Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.005_00.000 Instrument Variable Name: SPSPEAK QuestionnaireFileName: Sample Adult

QuestionText: (book) CAN1

Next, I would like to ask about the language you use most often. In general, what language do you speak?

1 Only Spanish

2 Mostly Spanish

3 Spanish and English about the same

4 Mostly English5 Only English

6 Only other, mostly other, or other and English about the same

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto CEREALNO];

<6> [goto OTHLANG]

Question ID: NAC.006_00.000 Instrument Variable Name: OTHLANG QuestionnaireFileName: Sample Adult

QuestionText: *Specify the language used most often.

Verbatim Verbatim response

97 Refused99 Don't know

UniverseText: Sample adults 18+ who gave other language used most often

SkipInstructions: <allow 20,R,D> [goto CEREALNO]

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Document Version Date: 27-May-16

Question ID: NAC.010_01.000 Instrument Variable Name: CEREALNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

During the past month, how often did you eat HOT or COLD cereals? You can tell me per day, per week, or per month.

*Read if necessary: Include cereals eaten at any time of the day.

* Enter number.

* Enter '0' for Never.

000 Never
 001-995 1-995 times
 997 Refused
 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto MILKNO];

<1-995>[[goto CEREALTP]

Question ID: NAC.010_02.000 Instrument Variable Name: CEREALTP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period.

0 Never1 Day

2 Week

3 Month7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: [if (CEREALNO gt <10> and CEREALTP eq <1>) or

(CEREALNO gt <70> and CEREALTP eq <2>) or

(CEREALNO gt <310> and CEREALTP eq <3>) [goto ERR1_CEREALTP])

Else <1-3,R,D> [goto CERTYP]

* [Fill1:CEREALNO] times per [Fill2: CEREALTP] is unusually high.

* Please verify.

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Document Version Date: 27-May-16

Question ID: NAC.015_00.000 Instrument Variable Name: CERTYP QuestionnaireFileName: Sample Adult

QuestionText: During the past month, what kinds of cereal did you USUALLY eat? You may choose up to two.

* Enter the name of the cereal to locate in the lookup table.

* If second cereal is mentioned, enter 'Yes' at next screen and enter cereal name at the following screen.

* If cereal is not found, type ZZ

Verbatim Verbatim response

97 Refused99 Don't knowZZ Other specify

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: <ZZ> [goto CERTPSP];

else goto CERTYP2

Question ID: NAC.015_00.010 Instrument Variable Name: CERTPSP QuestionnaireFileName: Sample Adult

QuestionText: * Enter the other cereal as reported by the respondent.

Verbatim Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

SkipInstructions: <allow 30> [goto CERTYP2]

Question ID: NAC.015_01.000 Instrument Variable Name: CERTYP2 QuestionnaireFileName: Sample Adult

QuestionText: During the past month, was there another cereal that you usually ate?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: <1> [goto CERTYP3]

<2, D, R> [goto MILKNO]

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Document Version Date: 27-May-16

Question ID: NAC.015_02.000 Instrument Variable Name: CERTYP3 QuestionnaireFileName: Sample Adult

QuestionText: * Enter the name of the cereal to locate in the lookup table.

* If cereal is not found, type ZZ

Verbatim Verbatim response

97 Refused99 Don't knowZZ Other specify

UniverseText: Sample adults 18+ who ate another cereal in the past month

SkipInstructions: <ZZ> [goto CERTP3SP];

else goto MILKNO

Question ID: NAC.015_02.010 Instrument Variable Name: CERTP3SP QuestionnaireFileName: Sample Adult

QuestionText: * Enter the other cereal as reported by the respondent.

Verbatim Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

SkipInstructions: <allow 30> [goto MILKNO]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.020 01.000 Instrument Variable Name: QuestionnaireFileName: MILKNO Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you have MILK, either to drink or on cereal? Do NOT include soy milk or small amounts of milk in coffee

or tea.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SODANO];

<1-995> [goto MILKTP]

Question ID: NAC.020_02.000 Instrument Variable Name: QuestionnaireFileName: MILKTP Sample Adult

QuestionText: 2 of 2

*Enter time period.

