else go to the next section - HEALTH BEHAVIORS.

**[IF 3 OR LESS CONDITIONS MENTIONED]**

What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}?

**[Else]**

What condition or health problem causes you to have difficulty with these activities?

**FR: SHOW FLASHCARD A6. MARK ALL THAT APPLY, BUT DO NOT PROBE. ENTER (M) FOR CONDITIONS NOT ON THE FLASHCARD. ENTER (N) FOR NO MORE.**

- >AFLHCA1< (1) Vision/problem seeing
- >AFLHCA2< (2) Hearing problem
- >AFLHCA3< (3) Arthritis/rheumatism
- >AFLHCA4< (4) Back or neck problem
- >AFLHCA5< (5) Fractures, bone/joint injury
- >AFLHCA6< (6) Other injury
- >AFLHCA7< (7) Heart problem
- >AFLHCA8< (8) Stroke problem
- >AFLHCA9< (9) Hypertension/high blood pressure
- >AFLHCA10< (10) Diabetes
- >AFLHCA11< (11) Lung/breathing problem (e.g. asthma and emphysema)
- >AFLHCA12< (12) Cancer
- >AFLHCA13< (13) Birth defect
- >AFLHCA14< (14) Mental retardation
- >AFLHCA15< (15) Other developmental problem (e.g. cerebral palsy)
- >AFLHCA16< (16) Senility
- >AFLHCA17< (17) Depression/anxiety/emotional problem
- >AFLHCA18< (18) Weight problem
- (97) Refused
- (99) Don't know
- (M) More conditions (AHS.200)

- AHS.200
- (19) Missing limbs (fingers, toes or digits), amputee
  - (20) Kidney, bladder or renal problems
  - (21) circulation problems (including blood clots)
  - (22) Benign tumors, cysts
  - (23) Fibromyalgia, lupus
  - (24) Osteoporosis, tendonitis
  - (25) Epilepsy, seizures
  - (26) Multiple Sclerosis (MS), Muscular Dystrophy (MD)
  - (27) Polio (myelitis), paralysis, Para/quadruplegia
  - (28) Parkinsons disease, other tremors
  - (29) Other nerve damage, including carpal tunnel syndrome
  - (30) Hernia
  - (31) Ulcer
  - (32) Varicose veins, hemorrhoids
  - (33) Thyroid problems, Graves=disease, gout
  - (34) Knee problems [(not arthritis (03), not joint injury (05)]
  - (35) Migraine headaches (not just headaches)
  - (36) Other impairment/problem (specify one)
  - (37) Other impairment/problem (specify one)
  - (97) Refused
  - (99) Don't know

**If answers = 1-37 then go to AHS.300; Else go to end of section.**

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>AFLSPEC1< Condition: \_\_\_\_\_

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>AFLSPEC2< Condition: \_\_\_\_\_

AHS.300 How long have you had {condition >AFLHCA<}?

>ALTIME1< [ ] NUMBER:

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't know |
| (96) Since birth |                 |

>ALUNIT1< [ ] TIME PERIOD:

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't know  |
| (4) Years  |                 |

**[AHS.300 - AHS.336 are asked for each condition reported in AHS.200]**

**(Go to next section)**

## Section IV - HEALTH BEHAVIORS

### Part A - Tobacco

These next questions are about cigarette smoking.

AHB.010 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

>SMKEV< (1) Yes (7) Refused (AHB.090)  
(2) No (AHB.090) (9) Don't know (AHB.090)

AHB.020 How old were you when you FIRST started to smoke fairly regularly?

**FR: IF LESS THAN 6 YEARS OLD, ENTER "6"**

>SMKREG< (06-94) 6-94 years of age (97) Refused  
(95) 95 years or older (99) Don't know  
(96) Never smoked regularly

AHB.030 Do you NOW smoke cigarettes every day, some days or not at all?

>SMKNOW< (1) Every day (AHB.050) (7) Refused (AHB.060)  
(2) Some days (AHB.060) (9) Don't know (AHB.060)  
(3) Not at all (AHB.040)

AHB.040 How long has it been since you quit smoking cigarettes?

>SMKQTN0< [ ] NUMBER:

(01-94) 1-94 (97) Refused (AHB.090)  
(95) 95+ (99) Don't know (AHB.045)

>SMKQTP< [ ] TIME PERIOD:

(1) Days (4) Years  
(2) Weeks (7) Refused  
(3) Months (9) Don't know

AHB.045 Have you quit smoking since {current month, 1 year ago}?

>SMKQTD< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Go to AHB.090)**

AHB.050 On the average, how many cigarettes do you now smoke a day?

**FR: IF LESS THAN A1", ENTER A1"**

>CIGSDA1< (01-94) 1-94 cigarettes (97) Refused  
(95) 95+ cigarettes (99) Don't know

**(Go to AHB.080)**

AHB.060 On how many of the PAST 30 DAYS did you smoke a cigarette?

>CIGDAMO< (00) None (AHB.080) (99) Don't know (AHB.070)  
(1-30) 1-30 Days (AHB.070) (97) Refused (AHB.070)

AHB.070 On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

**FR: IF LESS THAN A1", ENTER A1"**

>CIGSDA2< (01-94) 1-94 cigarettes (97) Refused  
(95) 95+ cigarettes (99) Don't know

AHB.080 During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CIGQTYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**Part B - Leisure-time physical activity**

The next questions are about physical activities (exercises, sports, physically active hobbies...) that you may do in your LEISURE time.

AHB.090 How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>VIGNO<  NUMBER:

(000) Never (AHB.110) (997) Refused (AHB.110)  
(001-995) 1-995 times (999) Don't know (AHB.110)  
(996) Unable to do this type activity (AHB.110)

>VIGTP<  TIME PERIOD:

(0) Never (4) Year  
(1) Day (6) Unable to do this type activity  
(2) Week (7) Refused  
(3) Month (9) Don't know

AHB.100 About how long do you do these vigorous activities each time?

>VIGLNGNO<  NUMBER:

(001-995) 1-995  
(997) Refused (AHB.110)  
(999) Don't know (AHB.108)

>VIGLNGTP<  TIME PERIOD:

(1) Minutes (AHB.110) (7) Refused (AHB.110)  
(2) Hours (AHB.110) (9) Don't know (AHB.108)

AHB.108 Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

>VIGLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 minutes or more (9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>MODNO<  NUMBER:

(000) Never (AHB.130) (997) Refused (AHB.130)  
(001-995) 1-995 times (999) Don't know (AHB.130)  
(996) Unable to do this type activity (AHB.130)

>MODTP<  TIME PERIOD:

(0) Never (4) Year  
(1) Day (6) Unable to do this type activity  
(2) Week (7) Refused  
(3) Month (9) Don't know

AHB.120 About how long do you do these light or moderate activities each time?

>MODLNGNO<  NUMBER:

(001-995) 1-995  
(997) Refused (AHB.130)  
(999) Don't know (AHB.128)

>MODLNGTP<  TIME PERIOD:

(1) Minutes (AHB.130) (7) Refused (AHB.130)  
(2) Hours (AHB.130) (9) Don't know (AHB.128)

AHB.128 Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?

>MODLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 Minutes or more (9) Don't know

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>STRNGNO<  NUMBER:

- |                                       |                  |
|---------------------------------------|------------------|
| (000) Never                           | (997) Refused    |
| (001-995) 1-995 times                 | (999) Don't know |
| (996) Unable to do this type activity |                  |

>STRNGTP<  TIME PERIOD:

- |           |                                |
|-----------|--------------------------------|
| (0) Never | (4) Year                       |
| (1) Day   | (6) Unable to do this activity |
| (2) Week  | (7) Refused                    |
| (3) Month | (9) Don't know                 |

**PART C - Alcohol**

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

AHB.140 In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

- >ALC1YR< (1) Yes (AHB.160) (7) Refused (AHB.150)  
(2) No (AHB.150) (9) Don't know (AHB.150)

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

- >ALCLIFE< (1) Yes (7) Refused (AHB.190)  
(2) No (AHB.190) (9) Don't know (AHB.190)

AHB.160 In the PAST YEAR, how often did you drink any type of alcoholic beverage?

**FR: IF NECESSARY, PROMPT WITH: A HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU DRINK?@**

>ALC12MNO<  NUMBER:

- (000) Never (AHB.190) (997) Refused (AHB.190)  
(001-365) 1-365 days (999) Don't know (AHB.170)

>ALC12MTP<  TIME PERIOD:

- (0) Never/None (AHB.190) (3) Year (AHB.170)  
(1) Week (AHB.170) (7) Refused (AHB.190)  
(2) Month (AHB.170) (9) Don't know (AHB.170)

AHB.170 In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

**FR: IF LESS THAN 1 DRINK, ENTER A1"**

- >ALCAMT< (01-94) 1-94 drinks (97) Refused  
(95) 95+ drinks (99) Don't know

AHB.180 In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU HAVE 5 OR MORE DRINKS IN A SINGLE DAY?**

>ALC5UPNO< [ ] NUMBER:

(000) Never/None (AHB.190)  
(001-365) 1-365 days

(997) Refused (AHB.190)  
(999) Don't know (AHB.190)

>ALC5UPTP< [ ] TIME PERIOD:

(0) Never/None  
(1) Week  
(2) Month

(3) Year  
(7) Refused  
(9) Don't know

AHB.190 How tall are you without shoes?

>AHEIGHTF< FEET:

(02-07) 2-7 feet  
(97) Refused  
(99) Don't know

(M) Reported in metric (AHB.195)

AHB.190B

>AHEIGHTI< INCHES:

(00-11) 0-11 inches  
(97) Refused  
(99) Don't know

**(Go to AHB.200)**

**FR: ENTER AM@ TO RECORD METRIC MEASUREMENTS**

AHB.195

>AHEIGHTM< METERS:

(0-2) 0-2 meters  
(7) Refused  
(9) Don't know

>AHEIGHTC< CENTIMETERS:

(000-241) 0-241 centimeters  
(997) Refused  
(999) Don't know

AHB.200 How much do you weigh without shoes?

>AWEIGHTP< POUNDS:

(050-500) 50-500 pounds (Go to next section) (M) Reported in metric (AHB.205)

(997) Refused (Go to next section)

(999) Don't know (Go to next section)

**FR: ENTER "M" TO RECORD METRIC MEASUREMENTS**

AHB.205

>WT\_KG< KILOGRAMS:

(0227-2268) 22.7-226.8 kilograms

(9997) Refused

(9999) Don't know

**(Goto next section--Health Care Access and Utilization)**

**Section V - HEALTH CARE ACCESS AND UTILIZATION**

**Part A - Access to Care**

The next questions are about health care.

AAU.020 Is there a place that you USUALLY go to when you are sick or need advice about your health?

- >AUSUALPL< (1) Yes (AAU.030) (7) Refused (AAU.037)  
(2) There is NO place (AAU.037) (9) Don't know (AAU.037)  
(3) There is MORE THAN ONE place (AAU.030)

AAU.030 **[If AAU.020 equals <1> read:]**

>APLKIND< What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

**[If AAU.020 equals <3> read:]**

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center (AAU.035) (5) Some other place (AAU.035)  
(2) Doctor's office or HMO (AAU.035) (6) Doesn't go to one place most often (AAU.037)  
(3) Hospital emergency room (AAU.035) (7) Refused (AAU.037)  
(4) Hospital outpatient department (AAU.035) (9) Don't know (AAU.037)

AAU.035 Is that {full name from AAU.030 >APLKIND<} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- >AHCPLROU< (1) Yes (AAU.040) (7) Refused (AAU.037)  
(2) No (AAU.037) (9) Don't know (AAU.037)

AAU.037 What kind of place do you USUALLY go to when you need routine preventive care, such as a physical examination or check-up?

- >AHCPLKND< (0) Doesn't get preventive care anywhere (5) Some other place  
(1) Clinic or health center (6) Doesn't go to one place most often  
(2) Doctor's office or HMO (7) Refused  
(3) Hospital emergency room (9) Don't know  
(4) Hospital outpatient department

**Check item AAUCCI1: If AAU.020 equals 2, 7, or 9, then go to AAU.061; else go to AAU.040.**

AAU.040 At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

- >AHCCHGYR< (1) Yes (AAU.050) (7) Refused (AAU.061)  
(2) No (AAU.061) (9) Don't know (AAU.061)

AAU.050 Was this change for a reason related to health insurance?

- >AHCCHGHI< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.061 There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >AHCPLYR1< ...You couldn't get through on the telephone.  
>AHCPLYR2< ...You couldn't get an appointment soon enough.  
>AHCPLYR3< ...Once you get there, you have to wait too long to see the doctor.  
>AHCPLYR4< ...The (clinic/doctor's office) wasn't open when you could get there.  
>AHCPLYR5< ...You didn't have transportation.

AAU.111 During the PAST 12 MONTHS, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >AHCAFYR1< ...Prescription medicines  
>AHCAFYR2< ...Mental health care or counseling  
>AHCAFYR3< ...Dental care (including check-ups)  
>AHCAFYR4< ...Eyeglasses

**Part B - Dental Care**

AAU.135 **FR: SHOW FLASHCARD A7.**

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- >ADNLONG2<
- (0) Never
  - (1) 6 months or less
  - (2) More than 6 months, but not more than 1 year ago
  - (3) More than 1 year, but not more than 2 years ago
  - (4) More than 2 years, but not more than 5 years ago
  - (5) More than 5 years
  - (7) Refused
  - (9) Don't know

### Part C - Health Care Provider Contacts

AAU.141 During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

>AHCSYR1< ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AHCSYR2< ...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

>AHCSYR3< ...A foot doctor?

>AHCSYR4< ...A chiropractor?

>AHCSYR5< ...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>AHCSYR6< ...A nurse practitioner, physician assistant, or midwife?

**Check item AAUCCI7: If male goto AAU.211; If female goto AAU.200.**

AAU.200 **FR: READ LEAD-IN IF NECESSARY:**

DURING THE PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist)?