 $\mathbf{0}$ Never 1 Day Week 2

3 Month 7 Refused 9

Don't know

Sample adults 18+ who drank milk in past month **UniverseText:**

SkipInstructions: [if (MILKNO gt <10> and MILKTP eq <1>) or

(MILKNO gt <70> and MILKTP eq <2>) or

(MILKNO gt <310> and MILKTP eq <3>) [goto ERR1_MILKTP])

Else <1-3,R,D> [goto MILKTYP]

* [Fill1:MILKNO] times per [Fill2: MILKTP] is unusually high. **Soft Edit:**

* Please verify.

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.025_00.000 Instrument Variable Name: MILKTYP QuestionnaireFileName: Sample Adult

QuestionText: What type of milk was it? Was it usually...

* Read categories below.

* If respondent drinks soy milk only, go back and change MILKNO to '0'.

1 Whole or regular milk

2 2% fat or reduced-fat milk

3 1% fat or low-fat milk (includes 0.5% fat milk or "low-fat" milk not further specified)

4 Fat-free, skim or nonfat milk

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank milk in past month

SkipInstructions: <1-6,R,D> [goto SODANO]

Question ID: NAC.030_01.000 Instrument Variable Name: SODANO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

During the past month, how often did you drink REGULAR SODA or pop that contains sugar?

Do NOT include diet soda. You can tell me per day, per week, or per month.

* Enter '0' for Never.

 000
 Never

 001-995
 1-995 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRJUICNO];

<1-995>[goto SODATP]

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Document Version Date: 27-May-16

Question ID: NAC.030_02.000 Instrument Variable Name: SODATP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period.

0 Never1 Day2 Week

3 Month7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank soda in past month

SkipInstructions: [if (SODANO gt <10> and SODATP eq <1>) or

(SODANO gt <70> and SODATP eq <2>) or

(SODANO gt <310> and SODATP eq <3>) [goto ERR1_SODATP])

Else <1-3,R,D> [goto FRTJUICNO]

Soft Edit: * [Fill1:SODANO] times per [Fill2: SODATP] is unusually high.

* Please verify.

Question ID: NAC.040_01.000 Instrument Variable Name: FRJUICNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you drink 100% PURE fruit juice such as orange, mango, apple, grape and pineapple juices?

Do NOT include fruit flavored drinks with added sugar or fruit juice you made at home and added sugar to.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

 000
 Never

 001-995
 1-995 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto COFFEEN1];

<1-995>[goto FRJUICTP]

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Document Version Date: 27-May-16

Question ID: NAC.040_02.000 Instrument Variable Name: FRJUICTP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period.

0 Never
 1 Day
 2 Week

3 Month7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank fruit juice in past month

SkipInstructions: [if (FRJUICNO gt <10> and FRJUICTP eq <1>) or

(FRJUICNO gt <70> and FRJUICTP eq <2>) or

(FRJUICNO gt <310> and FRJUICTP eq <3>) [goto ERR1_FRJUICTP])

Else <1-3,R,D>[goto COFFEEN1]

Soft Edit: * [Fill1:FRJUICNO] times per [Fill2: FRJUICTP] is unusually high.

* Please verify.

Question ID: NAC.042_01.000 Instrument Variable Name: COFFEEN1 QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month...

How often did you drink COFFEE or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never
 001-995 1-995 times
 997 Refused
 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SPORDRNO];

<1-995> [goto COFFEET1]

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Document Version Date: 27-May-16

 Question ID:
 NAC.042_02.000
 Instrument Variable Name:
 COFFEET1
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 2 of 2

*Enter time period.

Never
 Day
 Week
 Month
 Refused
 Don't know

UniverseText: Sample adults 18+ who drank coffee in past month

SkipInstructions: [if (COFFEEN1 gt <10> and COFFEET1 eq <1>) or

(COFFEEN1 gt <70> and COFFEET1 eq <2>) or

(COFFEEN1 gt <310> and COFFEET1 eq <3>) [goto ERR1_COFFEET1])

Else <1-3,R,D> [goto SPORDRNO]

Soft Edit: * [Fill1:COFFEEN1] times per [Fill2: COFFEET1] is unusually high.