- |                   |                |
|-------------------|----------------|
| >AHCSYR7< (1) Yes | (7) Refused    |
| (2) No            | (9) Don't know |

AAU.211 **FR: READ LEAD-IN IF NECESSARY:**

DURING THE PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

>AHCSYR8< ...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

>AHCSYR9< ...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

- |                   |                          |
|-------------------|--------------------------|
| (1) Yes (AAU.230) | (7) Refused (AAU.240)    |
| (2) No (AAU.240)  | (9) Don't know (AAU.240) |

AAU.230 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- |                    |                |
|--------------------|----------------|
| >AHCSYR10< (1) Yes | (7) Refused    |
| (2) No             | (9) Don't know |

AAU.240 **FR: SHOW FLASHCARD A8.**

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

- >AHERNOY2< (00) None (06) 10-12  
(01) 1 (07) 13-15  
(02) 2-3 (08) 16 or more  
(03) 4-5 (97) Refused  
(04) 6-7 (99) Don't know  
(05) 8-9

AAU.250 DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

- >AHCHYR< (1) Yes (AAU.260) (7) Refused (AAU.280)  
(2) No (AAU.280) (9) Don't know (AAU.280)

AAU.260 During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- >AHCHMOYR< (01-12) months  
(97) Refused  
(99) Don't know

AAU.270 **FR: SHOW FLASHCARD A9**

What was the total number of home visits received during {that month/those months}?

- >AHCHNOY2< (01) 1 (06) 10-12  
(02) 2-3 (07) 13-15  
(03) 4-5 (08) 16 or more  
(04) 6-7 (97) Refused  
(05) 8-9 (99) Don't know

AAU.280 **FR: SHOW FLASHCARD A8**

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

- >AHCNOYR2< (00) None (06) 10-12  
(01) 1 (07) 13-15  
(02) 2-3 (08) 16 or more  
(03) 4-5 (97) Refused  
(04) 6-7 (99) Don't know  
(05) 8-9

AAU.290 DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

**FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.**

>ASRGYR< (1) Yes (AAU.300) (7) Refused (Check item AAUCCI8)  
(2) No (Check item AAUCCI8) (9) Don't know (Check item AAUCCI8)

AAU.300 Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

**FR: ENTER 95 FOR 95 OR MORE TIMES.**

>ASRGNOYR< (01-94) 1-94 times (97) Refused  
(95) 95+ times (99) Don't know

**Check item AAUCCI8: If the sample adult has had a doctor visit in the last two weeks as indicated in the family core FAU.180 = 1 and FAU.190 = the adult sample person, then AAU.305 = 1 and go to AAU.310; Else goto AAU.305.**

AAU.305 **FR: SHOW FLASHCARD A7.**

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

>AMDLONGR< (0) Never  
(1) 6 months or less  
(2) More than 6 months, but not more than 1 year ago  
(3) More than 1 year, but not more than 2 years ago  
(4) More than 2 years, but not more than 5 years ago  
(5) More than 5 years ago  
(7) Refused  
(9) Don't know

**Part D - IMMUNIZATIONS**

AAU.310 DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

- >SHTFLUYR< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.320 Have you EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- >SHTPNUYR< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.330 Have you EVER had chickenpox?

- >APOX< (1) Yes (AAU.340) (7) Refused (AAU.350)  
(2) No (AAU.350) (9) Don't know (AAU.350)

AAU.340 Have you had chickenpox in the past 12 months?

- >APOX12MO< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.350 Have you EVER had hepatitis?

- >AHEP< (1) Yes (AAU.370) (7) Refused (AAU.360)  
(2) No (AAU.360) (9) Don't know (AAU.360)

AAU.360 Have you ever lived with someone who had hepatitis?

- >AHEPLIV< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.370 Have you EVER received the hepatitis B vaccine?

**FR: READ IF NECESSARY:** This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- >SHTHEPB< (1) Yes (AAU.380) (7) Refused (end section)  
(2) No (end section) (9) Don't know (end section)

AAU.380 Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- >SHEPDOS< (1) Received at least 3 doses (7) Refused  
(2) Received less than 3 doses (9) Don't know

**(Go to next section)**

Section VI - DEMOGRAPHICS

**Check item ASDCCI2:** If the family respondent is also the sample adult and DOINGLW1 eq <7, 9>, go to WRKCOR; else go to WRKVER.

ASD.050 Earlier I recorded that in the last week you were {Fill answer code description from DOINGLW}. Is that correct?

- >WRKVER< (1) Yes (7) Refused  
(2) No (9) Don't know

If WRKVER eq <2> goto WRKCOR  
else if DOINGLW1 eq <1, 2, 4> goto WHOWRK  
else if DOINGLW1 eq <3, 5> goto EVERWRK

ASD.060 **FR: VERIFY OR ASK**

What is your correct working status?

- >WRKCOR< (1) Working for pay at a job or business (4) Working, but not for pay, at a job or business  
(2) With a job or business but not at work (5) Not working at a job or business AND not looking for work  
(3) Looking for work (7) Refused  
(9) Don't know

**NOTE: At this point, information from WRKCOR is used to update DOINGLW1 in FSD. "Corrected Employment Status Last Week", with the following values:**

- (1) Working for pay at a job or business
- (2) With a job or business but not at work
- (3) Looking for work
- (4) Working, but not for pay, at a job or business
- (5) Not working at a job or business AND not looking for work
- (7) Refused
- (9) Don't Know

If DOINGLW1 eq <2, 5> goto WHYNOWK2  
else If DOINGLW1 eq <1, 4> goto WHOWRK  
else If DOINGLW1 eq <3> goto EVERWRK  
else goto next section

ASD.065 What is the main reason you did not work last week?

- >**WHYNOWK2**< (01) Taking care of house or family
- (02) Going to school
- (03) Retired
- (04) On a planned vacation from work
- (05) On family or maternity leave
- (06) Unable to work for health reasons
- (07) On layoff
- (08) Disabled
- (09) Have job/contract;off season
- (10) Other
- (97) Refused
- (99) Don't know

**If DOINGLW1 eq <1,2,4> go to WHOWRK; else  
 If DOINGLW1 eq <3,5> go to EVERWRK**

**NOTE: At this point, information from WHYNOWRK in FSD and WHYNOWK2 is used  
 to create WHYNOWK1.**

ASD.066 Have you ever held a job or worked at a business?

- >**EVERWRK**< (1) Yes (goto ASD.070) (7) Refused (goto ASD.180.010)
- (2) No (goto ASD.180.010) (9) Don't know (goto ASD.180.010)

**If EVERWRK eq <1> or DOINGLW1 eq <1, 2, 4> goto WHOWRK; else goto next section.**

ASD.070 **[If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]**  
 For whom did you work at your MAIN job or business? (Name of company, business, organization,  
 or employer)

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**  
 Thinking about the job you held the longest, for whom did you work? (Name of company, business,  
 organization, or employer)

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**  
 Thinking about the job you held most recently, for whom did you work? (Name of company,  
 business, organization, or employer)

>**WHOWRK**< Job or Business: \_\_\_\_\_

- (7) Refused
- (9) Don't know

ASD.080 What kind of business or industry is this? (For example: TV and radio mgt., retail shoe store,  
State Department of Labor)

>**KINDIND**< Kind of Business: \_\_\_\_\_

- (7) Refused
- (9) Don't know

ASD.090 What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

>**KINDWRK**< Kind of Work: \_\_\_\_\_

- (7) Refused
- (9) Don't know

ASD.100 What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

>**IMPACT**< Activities: \_\_\_\_\_

- (7) Refused
- (9) Don't know

ASD.110 **FR: SHOW FLASHCARD A1**

**[If DOINGLW1 eq <1,2,4>]**

Looking at the card, which of these best describes your current job or work situation?

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**

Looking at the card, which of these best describes the job you held for the longest time?

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**

Looking at the card, which of these best describes the job you held most recently?

**FR: READ IF NECESSARY**

- >**WRKCAT**<
- (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commission
  - (2) A FEDERAL government employee
  - (3) A STATE government employee
  - (4) A LOCAL government employee
  - (5) Self-employed in OWN business, professional practice or farm
  - (6) Working WITHOUT PAY in family business or farm
  - (7) Refused
  - (9) Don't know

**If WRKCAT eq <1, 2, 3, 4, 6, 7,9> go to LOCAL1; else If WRKCAT eq <5> goto BUSINC1**

ASD.112 Is this business incorporated?

- >**BUSINC1**<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

ASD.120

**FR: SHOW FLASHCARD A2**

**[If DOINGLW1 eq <1,2,4>]**

Thinking about this MAIN job or business,

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**

Thinking about your last week at the job you held the longest,

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**

Thinking about your last week at the job you held most recently,

how many people work(ed) at this location?

**NOTE TO FR: “People” includes both full- and part-time employees;  
“location” refers to the street address of the workplace.**

>LOCALL1<

- |                       |                            |
|-----------------------|----------------------------|
| (1) 1- 9 employees    | (6) 250-499 employees      |
| (2) 10-24 employees   | (7) 500-999 employees      |
| (3) 25-49 employees   | (8) 1000 employees or more |
| (4) 50-99 employees   | (7) Refused                |
| (5) 100-249 employees | (9) Don't know             |

ASD.140

**[If DOINGLW1 eq <1,2,4>]**

About how long have you worked at this MAIN job or business?

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**

About how long did you work at the job you held the longest?

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**

About how long did you work at the job you held most recently?

>WRKLONG1< NUMBER:

- (001-365) 1-365
- (997) Refused
- (999) Don't know

**If WRKLONG1 eq <997, 999> goto HOURPD;  
else if WRKLONG1 eq <001-365> goto WRKLONG2**

>WRKLONG2< TIME PERIOD:

- |              |                |
|--------------|----------------|
| (1) Day(s)   | (4) Year(s)    |
| (2) Week(s)  | (7) Refused    |
| (3) Month(s) | (9) Don't Know |

**Check Item:** If WRKLONG2 eq 4 and WRKLONG1 ge AGE, goto WRKLOGN\_EDIT; else go to HOURPD.

ASD.141 Number of years exceeds current age. Please verify entry.

>WRKLOGN\_EDIT< (1) Make correction  
(2) Proceed

ASD.146 [If DOINGLW1 eq <1, 2, 4>]

Is this main job or business the job you have held for the longest?

[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE lt <65>]

Was your most recently held job also the job you held the longest?

>WRKLONGH< (1) Yes (7) Refused  
(2) No (9) Don't know

ASD.150 [If DOINGLW1 eq <1,2,4>]

Are you paid by the hour at this MAIN job or business?

[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]

Were you paid by the hour on this job you held the longest?

[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]

Were you paid by the hour on this job you held most recently?

>HOURPD< (1) Yes (7) Refused  
(2) No (9) Don't know

ASD.160 [If DOINGLW1 eq <1,2,4>]

Do you have paid sick leave on this MAIN job or business?

[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]

Did you ever have paid sick leave on this job you held the longest?

[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]

Did you ever have paid sick leave on this job you held most recently?

>PDSICK< (1) Yes (7) Refused  
(2) No (9) Don't know

If DOINGLW1 eq <1, 2, 4> goto ONEJOB; else go to HOME50]

ASD.170 Do you have more than one job or business?

>ONEJOB< (1) Yes (7) Refused  
(2) No (9) Don't know

The next question is about this home.

ASD.180.010 Was your home built before 1950?

- >**HOME50**<
- (1) Yes (ASD.180.020)
  - (2) No (goto A\_DEMO\_END)
  - (7) Refused ( goto A\_DEMO\_END)
  - (8) Don't know (ASD.180.020)

ASD.180.020 Has paint from this home EVER been analyzed for lead content?

- >**LEADPNT**<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

**(END OF SECTION)**

**Section VII – AIDS**

ADS.010 Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

- >BLDGV< (1) Yes (ADS.020) (7) Refused (ADS.040)  
(2) No (ADS.040) (9) Don't know (ADS.040)

ADS.020 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, have you donated blood?

- >BLDG12M< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.040 The next questions are about the test for HIV, (the virus that causes AIDS).

**If ADS.010 equals <1> read:**

Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

**Else read:**

Have you ever been tested for HIV?

- >HIVTST< (1) Yes (ADS.060) (7) Refused (ADS.110)  
(2) No (ADS.050) (9) Don't know (ADS.110)

ADS.050 **FR: SHOW FLASHCARD A10.**

I am going to show you a list of reasons why some people have not been tested for HIV, (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

- >WHYTST< (01) It's unlikely you've been exposed to HIV; (ADS.110)  
(02) You were afraid to find out if you were HIV positive (that you had HIV); (ADS.110)  
(03) You didn't want to think about HIV or about being HIV positive; (ADS.110)  
(04) You were worried your name would be reported to the government if you tested positive; (ADS.110)  
(05) You didn't know where to get tested; (ADS.110)  
(06) You Don't like needles; (ADS.110)  
(07) You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection; (ADS.110)  
(08) Some other reason; (ADS.055)  
(09) No particular reason; (ADS.110)  
(97) Refused; (ADS.110)  
(99) Don't Know; (ADS.110)

ADS.055 What was the main reason why you have not been tested?.

>WHYSPEC< Main reason: \_\_\_\_\_ (ADS.110)

ADS.060 **If ADS.020 equals <1> read:**

Not including blood donations, in what month and year was your last test for HIV, (the virus that causes AIDS)?

**Else read:**

In what month and year was your last test for HIV, (the virus that causes AIDS)?

**FR: Enter T for Time Period (ADS.061)**

>TST12M\_M<  MONTH:

|               |             |                |                        |
|---------------|-------------|----------------|------------------------|
| (01) January  | (05) May    | (09) September | (97) Refused (ADS.061) |
| (02) February | (06) June   | (10) October   | (99) Don't know        |
| (03) March    | (07) July   | (11) November  |                        |
| (04) April    | (08) August | (12) December  |                        |

>TST12M\_Y<  YEAR:

(1880-2030) 1880-2030 (ADS.065)  
(97) Refused (ADS.061)  
(99) Don't know (ADS.061)

ADS.061 Was it:

>TIME1ST< (1) 6 months or less  
(2) More than 6 months but not more than 1 year ago  
(3) More than 1 year, but not more than 2 years ago  
(4) More than 2 years, but not more than 5 years ago  
(5) More than 5 years ago  
(7) Refused  
(9) Don't know

ADS.060.010 DURING THE PAST 12 MONTHS, how many times have you been tested for HIV, including times you did not get your results?