* Please verify.

Question ID: NAC.045_01.000 Instrument Variable Name: SPORDRNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you drink SPORTS and ENERGY drinks such as Gatorade, Red Bull, and Vitamin water?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

 000
 Never

 001-995
 1-995 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRTDRNO];

<1-995> [goto SPORDRTP]

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Document Version Date: 27-May-16

Question ID: NAC.045 02.000 Instrument Variable Name: QuestionnaireFileName: **SPORDRTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who drank sports drink in past month **SkipInstructions:** [if (SPORDRNO gt <10> and SPORDRTP eq <1>) or (SPORDRNO gt <70> and SPORDRTP eq <2>) or (SPORDRNO gt <310> and SPORDRTP eq <3>) [goto ERR1_SPORDRTP]) Else <1-3,R,D> [goto FRTDRNO] * [Fill1:SPORDRNO] times per [Fill2: SPORDRTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.060_01.000 Instrument Variable Name: **FRTDRNO** QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 *Read if necessary: During the past month . . . How often did you drink sweetened fruit drinks, such as Kool-aid, cranberry and lemonade? Include fruit drinks you made at home and added sugar to. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

<0,R,D> [goto FRUITNO];

<1-995> [goto FRTDRTP]

SkipInstructions:

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.060 02.000 Instrument Variable Name: QuestionnaireFileName: **FRTDRTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who drank fruit drinks in past month **SkipInstructions:** [if (FRTDRNO gt <10> and FRTDRTP eq <1>) or (FRTDRNO gt <70> and FRTDRTP eq <2>) or (FRTDRNO gt <310> and FRTDRTP eq <3>) [goto ERR1_FRTDRTP]) Else <1-3,R,D> [goto FRUITNO] * [Fill1:FRTDRNO] times per [Fill2: FRTDRTP] is unusually high. **Soft Edit:** * Please verify. Sample Adult **Question ID:** NAC.070_01.000 Instrument Variable Name: **FRUITNO** QuestionnaireFileName: **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you eat FRUIT? Include fresh, frozen, or canned fruit. Do NOT include juices. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto SALADNO]; <1-995> [goto FRUITTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.070 02.000 Instrument Variable Name: QuestionnaireFileName: **FRUITTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate fruit in past month **SkipInstructions:** [if (FRUITNO gt <10> and FRUITTP eq <1>) or (FRUITNO gt <70> and FRUITTP eq <2>) or (FRUITNO gt <310> and FRUITTP eq <3>) [goto ERR1_FRUITTP]) Else <1-3,R,D> [goto SALADNO] * [Fill1:FRUITNO] times per [Fill2: FRUITTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.090_01.000 Instrument Variable Name: **SALADNO** QuestionnaireFileName: Sample Adult **QuestionText:** 1 of 2 *Read if necessary: During the past month . . How often did you eat a green leafy or lettuce SALAD, with or without other vegetables? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto FRIESNO]; <1-995> [goto SALADTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.090 02.000 Instrument Variable Name: QuestionnaireFileName: **SALADTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate salad in past month **SkipInstructions:** [if (SALADNO gt <10> and SALADTP eq <1>) or (SALADNO gt <70> and SALADTP eq <2>) or (SALADNO gt <310> and SALADTP eq <3>) [goto ERR1_SALADTP]) Else <1-3,R,D> [goto FRIESNO] * [Fill1:SALADNO] times per [Fill2: SALADTP] is unusually high. **Soft Edit:** * Please verify. Sample Adult **Question ID:** NAC.100_01.000 Instrument Variable Name: **FRIESNO** QuestionnaireFileName: **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you eat any kind of FRIED POTATOES, including French fries, home fries, or hash brown potatoes? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto POTATONO]; <1-995> [goto FRIESTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.100 02.000 Instrument Variable Name: QuestionnaireFileName: **FRIESTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate fried potatoes in past month **SkipInstructions:** [if (FRIESNO gt <10> and FRIESTP eq <1>) or (FRIESNO gt <70> and FRIESTP eq <2>) or (FRIESNO gt <310> and FRIESTP eq <3>) [goto ERR1_FRIESTP]) Else <1-3,R,D> [goto POTATONO] * [Fill1:FRIESNO] times per [Fill2: FRIESTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.110_01.000 Instrument Variable Name: **POTATONO** QuestionnaireFileName: Sample Adult **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you eat any OTHER KIND OF POTATOES, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad? *Read if necessary: You can tell me per day, per week, or per month. *Read if necessary: INCLUDE red-skinned and Yukon Gold potatoes. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto BEANSNO]; <1-995> [goto POTATOTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.110 02.000 Instrument Variable Name: QuestionnaireFileName: **POTATOTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate other potatoes in the past month **SkipInstructions:** [if (POTATONO gt <10> and POTATOTP eq <1>) or (POTATONO gt <70> and POTATOTP eq <2>) or (POTATONO gt <310> and POTATOTP eq <3>) [goto ERR1_POTATOTP]) Else <1-3,R,D> [goto BEANSNO] * [Fill1:POTATONO] times per [Fill2: POTATOTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.120_01.000 Instrument Variable Name: **BEANSNO** QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 *Read if necessary: During the past month . . . How often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do NOT include green beans. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto BRRICENO]; <1-995> [goto BEANSTP]

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Document Version Date: 27-May-16

Question ID: NAC.120 02.000 Instrument Variable Name: QuestionnaireFileName: **BEANSTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate beans in past month **SkipInstructions:** [if (BEANSNO gt <10> and BEANSTP eq <1>) or (BEANSNO gt <70> and BEANSTP eq <2>) or (BEANSNO gt <310> and BEANSTP eq <3>) [goto ERR1_BEANSTP]) Else <1-3,R,D> [goto BRRICENO] * [Fill1:BEANSNO] times per [Fill2: BEANSNO] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.125_01.000 Instrument Variable Name: BRRICENO QuestionnaireFileName: Sample Adult **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you eat BROWN RICE or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do NOT include white rice. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto OVEGNO]; <1-995> [goto BRRICETP]

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Question ID: NAC.125 02.000 Instrument Variable Name: QuestionnaireFileName: BRRICETP Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate brown rice in past month **SkipInstructions:** [if (BRRICENO gt <10> and BRRICETP eq <1>) or (BRRICENO gt <70> and BRRICETP eq <2>) or (BRRICENO gt <310> and BRRICETP eq <3>) [goto ERR1_BRRICETP]) Else <1-3,R,D> [goto OVEGNO] * [Fill1:BRRICENO] times per [Fill2: BRRICETP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.130_01.000 Instrument Variable Name: **OVEGNO** QuestionnaireFileName: Sample Adult **QuestionText:** ? [F1] 1 of 2 *Read if necessary: During the past month . . . Not including what you just told me about (lettuce salads, potatoes, cooked dried beans), how often did you eat OTHER VEGETABLES? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto SALSANO]; <1-995> [goto OVEGTP]

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Document Version Date: 27-May-16

Question ID: NAC.130 02.000 Instrument Variable Name: QuestionnaireFileName: **OVEGTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate other vegetables in past month **SkipInstructions:** [if (OVEGNO gt <10> and OVEGTP eq <1>) or (OVEGNO gt <70> and OVEGTP eq <2>) or (OVEGNO gt <310> and OVEGTP eq <3>) [goto ERR1_OVEGTP]) Else <1-3,R,D> [goto SALSANO] * [Fill1:OVEGNO] times per [Fill2: OVEGTP] is unusually high. **Soft Edit:** * Please verify. Sample Adult **Question ID:** NAC.131_01.000 Instrument Variable Name: **SALSANO** QuestionnaireFileName: **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you have Mexican-type SALSA made with tomato? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto PIZZANO]; <1-995> [goto SALSATP]

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 Question ID:
 NAC.131_02.000
 Instrument Variable Name:
 SALSATP
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 2 of 2

*Enter time period.