>TSTTYR< (00) None  
\_\_\_\_ times  
(97) Refused  
(99) Don't know

ADS.065 **FR: SHOW FLASHCARD A14.**

I am going to show you a list of reasons why some people have been tested for HIV, (the virus that causes AIDS).

**If ADS.020 equals <1> read:**

Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?

**Else read:**

Which of these would you say was the MAIN reason for your last HIV test?

- >REATST<
- (01) Someone suggested you should be tested; (ADS.066)
  - (02) You might have been exposed through sex or drug use; (ADS.070)
  - (03) You might have been exposed through your work or at work; (ADS.070)
  - (04) You just wanted to find out if you were infected or not; (ADS.070)
  - (05) For part of a routine medical check-up, or for hospitalization or surgical procedure; (ADS.070)
  - (06) You were sick or had a medical problem; (ADS.070)
  - (07) You were pregnant or delivered a baby; (ADS.070)
  - (08) For health or life insurance coverage; (ADS.070)
  - (09) For military induction, separation, or military service; (ADS.070)
  - (10) For immigration; (ADS.070)
  - (11) For marriage license or to get married; (ADS.070)
  - (12) You were concerned you could give HIV to someone; (ADS.070)
  - (13) You wanted medical care or new treatments if you tested positive; (ADS.070)
  - (14) Some other reason. (ADS.069)
  - (15) No particular reasons. (ADS.070)
  - (97) Refused (ADS.070)
  - (99) Don't know (ADS.070)

ADS.066 Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

- >REASWHOR<
- (1) Doctor, nurse or other health care professional (ADS.070)
  - (2) Sex partner (ADS.070)
  - (3) Someone at health department (ADS.070)
  - (4) Family member or friend (ADS.070)
  - (5) Other (ADS.067)
  - (7) Refused (ADS.070)
  - (9) Don't know (ADS.070)

ADS.067 Who suggested you should be tested?

>WHOSPEC< Who: \_\_\_\_\_ (ADS.070)

ADS.069 What was the main reason for your last HIV test?

>REASPEC< Main reason: \_\_\_\_\_

ADS.070 **FR: SHOW FLASHCARD A15.**

**If ADS.010 equals <1> read:**

Not including your blood donations, where did you have your last HIV test?

**Else read:**

Where did you have your last HIV test?

- >LASTST<
- (01) Private doctor/HMO (ADS.080)
  - (02) AIDS clinic/counseling/testing site (ADS.080)
  - (03) Hospital, emergency room, outpatient clinic (ADS.080)
  - (04) Other type of clinic (ADS.072)
  - (05) Public health department (ADS.080)
  - (06) At home (ADS.074)
  - (07) Drug treatment facility (ADS.080)
  - (08) Military induction or military service site (ADS.080)
  - (09) Immigration site (ADS.080)
  - (10) In a correctional facility (jail or prison) (ADS.080)
  - (11) Other location (ADS.076)
  - (97) Refused (ADS.080)
  - (99) Don't know/not sure (ADS.080)

ADS.072 What type of clinic did you go to for your last HIV test?

- >CLINTYP\_C<
- (01) Family planning clinic
  - (02) Prenatal clinic
  - (03) Tuberculosis clinic
  - (04) STD clinic
  - (05) Community health clinic
  - (06) Clinic run by employer or insurance company
  - (07) Other
  - (97) Refused
  - (99) Don't know

**(Goto ADS.080)**

ADS.074 Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

- >WHOADM<
- (1) Nurse or health worker
  - (2) Self-sampling kit
  - (7) Refused
  - (9) Don't know

**(Goto ADS.080)**

ADS.076 Where did you have your last HIV test?

**FR: THIS SHOULD BE A SPECIFIC LOCATION THAT IS NOT ON THE LIST.**

>LASTSPEC< Location: \_\_\_\_\_

ADS.080 The last time you were tested, did you have to give your first and last names?

- >GIVNAM< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.110 **If ADS.040 equals <1> read:**

Do you expect to have another test for HIV in the next 12 months, not including blood donations?

**Else, read:**

Do you expect to have a test for HIV in the next 12 months, not including blood donations?

- >EXTST12M< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.140 What are your chances of GETTING HIV, (the virus that causes AIDS)? Would you say high, medium, low, or none?

- >CHNSADS< (1) High (5) Already have HIV or AIDS  
(2) Medium (7) Refused  
(3) Low (9) Don't know  
(4) None

ADS.150 **FR: SHOW FLASHCARD A13.**

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with other men, even just one time.
- (c) You have taken street drugs by needle, even just one time.
- (d) You have traded sex for money or drugs, even just one time.
- (e) You have tested positive for HIV, (the virus that causes AIDS).
- (f) You have had sex (even just one time) with someone who would answer **Yes** to any of these statements

- >STMTRU< (1) Yes, at least one statement is true (7) Refused  
(2) No, none of these statements are true (9) Don't know

**Check item: If AGE ge or eq <50> goto ADS.200; else goto ADS.160**

ADS.160 The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

**FR: IF ASKED, TELL RESPONDENT TO INCLUDE NEWLY CONTRACTED STDs AND RECURRING FLARE-UPS OF PREVIOUSLY CONTRACTED STDs.**

- >STD< (1) Yes (ADS.170) (7) Refused (ADS.200)  
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.170 The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

- >STDDOC< (1) Yes (ADS.180) (7) Refused (ADS.200)  
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.180 Where did you go to be checked?

**FR: READ ANSWER CHOICES ONLY IF NECESSARY.**

- >STDWHER< (1) Private doctor (ADS.200) (5) Health department (ADS.200)  
(2) Family planning clinic (ADS.200) (6) Some other place (ADS.190)  
(3) STD clinic (ADS.200) (7) Refused (ADS.200)  
(4) Emergency room (ADS.200) (9) Don't Know (ADS.200)

ADS.190 Where did you go to be checked?

>STDWOTH< Location: \_\_\_\_\_

ADS.200 The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

- >TBHRD< (1) Yes (ADS.210) (7) Refused (ADS.260)  
(2) No (ADS.260) (9) Don't Know (ADS.260)

ADS.210 Have you ever personally known anyone who had TB?

- >TBKNOW< (1) Yes (7) Refused  
(2) No (9) Don't Know

ADS.220 How much do you know about TB - a lot, some, a little, or nothing?

- >TB< (1) A lot (ADS.230) (4) Nothing (ADS.250)  
(2) Some (ADS.230) (7) Refused (ADS.260)  
(3) A little (ADS.230) (9) Don't know (ADS.260)

ADS.230 How is TB spread? (PROBE: Can TB be spread in any other way?)

**FR: SHOW FLASHCARD A14. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >TBSPRD< (1) Breathing the air around a person who is sick with TB  
(2) Sharing eating / drinking utensils  
(3) Through semen or vaginal secretions shared during sexual intercourse  
(4) From smoking  
(5) From mosquito or other insect bites  
(6) Other  
(7) Refused  
(9) Don't know

ADS.240 As far as you know, can TB be cured?

- >**TBCURED**< (1) Yes (7) Refused  
(2) No (9) Don't Know

ADS.250 What are your chances of getting TB? Would you say high, medium, low, or none?

- >**TBCHANC**< (1) High (5) Already have TB  
(2) Medium (7) Refused  
(3) Low (9) Don't Know  
(4) None

ADS.260 **If ADS.250 equals <5> read:**

If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

**Else, read:**

If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

- >**TBSHAME**< (1) Yes (7) Refused  
(2) No (9) Don't Know

ADS.270 Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

- >**HOMELESS**< (1) Yes (7) Refused  
(2) No (9) Don't know

**SECTION VIII – ALTERNATIVE HEALTH/COMPLEMENTARY AND ALTERNATIVE MEDICINE**

ALT.001 Have you EVER seen a provider or practitioner for any of the following for your own health?

**FR: SHOW FLASHCARD A15. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >ACU\_EVER< (01) Acupuncture  
>AYU\_EVER< (02) Ayurveda  
>BIO\_EVER< (03) Biofeedback  
>CHE\_EVER< (04) Chelation Therapy  
>CHP\_EVER< (05) Chiropratic Care  
>EHT\_EVER< (06) Energy Healing Therapy/Reiki  
>FMD\_EVER< (07) Folk Medicine (such as, Curanderismo, Native American healing)  
>HYP\_EVER< (08) Hypnosis  
>MAS\_EVER< (09) Massage  
>NAT\_EVER< (10) Naturopathy

**Check Item ALTCCI2: If ACU\_EVER eq <X> then go to ACU\_USEM; else if ACU\_EVER eq <> go to Check Item ALTCCI3.**

**Check Item ALTCCI3: If AYU\_EVER eq <X> then go to AYU\_USEM; else if AYU\_EVER eq <> go to Check Item ALTCCI4.**

**Check Item ALTCCI4: If BIO\_EVER eq <X> then go to BIO\_USEM; else if BIO\_EVER eq <> go to Check Item ALTCCI6.**

**Check Item ALTCCI6: If CHE\_EVER eq <X> then go to CHE\_USEM; else if CHE\_EVER eq <> go to Check Item ALTCCI8.**

**Check Item ALTCCI8: If CHP\_EVER eq <X> then go to CHP\_USEM; else if CHP\_EVER eq <> go to Check Item ALTCCI10.**

**Check Item ALTCCI10: If EHT\_EVER eq <X> then go to EHT\_USEM; else if EHT\_EVER eq <> go to Check Item ALTCCI12.**

**Check Item ALTCCI12: If FMD\_EVER eq <X> then go to FMD\_USEM; else if FMD\_EVER eq <> go to Check Item ALTCCI14.**

**Check Item ALTCCI14: If HYP\_EVER eq <X> then go to HYP\_USEM; else if HYP\_EVER eq <> go to Check Item ALTCCI16.**

**Check Item ALTCCI16: If MAS\_EVER eq <X> then go to MAS\_USEM; else if MAS\_EVER eq <> go to Check Item ALTCCI18.**

**Check Item ALTCCI18: If NAT\_EVER eq <X> then go to NAT\_USEM; else if NAT\_EVER eq <> go to lead-in before HRB\_EVER.**

ALT.002 DURING THE PAST 12 MONTHS, did you see a practitioner for acupuncture?

- >ACU\_USEM< (1) Yes (ALT.003)  
(2) No (Check Item ALTCCI3)  
(7) Refused (Check Item ALTCCI3)  
(9) Don't know (Check Item ALTCCI3)

ALT.003 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for acupuncture?

- >ACU\_NUMB< (1) Only one time  
(2) 2-4 times  
(3) 5-10 times  
(4) More than 10 times  
(7) Refused  
(9) Don't know

(Go to ACU\_TRET)

ALT.004 Did you use acupuncture to treat a specific health problem or condition?

- >ACU\_TRET< (1) Yes (ALT.005)  
(2) No (ALT.009)  
(7) Refused (ALT.009)  
(9) Don't know (ALT.009)

ALT.005 For what health problems or conditions did you use acupuncture?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >ACUCON01< (01) Allergic reaction to food  
>ACUCON02< (02) Allergic reaction to medication  
>ACUCON03< (03) Angina  
>ACUCON04< (04) Anxiety/depression  
>ACUCON05< (05) Arthritis, gout, lupus, or fibromyalgia  
>ACUCON06< (06) Asthma  
>ACUCON07< (07) Benign tumors, cysts  
>ACUCON08< (08) Birth defect  
>ACUCON09< (09) Bowel problems or constipation  
>ACUCON10< (10) Cancer  
>ACUCON11< (11) Cataracts  
>ACUCON12< (12) Cholesterol  
>ACUCON13< (13) Chronic bronchitis  
>ACUCON14< (14) Recurring pain  
>ACUCON15< (15) Circulation problems (other than in the legs)  
>ACUCON16< (16) Congestive heart failure  
>ACUCON17< (17) Coronary heart disease  
>ACUCON18< (18) Diabetes  
>ACUCON19< (19) Diabetic retinopathy  
>ACUCON20< (20) Emphysema  
>ACUCON21< (21) Excessive sleepiness during the day  
>ACUCON22< (22) Jaw pain

- >ACUCON23< (23) Fracture, bone/joint injury
- >ACUCON24< (24) Glaucoma
- >ACUCON25< (25) Gynecologic problems
- >ACUCON26< (26) Hay fever
- >ACUCON27< (27) Hearing problem
- >ACUCON28< (28) Heart attack
- >ACUCON29< (29) Heart condition or disease
- >ACUCON30< (30) Hernia
- >ACUCON31< (31) Hypertension
- >ACUCON32< (32) Irregular heartbeat
- >ACUCON33< (33) Knee problems (not arthritis, not joint injury)
- >ACUCON34< (34) Lung/breathing problem (not already listed)
- >ACUCON35< (35) Macular degeneration
- >ACUCON36< (36) Menopause
- >ACUCON37< (37) Menstrual problems
- >ACUCON38< (38) Mental retardation
- >ACUCON39< (39) Joint pain or stiffness
- >ACUCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >ACUCON41< (41) Multiple sclerosis
- >ACUCON42< (42) Neuropathy
- >ACUCON43< (43) Osteoporosis, tendinitis
- >ACUCON44< (44) Other developmental problem
- >ACUCON45< (45) Other injury
- >ACUCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >ACUCON47< (47) Parkinson's
- >ACUCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >ACUCON49< (49) Poor circulation in your legs
- >ACUCON50< (50) Insomnia or trouble sleeping
- >ACUCON51< (51) Liver problem
- >ACUCON52< (52) Dental pain
- >ACUCON53< (53) Prostate trouble or impotence
- >ACUCON54< (54) Seizures
- >ACUCON55< (55) Senility
- >ACUCON56< (56) Sinusitis
- >ACUCON57< (57) Skin problems
- >ACUCON58< (58) Sprain or strain
- >ACUCON59< (59) Stroke
- >ACUCON60< (60) Text of first other specify
- >ACUCON61< (61) Text of second other specify
- >ACUCON62< (62) Thyroid problem
- >ACUCON63< (63) Ulcer
- >ACUCON64< (64) Urinary problem
- >ACUCON65< (65) Varicose veins, hemorrhoids
- >ACUCON66< (66) Vision problems (not already listed)
- >ACUCON67< (67) Weak or failing kidneys
- >ACUCON68< (68) Weight problems
- >ACUCON69< (69) Back pain or problem
- >ACUCON70< (70) Head or chest cold
- >ACUCON71< (71) Neck pain or problem
- >ACUCON72< (72) Severe headache or migraine
- >ACUCON73< (73) Stomach or intestinal illness
- >ACUCON74< (74) Other, specify

**Check Item ACU\_CCI1: If more than three conditions are X'ed in ACU\_COND, go to ACU\_BOTH and display all conditions checked. If ACU\_COND eq <R> or ACU\_COND eq <D>, go to ACU\_NOHP; else go to if ACU\_HELP.**

ALT.006 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

>ACUBOT1< [if ACUCON01 eq <X>, display]  
>ACUBOT2< [if ACUCON02 eq <X>, display]  
>ACUBOT3< [if ACUCON03 eq <X>, display]

·  
·  
·  
[if ACUCON72 eq <X>, display]  
[if ACUCON73 eq <X>, display]  
[if ACUCON74 eq <X>, display]

ALT.007 How much do you think acupuncture helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>ACUHELP1< (1) A great deal  
>ACUHELP2< (2) Some  
>ACUHELP3< (3) Only a little  
(4) Not at all  
(7) Refused  
(9) Don't know

ALT.008 Did you choose acupuncture for any of the following reasons? Please say yes or no to each one.