Never
 Day
 Week
 Month
 Refused
 Don't know

UniverseText: Sample adults 18+ who ate salsa in past month

SkipInstructions: [if (SALSANO gt <10> and SALSATP eq <1>) or

(SALSANO gt <70> and SALSATP eq <2>) or

(SALSANO gt <310> and SALSATP eq <3>) [goto ERR1_SALSATP])

Else <1-3,R,D> [goto PIZZANO]

Soft Edit: * [Fill1:SALSANO] times per [Fill2: SALSATP] is unusually high.

* Please verify.

Question ID: NAC.132_01.000 Instrument Variable Name: PIZZANO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat PIZZA? Include frozen pizza, fast food pizza, and homemade pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

 000
 Never

 001-995
 1-995 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto TOMSAUNO];

<1-995> [goto PIZZATP]

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Document Version Date: 27-May-16

Question ID: NAC.132 02.000 Instrument Variable Name: QuestionnaireFileName: **PIZZATP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate pizza in past month **SkipInstructions:** [if (PIZZANO gt <10> and PIZZATP eq <1>) or (PIZZANO gt <70> and PIZZATP eq <2>) or (PIZZANO gt <310> and PIZZATP eq <3>) [goto ERR1_PIZZATP]) Else <1-3,R,D> [goto TOMSAUNO] * [Fill1:PIZZANO] times per [Fill2: PIZZATP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.133_01.000 Instrument Variable Name: **TOMSAUNO** QuestionnaireFileName: Sample Adult **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you have TOMATO SAUCES such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza.

* Enter '0' for Never.

000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto CHEESENO];

<1-995> [goto TOMSAUTP]

*Read if necessary: You can tell me per day, per week, or per month.

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 Question ID:
 NAC.133_02.000
 Instrument Variable Name:
 TOMSAUTP
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 2 of 2

 *Enter time period.

Never
 Day
 Week
 Month
 Refused
 Don't know

UniverseText: Sample adults 18+ who ate tomoto sauces in past month

SkipInstructions: [if (TOMSAUNO gt <10> and TOMSAUTP eq <1>) or

(TOMSAUNO gt <70> and TOMSAUTP eq <2>) or

(TOMSAUNO gt <310> and TOMSAUTP eq <3>) [goto ERR1_TOMSAUTP])

Else <1-3,R,D> [goto CHEESENO]

Soft Edit: * [Fill1:TOMSAUNO] times per [Fill2: TOMSAUTP] is unusually high.

* Please verify.

Question ID: NAC.134_01.000 Instrument Variable Name: CHEESENO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat any kind of CHESE? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never
 001-995 1-995 times
 997 Refused
 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto REDMETNO];

<1-995> [goto CHEESETP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.134 02.000 Instrument Variable Name: QuestionnaireFileName: **CHEESETP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate cheese in past month **SkipInstructions:** [if (CHEESENO gt <10> and CHEESETP eq <1>) or (CHEESENO gt <70> and CHEESETP eq <2>) or (CHEESENO gt <310> and CHEESETP eq <3>) [goto ERR1_CHEESETP]) Else <1-3,R,D> [goto REDMETNO] * [Fill1:CHEESENO] times per [Fill2: CHEESETP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.136_01.000 Instrument Variable Name: REDMETNO QuestionnaireFileName: Sample Adult **QuestionText:** (book) CAN2 1 of 2 *Read if necessary: During the past month . . . Looking at this card, how often did you eat RED MEAT, such as beef, pork, ham, or sausage? Do NOT include chicken, turkey, or seafood. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto PROMETNO]; <1-995> [goto REDMETTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.136 02.000 Instrument Variable Name: QuestionnaireFileName: REDMETTP Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate red meat in past month **SkipInstructions:** [if (REDMETNO gt <10> and REDMETTP eq <1>) or (REDMETNO gt <70> and REDMETTP eq <2>) or (REDMETNO gt <310> and REDMETTP eq <3>) [goto ERR1_REDMETTP]) Else <1-3,R,D> [goto PROMETNO] * [Fill1:REDMETNO] times per [Fill2: REDMETTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.137_01.000 Instrument Variable Name: **PROMETNO** QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 (book) CAN3 *Read if necessary: During the past month . . . Looking at this card, how often did you eat PROCESSED MEAT, such as bacon, lunch meats, or hot dogs? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto BREADNO]; <1-995> [goto PROMETTP]