(1) Yes (7) Refused  
(2) No (9) Don't know

>ACU\_NOHP< Conventional medical treatments would not help you  
>ACU\_EXPS< Conventional medical treatments were too expensive  
>ACU\_COMB< Hypnosis combined with conventional medical treatments would help you  
>ACU\_SUGG< A conventional medical professional suggested you try hypnosis  
>ACU\_INTS< You thought it would be interesting to try hypnosis

ALT.009 DURING THE PAST 12 MONTHS, how important was your use of acupuncture in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>ACU\_IMPT< (1) Very important  
(2) Somewhat important  
(3) Slightly important  
(4) Not at all important  
(7) Refused  
(9) Don't know

ALT.010 DURING THE PAST 12 MONTHS, were any of the costs of using acupuncture covered by insurance?

- >ACU\_INSC<
- (1) Yes
  - (2) No
  - (3) No costs
  - (4) No health insurance
  - (7) Refused
  - (9) Don't know

ALT.011 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of acupuncture?

**FR: SHOW FLASHCARD A16**

- >ACU<\_DISC<
- (1) Yes (ALT.012)
  - (2) No (go to Check Item ALTCCI3)
  - (3) Did not go/talk to any of these (go to Check Item ALTCCI3)
  - (7) Refused (go to Check Item ALTCCI3)
  - (9) Don't know (go to Check Item ALTCCI3)

ALT.012 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>ACU\_PROF1< Medical Doctor (M.D.) (including specialists)

>ACU\_PROF2< Nurse Practitioner/Physician Assistant

>ACU\_PROF3< Psychiatrist

>ACU\_PROF4< Dentist (including specialists)

[AYU\_USEM – AYU\_PROF4] are asked for practitioner's service reported in AYU\_EVER.  
[BIO\_USEM – BIO\_PROF4] are asked for practitioner's service reported in BIO\_EVER.  
[CHE\_USEM – CHE\_PROF4] are asked for practitioner's service reported in CHE\_EVER.  
[CHP\_USEM – CHP\_PROF4] are asked for practitioner's service reported in CHP\_EVER.  
[EHT\_USEM – EHT\_PROF4] are asked for practitioner's service reported in EHT\_EVER.  
[FMD\_USEM – FMD\_PROF4] are asked for practitioner's service reported in FMD\_EVER.

ALT.136 DURING THE PAST 12 MONTHS, did you see a practitioner for hypnosis?

- >HYP\_USEM<
- (1) Yes (ALT.138)
  - (2) No (Check Item ALTCCI16)
  - (7) Refused (Check Item ALTCCI16)
  - (9) Don't know (Check Item ALTCCI16)

ALT.138 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for hypnosis?

- >HYP\_NUMB< (1) Only one time  
(2) 2-4 times  
(3) 5-10 times  
(4) More than 10 times  
(7) Refused  
(9) Don't know

ALT.140 Why did you use hypnosis?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >HYPWHY01< (01) Quit smoking  
>HYPWHY02< (02) Lose weight  
>HYPWHY03< (03) Sleep better  
>HYPWHY04< (04) Overcome alcohol/substance abuse  
>HYPWHY05< (05) Reduce pain  
>HYPWHY06< (06) Reduce stress  
>HYPWHY07< (07) Anxiety/depression  
>HYPWHY08< (08) Fear/phobias  
>HYPWHY09< (09) Improve memory  
>HYPWHY10< (10) Other

ALT.142 Did you choose hypnosis for any of the following reasons? Please say yes or no to each one.

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >HYP\_NOHP< Conventional medical treatments would not help you  
>HYP\_EXPS< Conventional medical treatments were too expensive  
>HYP\_COMB< Hypnosis combined with conventional medical treatments would help you  
>HYP\_SUGG< A conventional medical professional suggested you try hypnosis  
>HYP\_INTS< You thought it would be interesting to try hypnosis

ALT.144 DURING THE PAST 12 MONTHS, how important was your use of hypnosis in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >HYP\_IMPT< (1) Very important  
(2) Somewhat important  
(3) Slightly important  
(4) Not at all important  
(7) Refused  
(9) Don't know

ALT.146 DURING THE PAST 12 MONTHS, were any of the costs of using hypnosis covered by insurance?

- >HYP\_INSC<
- (1) Yes
  - (2) No
  - (3) No costs
  - (4) No health insurance
  - (7) Refused
  - (9) Don't know

ALT.148 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of hypnosis?

**FR: SHOW FLASHCARD A16**

- >HYP<\_DISC<
- (1) Yes (ALT.150)
  - (2) No (go to Check Item ALTCCI16)
  - (3) Did not go/talk to any of these (go to Check Item ALTCCI16)
  - (7) Refused (go to Check Item ALTCCI16)
  - (9) Don't know (go to Check Item ALTCCI16)

ALT.150 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >HYP\_PROF1< Medical Doctor (M.D.) (including specialists)
- >HYP\_PROF2< Nurse Practitioner/Physician Assistant
- >HYP\_PROF3< Psychiatrist
- >HYP\_PROF4< Dentist (including specialists)

**[MAS\_USEM – MAS\_PROF4] are asked for practitioner's service reported in MAS\_EVER.  
[NAT\_USEM – NAT\_PROF4] are asked for practitioner's service reported in NAT\_EVER.**

**Now I am going to ask you about some additional health services. You may have done them on your own OR you may have seen a practitioner. These practices include herbs, vitamins, homeopathy, and others.**

### **HERBS**

Some people use natural herbs for a variety of health reasons. Some people drink an herbal tea to remedy a flu or cold. Others take a daily herb pill to help with a health condition or just to stay healthy.

ALT.196            Have you EVER used natural herbs for you own health or treatment? (for example, ginger, echinacea, or black cohosh) (including teas, tinctures and pills)

- >**HRB\_EVER**<    (1) Yes (ALT.198)  
                      (2) No (ALT.220)  
                      (7) Refused (ALT.220)  
                      (9) Don't know (ALT.220)

ALT.198            DURING THE PAST 12 MONTHS, did you use natural herbs for you own health or treatment? (for example, ginger, echinacea, or black cohosh) (including teas, tinctures and pills)

- >**HRB\_USEM**<    (1) Yes (ALT.200)  
                      (2) No (ALT.220)  
                      (7) Refused (ALT.220)  
                      (9) Don't know (ALT.220)

ALT.200            Did you use natural herbs to treat a specific health problem or condition?

- >**HRB\_TRET**<    (1) Yes (ALT.202)  
                      (2) No (ALT.210)  
                      (7) Refused (ALT.210)  
                      (9) Don't know (ALT.210)

ALT.202            For what health problems or conditions did you use natural herbs?

**FR:    MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

- >**HRBCON01**<    (01) Allergic reaction to food  
>**HRBCON02**<    (02) Allergic reaction to medication  
>**HRBCON03**<    (03) Angina  
>**HRBCON04**<    (04) Anxiety/depression  
>**HRBCON05**<    (05) Arthritis, gout, lupus, or fibromyalgia  
>**HRBCON06**<    (06) Asthma  
>**HRBCON07**<    (07) Benign tumors, cysts  
>**HRBCON08**<    (08) Birth defect  
>**HRBCON09**<    (09) Bowel problems or constipation  
>**HRBCON10**<    (10) Cancer  
>**HRBCON11**<    (11) Cataracts  
>**HRBCON12**<    (12) Cholesterol  
>**HRBCON13**<    (13) Chronic bronchitis  
>**HRBCON14**<    (14) Recurring pain  
>**HRBCON15**<    (15) Circulation problems (other than in the legs)

- >HRBCON16< (16) Congestive heart failure
- >HRBCON17< (17) Coronary heart disease
- >HRBCON18< (18) Diabetes
- >HRBCON19< (19) Diabetic retinopathy
- >HRBCON20< (20) Emphysema
- >HRBCON21< (21) Excessive sleepiness during the day
- >HRBCON22< (22) Jaw pain
- >HRBCON23< (23) Fracture, bone/joint injury
- >HRBCON24< (24) Glaucoma
- >HRBCON25< (25) Gynecologic problems
- >HRBCON26< (26) Hay fever
- >HRBCON27< (27) Hearing problem
- >HRBCON28< (28) Heart attack
- >HRBCON29< (29) Heart condition or disease
- >HRBCON30< (30) Hernia
- >HRBCON31< (31) Hypertension
- >HRBCON32< (32) Irregular heartbeat
- >HRBCON33< (33) Knee problems (not arthritis, not joint injury)
- >HRBCON34< (34) Lung/breathing problem (not already listed)
- >HRBCON35< (35) Macular degeneration
- >HRBCON36< (36) Menopause
- >HRBCON37< (37) Menstrual problems
- >HRBCON38< (38) Mental retardation
- >HRBCON39< (39) Joint pain or stiffness
- >HRBCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >HRBCON41< (41) Multiple sclerosis
- >HRBCON42< (42) Neuropathy
- >HRBCON43< (43) Osteoporosis, tendinitis
- >HRBCON44< (44) Other developmental problem
- >HRBCON45< (45) Other injury
- >HRBCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >HRBCON47< (47) Parkinson's
- >HRBCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >HRBCON49< (49) Poor circulation in your legs
- >HRBCON50< (50) Insomnia or trouble sleeping
- >HRBCON51< (51) Liver problem
- >HRBCON52< (52) Dental pain
- >HRBCON53< (53) Prostate trouble or impotence
- >HRBCON54< (54) Seizures
- >HRBCON55< (55) Senility
- >HRBCON56< (56) Sinusitis
- >HRBCON57< (57) Skin problems
- >HRBCON58< (58) Sprain or strain
- >HRBCON59< (59) Stroke
- >HRBCON60< (60) Text of first other specify
- >HRBCON61< (61) Text of second other specify
- >HRBCON62< (62) Thyroid problem
- >HRBCON63< (63) Ulcer
- >HRBCON64< (64) Urinary problem
- >HRBCON65< (65) Varicose veins, hemorrhoids
- >HRBCON66< (66) Vision problems (not already listed)
- >HRBCON67< (67) Weak or failing kidneys
- >HRBCON68< (68) Weight problems
- >HRBCON69< (69) Back pain or problem

- >HRBCON70< (70) Head or chest cold
- >HRBCON71< (71) Neck pain or problem
- >HRBCON72< (72) Severe headache or migraine
- >HRBCON73< (73) Stomach or intestinal illness
- >HRBCON74< (74) Other, specify

**Check Item HRB\_CCI1: If more than three conditions are X'ed in HRB\_COND, go to HRB\_BOTH and display all conditions checked. If HRB\_COND eq <R> or HRB\_COND eq <D>, go to HRB\_NOHP; else go to if HRB\_HELP.**

ALT.204 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

- >HRBBOT1< [if HRBCON01 eq <X>, display]
- >HRBBOT2< [if HRBCON02 eq <X>, display]
- >HRBBOT3< [if HRBCON03 eq <X>, display]
- .
- .
- .
- [if HRBCON72 eq <X>, display]
- [if HRBCON73 eq <X>, display]
- [if HRBCON74 eq <X>, display]

ALT.206 How much do you think natural herbs helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >HRBHELP1< (1) A great deal
- >HRBHELP2< (2) Some
- >HRBHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.208 Did you choose natural herbs for any of the following reasons? Please say yes or no to each one.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >HRB\_NOHP< Conventional medical treatments would not help you
- >HRB\_EXPS< Conventional medical treatments were too expensive
- >HRB\_COMB< Natural herbs combined with conventional medical treatments would help you
- >HRB\_SUGG< A conventional medical professional suggested you try natural herbs
- >HRB\_INTS< You thought it would be interesting to try natural herbs

ALT.210 DURING THE PAST 12 MONTHS, how important was your use of natural herbs in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >HRB\_IMPT<
- (1) Very important
  - (2) Somewhat important
  - (3) Slightly important
  - (4) Not at all important
  - (7) Refused
  - (9) Don't know

ALT.212 Have you EVER seen a practitioner for natural herbs?

- >HRB\_PRAC<
- (1) Yes (ALT.213)
  - (2) No (ALT.214)
  - (7) Refused (ALT.214)
  - (9) Don't know (ALT.214)

ALT.213 DURING THE PAST 12 MONTHS, did you see a practitioner for natural herbs?

- >HRB\_YR<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

ALT.214 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of natural herbs?

**FR: SHOW FLASHCARD A16**

- >HRB<\_DISC<
- (1) Yes (ALT.216)
  - (2) No (ALT.218)
  - (3) Did not go/talk to any of these (ALT.218)
  - (7) Refused (ALT.218)
  - (9) Don't know (ALT.218)

ALT.216 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >HRBPROF1< Medical Doctor (M.D.) (including specialists)
- >HRBPROF2< Nurse Practitioner/Physician Assistant
- >HRBPROF3< Psychiatrist
- >HRBPROF4< Dentist (including specialists)

ALT.218

DURING THE PAST 12 MONTHS, did you use any of the following natural herbs for health reasons?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

(1) Yes

(7) Refused

(2) No

(9) Don't know

- >HRBTAK01< (01) Bee pollen or royal jelly
- >HRBTAK02< (02) Black cohosh
- >HRBTAK03< (03) Bladder wrack/kelp
- >HRBTAK04< (04) Cascara sagrada
- >HRBTAK05< (05) Chaparral
- >HRBTAK06< (06) Chasteberry/vitex
- >HRBTAK07< (07) Comfrey
- >HRBTAK08< (08) Dong quai/don gui tong kuei
- >HRBTAK09< (09) Echinacea
- >HRBTAK10< (10) Evening primrose
- >HRBTAK11< (11) Feverfew
- >HRBTAK12< (12) Fish oils/omega fatty acids
- >HRBTAK13< (13) Garlic supplements
- >HRBTAK14< (14) Ginger supplements
- >HRBTAK15< (15) Gingko biloba
- >HRBTAK16< (16) Ginseng
- >HRBTAK17< (17) Glucosamine with or without chondroitin
- >HRBTAK18< (18) Guarana
- >HRBTAK19< (19) Hawthorn
- >HRBTAK20< (20) Kava kava
- >HRBTAK21< (21) Licorice
- >HRBTAK22< (22) Ma huang (ephedra)
- >HRBTAK23< (23) Melatonin
- >HRBTAK24< (24) Mexican yam cream
- >HRBTAK25< (25) Milk thistle
- >HRBTAK26< (26) Peppermint
- >HRBTAK27< (27) Progesterone cream
- >HRBTAK28< (28) Ragweed/chamomile
- >HRBTAK29< (29) SAM-e
- >HRBTAK30< (30) Saw palmetto
- >HRBTAK31< (31) Senna
- >HRBTAK32< (32) Soy supplements
- >HRBTAK33< (33) St. John's wort
- >HRBTAK34< (34) Valerian
- >HRBTAK35< (35) Yohimbe

## HOMEOPATHIC TREATMENT

People who use homeopathy to treat health problems take small pills or drops that are placed under the tongue. These pills or drops are often prescribed by practitioners of homeopathy.

ALT.220 Have you EVER used homeopathic treatment for you own health?

- >HOM\_EVER< (1) Yes (ALT.222)  
(2) No (ALT.242)  
(7) Refused (ALT.242)  
(9) Don't know (ALT.242)

ALT.222 DURING THE PAST 12 MONTHS, did you use homeopathic treatment for you own health?

- >HOM\_USEM< (1) Yes (ALT.222)  
(2) No (ALT.242)  
(7) Refused (ALT.242)  
(9) Don't know (ALT.242)

ALT.224 Did you use homeopathic treatment to treat a specific health problem or condition?

- >HOM\_TRET< (1) Yes (ALT.224)  
(2) No (ALT.234)  
(7) Refused (ALT.234)  
(9) Don't know (ALT.234)

ALT.226 For what health problems or conditions did you use homeopathic treatment?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >HOMCON01< (01) Allergic reaction to food  
>HOMCON02< (02) Allergic reaction to medication  
>HOMCON03< (03) Angina  
>HOMCON04< (04) Anxiety/depression  
>HOMCON05< (05) Arthritis, gout, lupus, or fibromyalgia  
>HOMCON06< (06) Asthma  
>HOMCON07< (07) Benign tumors, cysts  
>HOMCON08< (08) Birth defect  
>HOMCON09< (09) Bowel problems or constipation  
>HOMCON10< (10) Cancer  
>HOMCON11< (11) Cataracts  
>HOMCON12< (12) Cholesterol  
>HOMCON13< (13) Chronic bronchitis  
>HOMCON14< (14) Recurring pain  
>HOMCON15< (15) Circulation problems (other than in the legs)  
>HOMCON16< (16) Congestive heart failure  
>HOMCON17< (17) Coronary heart disease  
>HOMCON18< (18) Diabetes  
>HOMCON19< (19) Diabetic retinopathy  
>HOMCON20< (20) Emphysema

- >HOMCON21< (21) Excessive sleepiness during the day
- >HOMCON22< (22) Jaw pain
- >HOMCON23< (23) Fracture, bone/joint injury
- >HOMCON24< (24) Glaucoma
- >HOMCON25< (25) Gynecologic problems
- >HOMCON26< (26) Hay fever
- >HOMCON27< (27) Hearing problem
- >HOMCON28< (28) Heart attack
- >HOMCON29< (29) Heart condition or disease
- >HOMCON30< (30) Hernia
- >HOMCON31< (31) Hypertension
- >HOMCON32< (32) Irregular heartbeat
- >HOMCON33< (33) Knee problems (not arthritis, not joint injury)
- >HOMCON34< (34) Lung/breathing problem (not already listed)
- >HOMCON35< (35) Macular degeneration
- >HOMCON36< (36) Menopause
- >HOMCON37< (37) Menstrual problems
- >HOMCON38< (38) Mental retardation
- >HOMCON39< (39) Joint pain or stiffness
- >HOMCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >HOMCON41< (41) Multiple sclerosis
- >HOMCON42< (42) Neuropathy
- >HOMCON43< (43) Osteoporosis, tendinitis
- >HOMCON44< (44) Other developmental problem
- >HOMCON45< (45) Other injury
- >HOMCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >HOMCON47< (47) Parkinson's
- >HOMCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >HOMCON49< (49) Poor circulation in your legs
- >HOMCON50< (50) Insomnia or trouble sleeping
- >HOMCON51< (51) Liver problem
- >HOMCON52< (52) Dental pain
- >HOMCON53< (53) Prostate trouble or impotence
- >HOMCON54< (54) Seizures
- >HOMCON55< (55) Senility
- >HOMCON56< (56) Sinusitis
- >HOMCON57< (57) Skin problems
- >HOMCON58< (58) Sprain or strain
- >HOMCON59< (59) Stroke
- >HOMCON60< (60) Text of first other specify
- >HOMCON61< (61) Text of second other specify
- >HOMCON62< (62) Thyroid problem
- >HOMCON63< (63) Ulcer
- >HOMCON64< (64) Urinary problem
- >HOMCON65< (65) Varicose veins, hemorrhoids
- >HOMCON66< (66) Vision problems (not already listed)
- >HOMCON67< (67) Weak or failing kidneys
- >HOMCON68< (68) Weight problems
- >HOMCON69< (69) Back pain or problem
- >HOMCON70< (70) Head or chest cold
- >HOMCON71< (71) Neck pain or problem
- >HOMCON72< (72) Severe headache or migraine
- >HOMCON73< (73) Stomach or intestinal illness
- >HOMCON74< (74) Other, specify

**Check Item HOM\_CCI1: If more than three conditions are X'ed in HOM\_COND, go to HOM\_BOTH and display all conditions checked. If HOM\_COND eq <R> or HOM\_COND eq <D>, go to HOM\_NOHP; else go to if HOM\_HELP.**

ALT.228 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

>HOMBOT1< [if HOMCON01 eq <X>, display]

>HOMBOT2< [if HOMCON02 eq <X>, display]

>HOMBOT3< [if HOMCON03 eq <X>, display]

.

.

.

[if HOMCON72 eq <X>, display]

[if HOMCON73 eq <X>, display]

[if HOMCON74 eq <X>, display]

ALT.230 How much do you think homeopathic treatment helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>HOMHELP1< (1) A great deal

>HOMHELP2< (2) Some

>HOMHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.232 Did you choose homeopathic treatment for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>HOM\_NOHP< Conventional medical treatments would not help you

>HOM\_EXPS< Conventional medical treatments were too expensive

>HOM\_COMB< Homeopathic treatment combined with conventional medical treatments would help you

>HOM\_SUGG< A conventional medical professional suggested you try homeopathic treatment

>HOM\_INTS< You thought it would be interesting to try homeopathic treatment

ALT.234 DURING THE PAST 12 MONTHS, how important was your use of homeopathic treatment in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>HOM\_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.235 Have you EVER seen a practitioner for homeopathic treatment?

- >HOM\_PRAC< (1) Yes (ALT.236)  
(2) No (ALT.238)  
(7) Refused (ALT.238)  
(9) Don't know (ALT.238)

ALT.236 DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

- >HOM\_YR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

ALT.238 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of homeopathic treatment?

**FR: SHOW FLASHCARD A16**

- >HOM<\_DISC< (1) Yes (ALT.240)  
(2) No (ALT.242)  
(3) Did not go/talk to any of these (ALT.242)  
(7) Refused (ALT.242)  
(9) Don't know (ALT.242)

ALT.240 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >HOMPROF1< Medical Doctor (M.D.) (including specialists)  
>HOMPROF2< Nurse Practitioner/Physician Assistant  
>HOMPROF3< Psychiatrist  
>HOMPROF4< Dentist (including specialists)

## SPECIAL DIETS

ALT.242 Have you EVER used any of these special diets for two weeks or more for health reasons?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

- >DITEVER1< Vegetarian (for health reasons)
- >DITEVER2< Macrobiotic
- >DITEVER3< Atkins
- >DITEVER4< Pritikin
- >DITEVER5< Ornish
- >DITEVER6< Zone

ALT.244 DURING THE PAST 12 MONTHS, did you use any of these for two weeks for health reasons?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

- >DITUSEM1< Vegetarian (for health reasons)
- >DITUSEM2< Macrobiotic
- >DITUSEM3< Atkins
- >DITUSEM4< Pritikin
- >DITUSEM5< Ornish
- >DITUSEM6< Zone

ALT.248 Did you use (this/these) special diet(s) to treat a specific health problem or condition?

- >DIT\_TRET< (1) Yes (ALT.250)
- (2) No (ALT.258)
- (7) Refused (ALT.258)
- (9) Don't know (ALT.258)

ALT.250 For what health problems or conditions did you use (this/these) special diet(s)?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

- >DITCON01< (01) Allergic reaction to food
- >DITCON02< (02) Allergic reaction to medication
- >DITCON03< (03) Angina
- >DITCON04< (04) Anxiety/depression
- >DITCON05< (05) Arthritis, gout, lupus, or fibromyalgia
- >DITCON06< (06) Asthma
- >DITCON07< (07) Benign tumors, cysts
- >DITCON08< (08) Birth defect
- >DITCON09< (09) Bowel problems or constipation
- >DITCON10< (10) Cancer

- >DITCON11< (11) Cataracts
- >DITCON12< (12) Cholesterol
- >DITCON13< (13) Chronic bronchitis
- >DITCON14< (14) Recurring pain
- >DITCON15< (15) Circulation problems (other than in the legs)
- >DITCON16< (16) Congestive heart failure
- >DITCON17< (17) Coronary heart disease
- >DITCON18< (18) Diabetes
- >DITCON19< (19) Diabetic retinopathy
- >DITCON20< (20) Emphysema
- >DITCON21< (21) Excessive sleepiness during the day
- >DITCON22< (22) Jaw pain
- >DITCON23< (23) Fracture, bone/joint injury
- >DITCON24< (24) Glaucoma
- >DITCON25< (25) Gynecologic problems
- >DITCON26< (26) Hay fever
- >DITCON27< (27) Hearing problem
- >DITCON28< (28) Heart attack
- >DITCON29< (29) Heart condition or disease
- >DITCON30< (30) Hernia
- >DITCON31< (31) Hypertension
- >DITCON32< (32) Irregular heartbeat
- >DITCON33< (33) Knee problems (not arthritis, not joint injury)
- >DITCON34< (34) Lung/breathing problem (not already listed)
- >DITCON35< (35) Macular degeneration
- >DITCON36< (36) Menopause
- >DITCON37< (37) Menstrual problems
- >DITCON38< (38) Mental retardation
- >DITCON39< (39) Joint pain or stiffness
- >DITCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >DITCON41< (41) Multiple sclerosis
- >DITCON42< (42) Neuropathy
- >DITCON43< (43) Osteoporosis, tendinitis
- >DITCON44< (44) Other developmental problem
- >DITCON45< (45) Other injury
- >DITCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >DITCON47< (47) Parkinson's
- >DITCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >DITCON49< (49) Poor circulation in your legs
- >DITCON50< (50) Insomnia or trouble sleeping
- >DITCON51< (51) Liver problem
- >DITCON52< (52) Dental pain
- >DITCON53< (53) Prostate trouble or impotence
- >DITCON54< (54) Seizures
- >DITCON55< (55) Senility
- >DITCON56< (56) Sinusitis
- >DITCON57< (57) Skin problems
- >DITCON58< (58) Sprain or strain
- >DITCON59< (59) Stroke
- >DITCON60< (60) Text of first other specify
- >DITCON61< (61) Text of second other specify
- >DITCON62< (62) Thyroid problem
- >DITCON63< (63) Ulcer
- >DITCON64< (64) Urinary problem

- >DITCON65< (65) Varicose veins, hemorrhoids
- >DITCON66< (66) Vision problems (not already listed)
- >DITCON67< (67) Weak or failing kidneys
- >DITCON68< (68) Weight problems
- >DITCON69< (69) Back pain or problem
- >DITCON70< (70) Head or chest cold
- >DITCON71< (71) Neck pain or problem
- >DITCON72< (72) Severe headache or migraine
- >DITCON73< (73) Stomach or intestinal illness
- >DITCON74< (74) Other, specify

**Check Item DIT\_CCB3: If more than three conditions are X'ed in DIT\_COND, go to DIT\_BOTH and display all conditions checked. If DIT\_COND eq <R> or DIT\_COND eq <D>, go to DIT\_NOHP; else go to if DIT\_HELP.**

ALT.252 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

- >DITBOT1< [if DITCON01 eq <X>, display]
- >DITBOT2< [if DITCON02 eq <X>, display]
- >DITBOT3< [if DITCON03 eq <X>, display]
- .
- .
- .
- [if DITCON72 eq <X>, display]
- [if DITCON73 eq <X>, display]
- [if DITCON74 eq <X>, display]

ALT.254 How much do you think (this/these) special diet(s) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >DITHELP1< (1) A great deal
- >DITHELP2< (2) Some
- >DITHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.256 Did you choose (this/these) special diet(s) for any of the following reasons? Please say yes or no to each one.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >DIT\_NOHP< Conventional medical treatments would not help you
- >DIT\_EXPS< Conventional medical treatments were too expensive
- >DIT\_COMB< Special diets combined with conventional medical treatments would help you
- >DIT\_SUGG< A conventional medical professional suggested you try special diets
- >DIT\_INTS< You thought it would be interesting to try special diets

ALT.258 DURING THE PAST 12 MONTHS, how important was your use of (this/these) special diet(s) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >DIT\_IMPT<
- (1) Very important
  - (2) Somewhat important
  - (3) Slightly important
  - (4) Not at all important
  - (7) Refused
  - (9) Don't know

ALT.259 Have you EVER seen a practitioner for special diets?