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Document Version Date: 27-May-16

Question ID: NAC.137 02.000 Instrument Variable Name: **PROMETTP** QuestionnaireFileName: Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate processed meat in past month **SkipInstructions:** [if (PROMETNO gt <10> and PROMETTP eq <1>) or (PROMETNO gt <70> and PROMETTP eq <2>) or (PROMETNO gt <310> and PROMETTP eq <3>) [goto ERR1_PROMETTP]) Else <1-3,R,D> [goto BREADNO] * [Fill1:PROMETNO] times per [Fill2: PROMETTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.138_01.000 Instrument Variable Name: **BREADNO** QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 *Read if necessary: During the past month . . . How often did you eat WHOLE GRAIN BREAD including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do NOT include white bread. *Read if necessary: You can tell me per day, per week, or per month. *Read if necessary: INCLUDE cracked wheat, multi-grain and bran breads. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto CANDYNO];

<1-995> [goto BREADTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.138 02.000 Instrument Variable Name: QuestionnaireFileName: **BREADTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate whole grain bread in past month **SkipInstructions:** [if (BREADNO gt <10> and BREADTP eq <1>) or (BREADNO gt <70> and BREADTP eq <2>) or (BREADNO gt <310> and BREADTP eq <3>) [goto ERR1_BREADTP]) Else <1-3,R,D> [goto CANDYNO] * [Fill1:BREADNO] times per [Fill2: BREADTP] is unusually high. **Soft Edit:** * Please verify. Sample Adult **Question ID:** NAC.139_01.000 Instrument Variable Name: **CANDYNO** QuestionnaireFileName: QuestionText: 1 of 2 *Read if necessary: During the past month . . . How often did you eat CHOCOLATE, or any other types of CANDY? Do NOT include SUGAR-FREE CANDY. *Read if necessary: You can tell me per day, per week or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<0,R,D> [goto DONUTNO]; <1-995> [goto CANDYTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.139 02.000 Instrument Variable Name: QuestionnaireFileName: **CANDYTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate candy in past month **SkipInstructions:** [if (CANDYNO gt <10> and CANDYTP eq <1>) or (CANDYNO gt <70> and CANDYTP eq <2>) or (CANDYNO gt <310> and CANDYTP eq <3>) [goto ERR1_CANDYTP]) Else <1-3,R,D> [goto DONUTNO] * [Fill1:CANDYNO] times per [Fill2: CANDYTP] is unusually high. **Soft Edit:** * Please verify. Sample Adult **Question ID:** NAC.140_01.000 Instrument Variable Name: **DONUTNO** QuestionnaireFileName: **QuestionText:** 1 of 2 *Read if necessary: During the past month . . . How often did you eat DOUGHNUTS, sweet rolls, Danish, muffins, (pan dulce) or pop-tarts? Do NOT include sugarfree items. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto COOKIENO]; <1-995> [goto DONUTTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.140 02.000 Instrument Variable Name: QuestionnaireFileName: **DONUTTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate donuts in past month **SkipInstructions:** [if (DONUTNO gt <10> and DONUTTP eq <1>) or (DONUTNO gt <70> and DONUTTP eq <2>) or (DONUTNO gt <310> and DONUTTP eq <3>) [goto ERR1_DONUTTP]) Else <1-3,R,D> [goto COOKIENO] * [Fill1:DONUTNO] times per [Fill2: DONUTTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.141_01.000 Instrument Variable Name: COOKIENO QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 *Read if necessary: During the past month . . . How often did you eat COOKIES, CAKE, PIE, or BROWNIES? Do NOT include sugar-free kinds. *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never. 000 Never 001-995 1-995 times 997 Refused 999 Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<0,R,D> [goto ICECRNO]; <1-995> [goto COOKIETP]

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Question ID: NAC.141_02.000 Instrument Variable Name: COOKIETP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period.

0 Never
 1 Day
 2 Week

3 Month7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ate cookies in past month

SkipInstructions: [if (COOKIENO gt <10> and COOKIETP eq <1>) or

(COOKIENO gt <70> and COOKIETP eq <2>) or

(COOKIENO gt <310> and COOKIETP eq <3>) [goto ERR1_COOKIETP])

Else <1-3,R,D> [goto ICECRNO]

Soft Edit: * [Fill1:COOKIENO] times per [Fill2: COOKIETP] is unusually high.

* Please verify.

Question ID: NAC.145_01.000 Instrument Variable Name: ICECRNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat ICE CREAM OR OTHER FROZEN DESSERTS? Do NOT include sugar-free kinds.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

 000
 Never

 001-995
 1-995 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto POPCNNO];

<1-995> [goto ICECRTP]

Diet and Nutrition

Document Version Date: 27-May-16

 Question ID:
 NAC.145_02.000
 Instrument Variable Name:
 ICECRTP
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 2 of 2

 *Enter time period.

Never
 Day
 Week
 Month
 Refused
 Don't know

UniverseText: Sample adults 18+ who ate ice cream in past month

SkipInstructions: [if (ICECRNO gt <10> and ICECRTP eq <1>) or

(ICECRNO gt <70> and ICECRTP eq <2>) or

(ICECRNO gt <310> and ICECRTP eq <3>) [goto ERR1_ICECRTP])

Else <1-3,R,D> [goto POPCNNO]

Soft Edit: * [Fill1:ICECRNO] times per [Fill2: ICECRTP] is unusually high.

* Please verify.

Question ID: NAC.150_01.000 Instrument Variable Name: POPCNNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat POPCORN?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never
 001-995 1-995 times
 997 Refused
 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto VITMIN];

<1-995> [goto POPCNTP]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.150 02.000 Instrument Variable Name: QuestionnaireFileName: **POPCNTP** Sample Adult QuestionText: 2 of 2 *Enter time period. 0 Never 1 Day 2 Week 3 Month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who ate popcorn in past month **SkipInstructions:** [if (POPCNNO gt <10> and POPCNTP eq <1>) or (POPCNNO gt <70> and POPCNTP eq <2>) or (POPCNNOO gt <310> and POPCNTP eq <3>) [goto ERR1_POPCNTP]) Else <1-3,R,D> [goto VITMIN] * [Fill1:POPCNNO] times per [Fill2: POPCNTP] is unusually high. **Soft Edit:** * Please verify. **Question ID:** NAC.170_00.000 Instrument Variable Name: VITMIN QuestionnaireFileName: Sample Adult **QuestionText:** These next questions are about vitamins and minerals you may have taken during the past month, that is, the past 30 days. DURING THE PAST MONTH, did you take any vitamin or mineral pills or supplements of ANY kind? *Read if necessary: INCLUDE vitamin or mineral pills or liquids. Do NOT include vitamin-fortified foods. 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+

<1> [goto VITMULT]

<2,R,D> [goto next section]

SkipInstructions:

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.180_00.000 Instrument Variable Name: VITMULT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum?

*Read if necessary: Include combinations of three or more vitamins and minerals, such as those labeled "stress" or "anti-oxidant." Do not include combinations of herbal or plant substances, or combinations of just two, like calcium and

vitamin D.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

SkipInstructions: <1> [goto VITMULD]

<2,R,D> [goto CALCA]

Question ID: NAC.200_01.000 Instrument Variable Name: VITMULD QuestionnaireFileName: Sample Adult

QuestionText: On how many DAYS during the past month did you take a MULTI-vitamin?

*Enter number of days taking multi-vitamins.

*Enter '30' for all days in the month.

01-30 1-30 days
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have taken a multi-vitamin in the past month

SkipInstructions: <1-30, R, D> [goto CALCA]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.210_00.000 Instrument Variable Name: CALCA QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any CALCIUM SUPPLEMENTS, including Tums or calcium chews?

[Fill1: Do NOT include any calcium in the MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include milk or calcium-fortified orange juice.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

SkipInstructions: <1> [goto CALCD]

<2,R,D> [goto VITD]

Question ID: NAC.215_01.000 Instrument Variable Name: CALCD QuestionnaireFileName: Sample Adult

QuestionText: On how many DAYS during the past month did you take calcium supplements?