- >DIT\_PRACT<
- (1) Yes (ALT.260)
  - (2) No (ALT.262)
  - (7) Refused (ALT.262)
  - (9) Don't know (ALT.262)

ALT.260 DURING THE PAST 12 MONTHS, did you see a practitioner for special diets?

- >DIT\_YR<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

ALT.262 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (this/these) special diet(s)?

**FR: SHOW FLASHCARD A16**

- >DIT\_DISC<
- (1) Yes (ALT.264)
  - (2) No (ALT.266)
  - (3) Did not go/talk to any of these (ALT.266)
  - (7) Refused (ALT.266)
  - (9) Don't know (ALT.266)

ALT.264 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >DITPROF1< Medical Doctor (M.D.) (including specialists)
- >DITPROF2< Nurse Practitioner/Physician Assistant
- >DITPROF3< Psychiatrist
- >DITPROF4< Dentist (including specialists)

## VITAMINS

ALT.266 Have you EVER used vitamins for your own health or treatment?

- >VIT\_EVER< (1) Yes (ALT.268)  
(2) No (ALT.292)  
(7) Refused (ALT.292)  
(9) Don't know (ALT.292)

ALT.268 Which of the following did you use? Please say yes or no to each one.

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >VITK\_MVS< Multi-vitamins such as One-A-Day  
>VITK\_IVS< Individual vitamin supplements  
>VITK\_HDM< High dose or megavitamin therapy

ALT.270 DURING THE PAST 12 MONTHS, did you use high dose or megavitamin therapy for your own health or treatment?

- >VIT\_USEM< (1) Yes (ALT.272)  
(2) No (ALT.292)  
(7) Refused (ALT.292)  
(9) Don't know (ALT.292)

ALT.272 DURING THE PAST 12 MONTHS, did you take any of the following vitamins in high dose?

**FR: SHOW FLASHCARD A19. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >VITTAK01< DHEA  
>VITTAK02< Calcium  
>VITTAK03< Coenzyme Q-10  
>VITTAK04< Multivitamins  
>VITTAK05< Selenium  
>VITTAK06< Vitamin B complex  
>VITTAK07< Vitamin C  
>VITTAK08< Vitamin E  
>VITTAK09< Vitamins A and/or D  
>VITTAK10< Zinc

ALT.274 Did you use high dose or megavitamin therapy to treat a specific health problem or condition?

- >VIT\_TRET< (1) Yes (ALT.276)  
(2) No (ALT.284)  
(7) Refused (ALT.284)  
(9) Don't know (ALT.284)

ALT.276

For what health problems or conditions did you use high dose or megavitamin therapy?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

(1) Yes

(7) Refused

(2) No

(9) Don't know

- >VITCON01< (01) Allergic reaction to food
- >VITCON02< (02) Allergic reaction to medication
- >VITCON03< (03) Angina
- >VITCON04< (04) Anxiety/depression
- >VITCON05< (05) Arthritis, gout, lupus, or fibromyalgia
- >VITCON06< (06) Asthma
- >VITCON07< (07) Benign tumors, cysts
- >VITCON08< (08) Birth defect
- >VITCON09< (09) Bowel problems or constipation
- >VITCON10< (10) Cancer
- >VITCON11< (11) Cataracts
- >VITCON12< (12) Cholesterol
- >VITCON13< (13) Chronic bronchitis
- >VITCON14< (14) Recurring pain
- >VITCON15< (15) Circulation problems (other than in the legs)
- >VITCON16< (16) Congestive heart failure
- >VITCON17< (17) Coronary heart disease
- >VITCON18< (18) Diabetes
- >VITCON19< (19) Diabetic retinopathy
- >VITCON20< (20) Emphysema
- >VITCON21< (21) Excessive sleepiness during the day
- >VITCON22< (22) Jaw pain
- >VITCON23< (23) Fracture, bone/joint injury
- >VITCON24< (24) Glaucoma
- >VITCON25< (25) Gynecologic problems
- >VITCON26< (26) Hay fever
- >VITCON27< (27) Hearing problem
- >VITCON28< (28) Heart attack
- >VITCON29< (29) Heart condition or disease
- >VITCON30< (30) Hernia
- >VITCON31< (31) Hypertension
- >VITCON32< (32) Irregular heartbeat
- >VITCON33< (33) Knee problems (not arthritis, not joint injury)
- >VITCON34< (34) Lung/breathing problem (not already listed)
- >VITCON35< (35) Macular degeneration
- >VITCON36< (36) Menopause
- >VITCON37< (37) Menstrual problems
- >VITCON38< (38) Mental retardation
- >VITCON39< (39) Joint pain or stiffness
- >VITCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >VITCON41< (41) Multiple sclerosis
- >VITCON42< (42) Neuropathy
- >VITCON43< (43) Osteoporosis, tendinitis
- >VITCON44< (44) Other developmental problem
- >VITCON45< (45) Other injury

- >VITCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >VITCON47< (47) Parkinson's
- >VITCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >VITCON49< (49) Poor circulation in your legs
- >VITCON50< (50) Insomnia or trouble sleeping
- >VITCON51< (51) Liver problem
- >VITCON52< (52) Dental pain
- >VITCON53< (53) Prostate trouble or impotence
- >VITCON54< (54) Seizures
- >VITCON55< (55) Senility
- >VITCON56< (56) Sinusitis
- >VITCON57< (57) Skin problems
- >VITCON58< (58) Sprain or strain
- >VITCON59< (59) Stroke
- >VITCON60< (60) Text of first other specify
- >VITCON61< (61) Text of second other specify
- >VITCON62< (62) Thyroid problem
- >VITCON63< (63) Ulcer
- >VITCON64< (64) Urinary problem
- >VITCON65< (65) Varicose veins, hemorrhoids
- >VITCON66< (66) Vision problems (not already listed)
- >VITCON67< (67) Weak or failing kidneys
- >VITCON68< (68) Weight problems
- >VITCON69< (69) Back pain or problem
- >VITCON70< (70) Head or chest cold
- >VITCON71< (71) Neck pain or problem
- >VITCON72< (72) Severe headache or migraine
- >VITCON73< (73) Stomach or intestinal illness
- >VITCON74< (74) Other, specify

**Check Item VIT\_CCII:** If more than three conditions are X'ed in VIT\_COND, go to VIT\_BOTH and display all conditions checked. If VIT\_COND eq <R> or VIT\_COND eq <D>, go to VIT\_NOHP; else go to if VIT\_HELP.

ALT.278 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

- >VITBOT1< [if VITCON01 eq <X>, display]
- >VITBOT2< [if VITCON02 eq <X>, display]
- >VITBOT3< [if VITCON03 eq <X>, display]
- .
- .
- .
- [if VITCON72 eq <X>, display]
- [if VITCON73 eq <X>, display]
- [if VITCON74 eq <X>, display]

ALT.280 How much do you think high dose or megavitamin therapy helped your (display for each condition)?  
Would you say a great deal, some, only a little, or not at all?

- >VITHELP1< (1) A great deal
- >VITHELP2< (2) Some
- >VITHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.282 Did you choose high dose or megavitamin therapy for any of the following reasons? Please say yes or no to each one.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >VIT\_NOHP< Conventional medical treatments would not help you
- >VIT\_EXPS< Conventional medical treatments were too expensive
- >VIT\_COMB< High dose or megavitamin therapy combined with conventional medical treatments would help you
- >VIT\_SUGG< A conventional medical professional suggested you try high dose or megavitamin therapy
- >VIT\_INTS< You thought it would be interesting to try high dose or megavitamin therapy

ALT.284 DURING THE PAST 12 MONTHS, how important was your use of high dose or megavitamin therapy in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >VIT\_IMPT< (1) Very important
- (2) Somewhat important
- (3) Slightly important
- (4) Not at all important
- (7) Refused
- (9) Don't know

ALT.285 Have you EVER seen a practitioner for high dose or megavitamin therapy?

- >VIT\_PRACT< (1) Yes (ALT.286)
- (2) No (ALT.288)
- (7) Refused (ALT.288)
- (9) Don't know (ALT.288)

ALT.286 DURING THE PAST 12 MONTHS, did you see a practitioner for high dose or megavitamin therapy?

- >VIT\_YR< (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

ALT.288 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of high dose or megavitamin therapy?

**FR: SHOW FLASHCARD A16**

- >VIT\_DISC<
- (1) Yes (ALT.290)
  - (2) No (ALT.292)
  - (3) Did not go/talk to any of these (ALT.292)
  - (7) Refused (ALT.292)
  - (9) Don't know (ALT.292)

ALT.290 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >VITPROF1< Medical Doctor (M.D.) (including specialists)
- >VITPROF2< Nurse Practitioner/Physician Assistant
- >VITPROF3< Psychiatrist
- >VITPROF4< Dentist (including specialists)

## YOGA/TAI CHI/QI CHONG

ALT.292 Have you EVER practiced any of the following types of exercise for your own health or treatment?  
Please say yes or no to each one.

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

>YTQE\_YOG< Yoga  
>YTQE\_TAI< Tai Chi  
>YTQE\_QIG< Qi Chong

ALT.294 DURING THE PAST 12 MONTHS, did you practice...

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

>YTQU\_YOG< Yoga  
>YTQU\_TAI< Tai Chi  
>YTQU\_QIG< Qi Chong

ALT.296 Did you use (fill from ALT.294) to treat a specific health problem or condition?

>YTQ\_TRET< (1) Yes (ALT.298)  
(2) No (ALT.306)  
(7) Refused (ALT.306)  
(9) Don't know (ALT.306)

ALT.298 For what health problems or conditions did you use (fill from ALT.294)?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

>YTQCON01< (01) Allergic reaction to food  
>YTQCON02< (02) Allergic reaction to medication  
>YTQCON03< (03) Angina  
>YTQCON04< (04) Anxiety/depression  
>YTQCON05< (05) Arthritis, gout, lupus, or fibromyalgia  
>YTQCON06< (06) Asthma  
>YTQCON07< (07) Benign tumors, cysts  
>YTQCON08< (08) Birth defect  
>YTQCON09< (09) Bowel problems or constipation  
>YTQCON10< (10) Cancer  
>YTQCON11< (11) Cataracts  
>YTQCON12< (12) Cholesterol  
>YTQCON13< (13) Chronic bronchitis  
>YTQCON14< (14) Recurring pain  
>YTQCON15< (15) Circulation problems (other than in the legs)  
>YTQCON16< (16) Congestive heart failure  
>YTQCON17< (17) Coronary heart disease  
>YTQCON18< (18) Diabetes  
>YTQCON19< (19) Diabetic retinopathy

- >YTQCON20< (20) Emphysema
- >YTQCON21< (21) Excessive sleepiness during the day
- >YTQCON22< (22) Jaw pain
- >YTQCON23< (23) Fracture, bone/joint injury
- >YTQCON24< (24) Glaucoma
- >YTQCON25< (25) Gynecologic problems
- >YTQCON26< (26) Hay fever
- >YTQCON27< (27) Hearing problem
- >YTQCON28< (28) Heart attack
- >YTQCON29< (29) Heart condition or disease
- >YTQCON30< (30) Hernia
- >YTQCON31< (31) Hypertension
- >YTQCON32< (32) Irregular heartbeat
- >YTQCON33< (33) Knee problems (not arthritis, not joint injury)
- >YTQCON34< (34) Lung/breathing problem (not already listed)
- >YTQCON35< (35) Macular degeneration
- >YTQCON36< (36) Menopause
- >YTQCON37< (37) Menstrual problems
- >YTQCON38< (38) Mental retardation
- >YTQCON39< (39) Joint pain or stiffness
- >YTQCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >YTQCON41< (41) Multiple sclerosis
- >YTQCON42< (42) Neuropathy
- >YTQCON43< (43) Osteoporosis, tendinitis
- >YTQCON44< (44) Other developmental problem
- >YTQCON45< (45) Other injury
- >YTQCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >YTQCON47< (47) Parkinson's
- >YTQCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >YTQCON49< (49) Poor circulation in your legs
- >YTQCON50< (50) Insomnia or trouble sleeping
- >YTQCON51< (51) Liver problem
- >YTQCON52< (52) Dental pain
- >YTQCON53< (53) Prostate trouble or impotence
- >YTQCON54< (54) Seizures
- >YTQCON55< (55) Senility
- >YTQCON56< (56) Sinusitis
- >YTQCON57< (57) Skin problems
- >YTQCON58< (58) Sprain or strain
- >YTQCON59< (59) Stroke
- >YTQCON60< (60) Text of first other specify
- >YTQCON61< (61) Text of second other specify
- >YTQCON62< (62) Thyroid problem
- >YTQCON63< (63) Ulcer
- >YTQCON64< (64) Urinary problem
- >YTQCON65< (65) Varicose veins, hemorrhoids
- >YTQCON66< (66) Vision problems (not already listed)
- >YTQCON67< (67) Weak or failing kidneys
- >YTQCON68< (68) Weight problems
- >YTQCON69< (69) Back pain or problem
- >YTQCON70< (70) Head or chest cold
- >YTQCON71< (71) Neck pain or problem
- >YTQCON72< (72) Severe headache or migraine
- >YTQCON73< (73) Stomach or intestinal illness

>YTQCON74< (74) Other, specify

**Check Item YTQ\_CCI3:** If more than three conditions are X'ed in YTQ\_COND, go to YTQ\_BOTH and display all conditions checked. If YTQ\_COND eq <R> or YTQ\_COND eq <D>, go to YTQ\_NOHP; else go to if YTQ\_HELP.

ALT.300 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

>YTQBOT1< [if YTQCON01 eq <X>, display]

>YTQBOT2< [if YTQCON02 eq <X>, display]

>YTQBOT3< [if YTQCON03 eq <X>, display]

.  
. .  
.

[if YTQCON72 eq <X>, display]

[if YTQCON73 eq <X>, display]

[if YTQCON74 eq <X>, display]

ALT.302 How much do you think (fill from ALT.294) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>YTQHELP1< (1) A great deal

>YTQHELP2< (2) Some

>YTQHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.304 Did you choose (fill from ALT.294) for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>YTQ\_NOHP< Conventional medical treatments would not help you

>YTQ\_EXPS< Conventional medical treatments were too expensive

>YTQ\_COMB< (fill from ALT.294) combined with conventional medical treatments would help you

>YTQ\_SUGG< A conventional medical professional suggested you try (fill from ALT.294)

>YTQ\_INTS< You thought it would be interesting to try (fill from ALT.294)

ALT.306 DURING THE PAST 12 MONTHS, how important was your use of (fill from ALT.294) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>YTQ\_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.308 DURING THE PAST 12 MONTHS, did you take a (fill from ALT.294) class? (Attending one session does not count)

- >YTQ\_CLAS< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

ALT.310 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill from ALT.294)?

**FR: SHOW FLASHCARD A16**

- >YQT\_DISC< (1) Yes (ALT.312)  
(2) No (ALT.314)  
(3) Did not go/talk to any of these (ALT.314)  
(7) Refused (ALT.314)  
(9) Don't know (ALT.314)

ALT.312 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >YTQPROF1< Medical Doctor (M.D.) (including specialists)  
>YTQPROF2< Nurse Practitioner/Physician Assistant  
>YTQPROF3< Psychiatrist  
>YTQPROF4< Dentist (including specialists)

## RELAXATION TECHNIQUES

ALT.314 Have you EVER used any of the following relaxation techniques for your own health or treatment?  
Please say yes or no to each one.

- (1) Yes (7) Refused  
(2) No (9) Don't know

>RELE\_MED< Meditation  
>RELE\_GIM< Guided imagery  
>RELE\_PRO< Progressive relaxation  
>RELE\_DBE< Deep breathing exercises

ALT.316 DURING THE PAST 12 MONTHS, did you use...

- (1) Yes (7) Refused  
(2) No (9) Don't know

>RELU\_MED< Meditation  
>RELU\_GIM< Guided imagery  
>RELU\_PRO< Progressive relaxation  
>RELU\_DBE< Deep breathing exercises

ALT.318 Did you use (this/these) relaxation technique(s) to treat a specific health problem or condition?

>REL\_TRET< (1) Yes (ALT.320)  
(2) No (ALT.328)  
(7) Refused (ALT.328)  
(9) Don't know (ALT.328)

ALT.320 For what health problems or conditions did you use (this/these) relaxation technique(s)?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

>RELCON01< (01) Allergic reaction to food  
>RELCON02< (02) Allergic reaction to medication  
>RELCON03< (03) Angina  
>RELCON04< (04) Anxiety/depression  
>RELCON05< (05) Arthritis, gout, lupus, or fibromyalgia  
>RELCON06< (06) Asthma  
>RELCON07< (07) Benign tumors, cysts  
>RELCON08< (08) Birth defect  
>RELCON09< (09) Bowel problems or constipation  
>RELCON10< (10) Cancer  
>RELCON11< (11) Cataracts  
>RELCON12< (12) Cholesterol  
>RELCON13< (13) Chronic bronchitis  
>RELCON14< (14) Recurring pain  
>RELCON15< (15) Circulation problems (other than in the legs)  
>RELCON16< (16) Congestive heart failure  
>RELCON17< (17) Coronary heart disease

- >RELCON18< (18) Diabetes
- >RELCON19< (19) Diabetic retinopathy
- >RELCON20< (20) Emphysema
- >RELCON21< (21) Excessive sleepiness during the day
- >RELCON22< (22) Jaw pain
- >RELCON23< (23) Fracture, bone/joint injury
- >RELCON24< (24) Glaucoma
- >RELCON25< (25) Gynecologic problems
- >RELCON26< (26) Hay fever
- >RELCON27< (27) Hearing problem
- >RELCON28< (28) Heart attack
- >RELCON29< (29) Heart condition or disease
- >RELCON30< (30) Hernia
- >RELCON31< (31) Hypertension
- >RELCON32< (32) Irregular heartbeat
- >RELCON33< (33) Knee problems (not arthritis, not joint injury)
- >RELCON34< (34) Lung/breathing problem (not already listed)
- >RELCON35< (35) Macular degeneration
- >RELCON36< (36) Menopause
- >RELCON37< (37) Menstrual problems
- >RELCON38< (38) Mental retardation
- >RELCON39< (39) Joint pain or stiffness
- >RELCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >RELCON41< (41) Multiple sclerosis
- >RELCON42< (42) Neuropathy
- >RELCON43< (43) Osteoporosis, tendinitis
- >RELCON44< (44) Other developmental problem
- >RELCON45< (45) Other injury
- >RELCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >RELCON47< (47) Parkinson's
- >RELCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >RELCON49< (49) Poor circulation in your legs
- >RELCON50< (50) Insomnia or trouble sleeping
- >RELCON51< (51) Liver problem
- >RELCON52< (52) Dental pain
- >RELCON53< (53) Prostate trouble or impotence
- >RELCON54< (54) Seizures
- >RELCON55< (55) Senility
- >RELCON56< (56) Sinusitis
- >RELCON57< (57) Skin problems
- >RELCON58< (58) Sprain or strain
- >RELCON59< (59) Stroke
- >RELCON60< (60) Text of first other specify
- >RELCON61< (61) Text of second other specify
- >RELCON62< (62) Thyroid problem
- >RELCON63< (63) Ulcer
- >RELCON64< (64) Urinary problem
- >RELCON65< (65) Varicose veins, hemorrhoids
- >RELCON66< (66) Vision problems (not already listed)
- >RELCON67< (67) Weak or failing kidneys
- >RELCON68< (68) Weight problems
- >RELCON69< (69) Back pain or problem
- >RELCON70< (70) Head or chest cold
- >RELCON71< (71) Neck pain or problem

- >RELCON72< (72) Severe headache or migraine
- >RELCON73< (73) Stomach or intestinal illness
- >RELCON74< (74) Other, specify

**Check Item REL\_CCI3: If more than three conditions are X'ed in REL\_COND, go to REL\_BOTH and display all conditions checked. If REL\_COND eq <R> or REL\_COND eq <D>, go to REL\_NOHP; else go to if REL\_HELP.**

ALT.322 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

- >RELBOT1< [if RELCON01 eq <X>, display]
- >RELBOT2< [if RELCON02 eq <X>, display]
- >RELBOT3< [if RELCON03 eq <X>, display]
- .
- .
- .
- [if RELCON72 eq <X>, display]
- [if RELCON73 eq <X>, display]
- [if RELCON74 eq <X>, display]

ALT.324 How much do you think (this/these) relaxation technique(s) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >RELHELP1< (1) A great deal
- >RELHELP2< (2) Some
- >RELHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.326 Did you choose (this/these) relaxation technique(s) for any of the following reasons? Please say yes or no to each one.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >REL\_NOHP< Conventional medical treatments would not help you
- >REL\_EXPS< Conventional medical treatments were too expensive
- >REL\_COMB< Relaxation techniques combined with conventional medical treatments would help you
- >REL\_SUGG< A conventional medical professional suggested you try relaxation techniques
- >REL\_INTS< You thought it would be interesting to try relaxation techniques

ALT.328 DURING THE PAST 12 MONTHS, how important was your use of (this/these) relaxation technique(s) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >REL\_IMPT< (1) Very important
- (2) Somewhat important
- (3) Slightly important
- (4) Not at all important
- (7) Refused
- (9) Don't know

ALT.330 Have you EVER seen a practitioner for relaxation techniques?

- >REL\_PRAC< (1) Yes (ALT.331)  
(2) No (ALT.332)  
(7) Refused (ALT.332)  
(9) Don't know (ALT.332)

ALT.331 DURING THE PAST 12 MONTHS, did you see a practitioner for relaxation techniques?

- >REL\_YR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

ALT.332 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (this/these) relaxation technique(s)?

**FR: SHOW FLASHCARD A16**

- >REL\_DISC< (1) Yes (ALT.334)  
(2) No (ALT.336)  
(3) Did not go/talk to any of these (ALT.336)  
(7) Refused (ALT.336)  
(9) Don't know (ALT.336)

ALT.334 Which ones?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >RELPROF1< Medical Doctor (M.D.) (including specialists)  
>RELPROF2< Nurse Practitioner/Physician Assistant  
>RELPROF3< Psychiatrist  
>RELPROF4< Dentist (including specialists)

## PRAYER FOR YOUR OWN HEALTH

ALT.336 Have you EVER prayed specifically for the purpose of your OWN health?

- >PRA\_SLFE< (1) Yes (ALT.338)  
(2) No (ALT.340)  
(7) Refused (ALT.340)  
(9) Don't know (ALT.340)

ALT.338 DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

- >PRA\_SLFM< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

ALT.340 Have you EVER prayed specifically for the purpose of your OWN health?

- >PRA\_OTHE< (1) Yes (ALT.342)  
(2) No (Check Item PRA\_CCI1)  
(7) Refused (Check Item PRA\_CCI1)  
(9) Don't know (Check Item PRA\_CCI1)

ALT.342 DURING THE PAST 12 MONTHS, did you ask or have others pray for your OWN health?

- >PRA\_OTHM< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

**Check Item PRA\_CCI1: If PRA\_SLFE(ALT.336) or PRA\_OTHE(ALT.340) eq 1, go to PRA\_CHNE(ALT.344); else go to PRA\_HELE(ALT.348).**

ALT.344 Have you EVER participated in a prayer chain or prayer group for your OWN health?

- >PRA\_CHNE< (1) Yes (ALT.346)  
(2) No (ALT.348)  
(7) Refused (ALT.348)  
(9) Don't know (ALT.348)

ALT.346 DURING THE PAST 12 MONTHS, did you participate in a prayer chain or prayer group for your OWN health?

- >PRA\_CHNM< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

ALT.348 Have you EVER had a healing ritual or sacrament performed for your OWN health or treatment?

- >PRA\_HELE< (1) Yes (ALT.350)  
(2) No (Check Item PRA\_CCI3)  
(7) Refused (Check Item PRA\_CCI3)  
(9) Don't know (Check Item PRA\_CCI3)

ALT.350 DURING THE PAST 12 MONTHS, did you have a healing ritual or sacrament performed for your OWN health or treatment?

- >PRA\_HELM< (1) Yes (ALT.352)  
(2) No (Check Item PRA\_CCI3)  
(7) Refused (Check Item PRA\_CCI3)  
(9) Don't know (Check Item PRA\_CCI3)

ALT.352 Was this to treat a specific health problem or condition?

- >PRA\_TRET< (1) Yes (ALT.354)  
(2) No (ALT.362)  
(7) Refused (ALT.362)  
(9) Don't know (ALT.362)

ALT.354 For what health problems or conditions was this healing ritual or sacrament performed?

**FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >PRACON01< (01) Allergic reaction to food  
>PRACON02< (02) Allergic reaction to medication  
>PRACON03< (03) Angina  
>PRACON04< (04) Anxiety/depression  
>PRACON05< (05) Arthritis, gout, lupus, or fibromyalgia  
>PRACON06< (06) Asthma  
>PRACON07< (07) Benign tumors, cysts  
>PRACON08< (08) Birth defect  
>PRACON09< (09) Bowel problems or constipation  
>PRACON10< (10) Cancer  
>PRACON11< (11) Cataracts  
>PRACON12< (12) Cholesterol  
>PRACON13< (13) Chronic bronchitis  
>PRACON14< (14) Recurring pain  
>PRACON15< (15) Circulation problems (other than in the legs)  
>PRACON16< (16) Congestive heart failure  
>PRACON17< (17) Coronary heart disease  
>PRACON18< (18) Diabetes  
>PRACON19< (19) Diabetic retinopathy  
>PRACON20< (20) Emphysema  
>PRACON21< (21) Excessive sleepiness during the day  
>PRACON22< (22) Jaw pain  
>PRACON23< (23) Fracture, bone/joint injury  
>PRACON24< (24) Glaucoma  
>PRACON25< (25) Gynecologic problems

- >PRACON26< (26) Hay fever
- >PRACON27< (27) Hearing problem
- >PRACON28< (28) Heart attack
- >PRACON29< (29) Heart condition or disease
- >PRACON30< (30) Hernia
- >PRACON31< (31) Hypertension
- >PRACON32< (32) Irregular heartbeat
- >PRACON33< (33) Knee problems (not arthritis, not joint injury)
- >PRACON34< (34) Lung/breathing problem (not already listed)
- >PRACON35< (35) Macular degeneration
- >PRACON36< (36) Menopause
- >PRACON37< (37) Menstrual problems
- >PRACON38< (38) Mental retardation
- >PRACON39< (39) Joint pain or stiffness
- >PRACON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >PRACON41< (41) Multiple sclerosis
- >PRACON42< (42) Neuropathy
- >PRACON43< (43) Osteoporosis, tendinitis
- >PRACON44< (44) Other developmental problem
- >PRACON45< (45) Other injury
- >PRACON46< (46) Other nerve damage, including carpal tunnel syndrome
- >PRACON47< (47) Parkinson's
- >PRACON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >PRACON49< (49) Poor circulation in your legs
- >PRACON50< (50) Insomnia or trouble sleeping
- >PRACON51< (51) Liver problem
- >PRACON52< (52) Dental pain
- >PRACON53< (53) Prostate trouble or impotence
- >PRACON54< (54) Seizures
- >PRACON55< (55) Senility
- >PRACON56< (56) Sinusitis
- >PRACON57< (57) Skin problems
- >PRACON58< (58) Sprain or strain
- >PRACON59< (59) Stroke
- >PRACON60< (60) Text of first other specify
- >PRACON61< (61) Text of second other specify
- >PRACON62< (62) Thyroid problem
- >PRACON63< (63) Ulcer
- >PRACON64< (64) Urinary problem
- >PRACON65< (65) Varicose veins, hemorrhoids
- >PRACON66< (66) Vision problems (not already listed)
- >PRACON67< (67) Weak or failing kidneys
- >PRACON68< (68) Weight problems
- >PRACON69< (69) Back pain or problem
- >PRACON70< (70) Head or chest cold
- >PRACON71< (71) Neck pain or problem
- >PRACON72< (72) Severe headache or migraine
- >PRACON73< (73) Stomach or intestinal illness
- >PRACON74< (74) Other, specify

**Check Item PRA\_CCI2: If more than three conditions are X'ed in PRA\_COND, go to PRA\_BOTH and display all conditions checked. If PRA\_COND eq <R> or PRA\_COND eq <D>, go to PRA\_NOHP; else go to if PRA\_HELP.**

ALT.356 Which three of these are the most bothersome?

**FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.**

>PRABOT1< [if PRACON01 eq <X>, display]

>PRABOT2< [if PRACON02 eq <X>, display]

>PRABOT3< [if PRACON03 eq <X>, display]

.

.

.

[if PRACON72 eq <X>, display]

[if PRACON73 eq <X>, display]

[if PRACON74 eq <X>, display]

ALT.358 How much do you think this healing ritual or sacrament helped your (display for each condition)?  
Would you say a great deal, some, only a little, or not at all?

>PRAHELP1< (1) A great deal

>PRAHELP2< (2) Some

>PRAHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.360 Was this healing ritual or sacrament performed for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>PRA\_NOHP< Conventional medical treatments would not help you

>PRA\_EXPS< Conventional medical treatments were too expensive

>PRA\_COMB< A healing ritual or sacrament combined with conventional medical treatments would help you

>PRA\_SUGG< A conventional medical professional suggested a healing ritual or sacrament

>PRA\_INTS< You thought it would be interesting to a healing ritual or sacrament

**Check Item PRA\_CCI3: If PRA\_SLFM(ALT.338), PRA\_OTHM(ALT.342), PRA\_CHNM(ALT.346), or PRA\_HELM(ALT.350) eq 1, go to PRA\_IMPT(ALT.362); else go to PSC\_USEM(ALT.364).**

ALT.362 DURING THE PAST 12 MONTHS, how important was the use of prayer or spiritual healing in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>PRA\_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.364 DURING THE PAST 12 MONTHS, did you use prescription medications?

- >PSC\_USEM<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

ALT.366 DURING THE PAST 12 MONTHS, did you use over-the-counter medications?

- >OTC\_USEM<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

**Section IX – DIS**

DIS.010 Previously you were asked about your use of special equipment. The next questions will go into greater detail about special equipment and assistive devices. By this we mean things such as hearing aids, wheelchairs, scooters, canes, prostheses, special phones, or special computer devices. Please DO NOT include eyeglasses or false teeth.

Do you NOW use any special equipment or assistive devices to aid you in your usual activities?

>DISUSEQ< (1) Yes (7) Refused  
(2) No (9) Don't know

DIS.020 Do you know of any special equipment or assistive devices that would aid you in your usual activities, but that you do not currently have?

>DISAID< (1) Yes (DIS.030) (7) Refused (DIS\_INTRO)  
(2) No (DIS\_INTRO) (9) Don't know (DIS\_INTRO)

DIS.030 How often do you have difficulties because you do not have this special equipment or assistive devices? Would you say always, often, sometimes, rarely, or never?

>DISEQDIF< (1) Always  
(2) Often  
(3) Sometimes  
(4) Rarely  
(5) Never  
(7) Refused  
(9) Don't know

(Goto DIS\_INTRO)

> DIS\_INTRO < The next questions are about your surroundings at home, school, work, or the community, and possible barriers that might limit or prevent your activities.

**FR: SHOW FLASHCARD A20**

By barriers we mean things such as building design, lighting, sound, household or workplace equipment, crowds, sidewalks and curbs, transportation, attitudes of other people, and policies.

**ENTER <P> TO PROCEED (Goto DISHOME)**

DIS.040 Thinking of your HOME SITUATION, do problems with any of these things on the list NOW limit or prevent your participation in home activities or household responsibilities?

**FR: SHOW FLASHCARD A20**

>DISHOME< (1) Yes (DIS.050)  
(2) No (DIS.070)  
(7) Refused (DIS.070)  
(9) Don't know (DIS.070)

DIS.050 Which ones? (**PROBE: Any others?**)

**FR: SHOW FLASHCARD A20. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >DIHM01< Building design (stairs, bathrooms, narrow or heavy doors)
  - >DIHM02< Lighting (too dim to read, signs not lit, too bright, too distracting)
  - >DIHM03< Sound (background noise, inadequate sound system)
  - >DIHM04< Household or workplace equipment hard to use
  - >DIHM05< Crowds
  - >DIHM06< Sidewalks and curbs
  - >DIHM07< Transportation
  - >DIHM08< Attitudes of other people
  - >DIHM09< Policies (rental policies, eligibility for services, workplace rules)
  - >DIHM10< Other barriers
- (7) Refused  
(9) Don't know

**(Goto DIHM\_CK)**

**Check item DIHM\_CK: If DIHM = <N> or DIHM\_B = <> go to DIHM\_11, ELSE go to DISHMOFT.  
If DIHM = <97> or <99> or DIHM\_B = <> go to DISSCH, ELSE go to DIHM\_12.**

DIS.051 You can not enter N before entering any choices.

**Enter (B) to backup**

>DIHM\_11< [ @ ] <B>

**(Goto DIHM)**

DIS.052 "Don't know and/or Refused" response not permitted with other answers

**Enter (B) to backup**

>DIHM\_12< [ @ ] <B>

**(Goto DIHM)**

DIS.060 How often do these things limit or prevent your participation in home activities? Would you say always, often, sometimes, or rarely?

- >DISHMOFT< (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (7) Refused
- (9) Don't know

**(Go to DISSCH)**

DIS.070 Thinking of SCHOOL, UNIVERSITY, OR CONTINUING EDUCATION, do problems with any of these things on the list NOW limit or prevent you from getting training or going to school?

- >DISSCH<
- (1) Yes (DIS.080)
  - (2) No (DIS.100)
  - (3) Do not attend school/training for other reasons (DIS.100)
  - (7) Refused (DIS.100)
  - (9) Don't know (DIS.100)

DIS.080 Which ones? (**PROBE: Any others?**)

**FR: SHOW FLASHCARD A20. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >DISC01< Building design (stairs, bathrooms, narrow or heavy doors)  
>DISC02< Lighting (too dim to read, signs not lit, too bright, too distracting)  
>DISC03< Sound (background noise, inadequate sound system)  
>DISC04< Household or workplace equipment hard to use  
>DISC05< Crowds  
>DISC06< Sidewalks and curbs  
>DISC07< Transportation  
>DISC08< Attitudes of other people  
>DISC09< Policies (rental policies, eligibility for services, workplace rules)  
>DISC10< Other barriers  
(7) Refused  
(9) Don't know

(Goto DISC\_CK)

**Check item DISC\_CK: If DISC = <N> or DISC\_B = <> go to DISC\_11, ELSE go to DISCHOFT.  
If DISC = <97> or <99> or DISC\_B = <> go to DISWRK, ELSE go to DISC\_12.**

DIS.081 You can not enter N before entering any choices.

**Enter (B) to backup**

>DISC\_11< [@] <B>

(Goto DISC)

DIS.082 "Don't know and/or Refused" response not permitted with other answers

**Enter (B) to backup**

>DISC\_12< [@] <B>

(Goto DISC)

DIS.090 How often do these things limit or prevent you from getting training or going to school? Would you say always, often, sometimes, or rarely?

- >DISCHOFT<
- (1) Always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (7) Refused
  - (9) Don't know

(Go to DISWRK)

DIS.100 Thinking of your WORK situation, do problems with any of these things on the list NOW limit the work you do or prevent you from working?

FR: SHOW FLASHCARD A20

- >DISWRK<
- (1) Yes (DIS.110)
  - (2) No (DIS.130)
  - (3) Do not work for other reasons (DIS.130)
  - (7) Refused (DIS.130)
  - (9) Don't know (DIS.130)

DIS.110 Which ones? (PROBE: Any others?)

FR: SHOW FLASHCARD A20. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

- >DIWK01< Building design (stairs, bathrooms, narrow or heavy doors)
  - >DIWK02< Lighting (too dim to read, signs not lit, too bright, too distracting)
  - >DIWK03< Sound (background noise, inadequate sound system)
  - >DIWK04< Household or workplace equipment hard to use
  - >DIWK05< Crowds
  - >DIWK06< Sidewalks and curbs
  - >DIWK07< Transportation
  - >DIWK08< Attitudes of other people
  - >DIWK09< Policies (rental policies, eligibility for services, workplace rules)
  - >DIWK10< Other barriers
- (7) Refused
  - (9) Don't know

(Goto DIWK\_CK)

Check item DIWK\_CK: If DIWK = <N> or DIWK\_B = <> go to DIWK\_11, ELSE go to DISWKOFT.  
If DIWK = <97> or <99> or DIWK\_B = <> go to DISCA, ELSE go to DIWK\_12.

DIS.111 You can not enter N before entering any choices.

Enter (B) to backup

>DIWK\_11< [@] <B>

(Goto DIWK)

DIS.112 “Don’t know and/or Refused” response not permitted with other answers

**Enter (B) to backup**

>DIWK\_12< [@] <B>

**(Goto DIWK)**

DIS.120 How often do these things limit or prevent you from working? Would you say always, often, sometimes, or rarely?

- >DISWKOFT<
- (1) Always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (7) Refused
  - (9) Don’t know

**(Go to DISCA)**

DIS.130 Thinking of COMMUNITY ACTIVITIES such as getting together with friends or neighbors, going to church, temple or another place of worship, movies, or shopping, do problems with any of these things on the list NOW limit or prevent your participation in community activities?

**FR: SHOW FLASHCARD A20**

- >DISCA<
- (1) Yes (DIS.140)
  - (2) No (DIS.160)
  - (7) Refused (DIS.160)
  - (9) Don’t know (DIS.160)

DIS.140 Which ones? (**PROBE: Any others?**)

**FR: SHOW FLASHCARD A20. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >DICA01< Building design (stairs, bathrooms, narrow or heavy doors)  
>DICA02< Lighting (too dim to read, signs not lit, too bright, too distracting)  
>DICA03< Sound (background noise, inadequate sound system)  
>DICA04< Household or workplace equipment hard to use  
>DICA05< Crowds  
>DICA06< Sidewalks and curbs  
>DICA07< Transportation  
>DICA08< Attitudes of other people  
>DICA09< Policies (rental policies, eligibility for services, workplace rules)  
>DICA10< Other barriers
- (7) Refused
  - (9) Don’t know

**(Goto DICA\_CK)**

**Check item DICA\_CK: If DICA = <N> or DICA\_B = <> go to DICA\_11, ELSE go to DISCAOFT.  
If DICA = <97> or <99> or DICA\_B = <> go to DISHFAC, ELSE go to DICA\_12.**

DIS.141 You can not enter N before entering any choices.

**Enter (B) to backup**

>DICA\_11< [@] <B>

**(Goto DICA)**

DIS.142 “Don’t know and/or Refused” response not permitted with other answers

**Enter (B) to backup**

>DICA\_12< [@] <B>

**(Goto DICA)**

DIS.150 How often do these things limit or prevent your participation in community activities? Would you say always, often, sometimes, or rarely?

- >DISCAOFT<
- (1) Always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (7) Refused
  - (9) Don’t know

**(Go to DISHFAC)**

DIS.160 The next questions are about access to health clubs, wellness programs or fitness facilities, such as the YMCA, community recreation programs, and employer fitness programs.

Do you NOW have ACCESS to a health club, wellness program or fitness facility that meets your needs, if you wanted to use one?

- >DISHFAC<
- (1) Yes (DIS.180)
  - (2) No (DIS.170)
  - (7) Refused (DIS.180)
  - (9) Don’t know (DIS.180)

DIS.170 Do any of these things on the list limit or prevent your access to a health club, wellness program, or fitness facility that meets your needs?

**FR: SHOW FLASHCARD A21. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >DISHFL01< None
- >DISHFL02< Cost is too high for your budget
- >DISHFL03< Lack of transportation
- >DISHFL04< Access into/within the building
- >DISHFL05< Lack of exercise equipment that meets your needs
- >DISHFL06< Lack of an instructor to show you how to use the equipment
- >DISHFL07< Other
- (7) Refused
- (9) Don’t know

Which ones? (**PROBE: Any others?**)

**(Goto DISHFLIM\_CHK)**

**Check item DISHFLIM\_CK:**      **If DISHFLIM = <N> or DISHFLIM\_B = <> go to DISHFLIM\_11,  
ELSE goto DISHFUSE.  
If DISHFLIM = <7> or <9> or DISHFLIM\_B = <> go to DISHFUSE,  
ELSE go to DISHFLIM\_12.**

You can not enter N before entering any choices.

**Enter (B) to backup**

>DISHFLIM\_11<      [@] <B>

**(Goto DISHFLIM)**

“Don’t know and/or Refused” response not permitted with other answers

**Enter (B) to backup**

>DISHFLIM\_12<      [@] <B>

**(Goto DISHFLIM)**

“Zero (0)” response not permitted with other answers

**Enter (B) to backup**

>DISHFLIM\_13<      [@] <B>

**(Goto DISHFLIM)**

DIS.180      DURING THE PAST 12 MONTHS, have you USED a health club, wellness program, or fitness facility at least 10 times?

- >DISHFUSE<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don’t know

**Adult\_End  
(goto next section)**