*Enter number of days taking calcium.

*Enter '30' for all days in the month.

01-30 1-30 days97 Refused99 Don't know

UniverseText: Sample adults 18+ who have taken calcium in the past month

SkipInstructions: <1-30, R, D> [goto VITD]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.270_00.000 Instrument Variable Name: VITD QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any VITAMIN D PILLS OR SUPPLEMENTS?

Fill1: [Do NOT include any vitamin D in the MULTI-vitamins you told me about.]

Fill2: [Do NOT include calcium supplements that contain vitamin D.]

Fill3: [Do not include calcium supplements that contain vitamin D or MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include vitamin D fortified milk or other foods such as cereals and bread.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamin or mineral supplements in the past month

SkipInstructions: <1> [goto VITDM]

<2,R,D> [goto next section]

Question ID: NAC.280_00.000 Instrument Variable Name: VITDM QuestionnaireFileName: Sample Adult

QuestionText: On how many DAYS during the past month did you take vitamin D?

*Enter '30' for all days in the month.

01-30 1-30 days97 Refused99 Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

SkipInstructions: <1-30, R, D> [goto VITDWHY]

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.290_01.000 Instrument Variable Name: VITDWHY QuestionnaireFileName: Sample Adult

QuestionText: Which of these is the MAIN reason you took vitamin D...?

*Read categories below.

For OVERALL health
 For BONE health
 To prevent CANCER
 For some other reason

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

SkipInstructions: <1-3, R,D>[goto NAC module]

<4> [goto VITDSPEC]

Question ID: NAC.300_00.000 Instrument Variable Name: VITDSPEC QuestionnaireFileName: Sample Adult

QuestionText: *Specify the reason took vitamin D.

Verbatim Verbatim response

97 Refused99 Don't know

UniverseText: Sample adults 18+ who gave other reason for taking vitamin D

SkipInstructions: <allow 20,R,D> [goto NAC module]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.010_00.000 Instrument Variable Name: AD11A QuestionnaireFileName: Sample Adult

The next questions are about walking for transportation. I will ask you separately about walking for other reasons like

relaxation or exercise.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

1 Yes

2 No

QuestionText:

3 Unable to walk

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AD12A]

<2,R,D> [goto AD14A] <3> [goto PAHOME]

Question ID: NAD.011_00.000 Instrument Variable Name: AD12A QuestionnaireFileName: Sample Adult

QuestionText: In the past 7 days, how many times did you do that?

*Read if necessary: Walk for at least 10 minutes to get some place.

01-94 1-9497 Refused99 Don't know

UniverseText: Sample adults 18+ who have walked for transportation in the past 7 days

SkipInstructions: <1-94> [goto AD13ANO]

<R,D> [goto AD14A]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.012_01.000 Instrument Variable Name: AD13ANO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for transportation.

001-995997999Pon't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week

SkipInstructions: <1-995>[goto AD13ATP]

[If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP]

<R,D>[goto AD14A]

Question ID: NAD.012 02.000 Instrument Variable Name: AD13ATP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of walking for transportation.

Minute(s)
 Hour(s)
 Refused

9 Don't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week and gave a number for the

first part of this two-part question

SkipInstructions: If AD13ANO gt <24> and AD13ATP eq <2> [goto ERR1_ AD13ATP]

(IF AD13ANO gt <90> and AD13ATP eq <1>) or (if AD13ANO gt <2> and AD13ATP eq <2>) [goto ERR2_

AD13ATP]

<1,2,R,D> [goto AD14A] and

If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP

Hard Edit: ERR1_ AD13ATP

*Number of hours given for walking for transportation in a day are out of bounds.

*Please correct.

Soft Edit: ERR2_ AD13ATP

* [Fill1: AD13ANO] [Fill2: AD13ATP] per day is unusually high.

* Please verify.

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.013_00.000 Instrument Variable Name: AD14A QuestionnaireFileName: Sample Adult

QuestionText: Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least

10 minutes for any of these reasons? Please do not include walking for transportation.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are able to walk

SkipInstructions: <1> [goto AD15A]

<2,R,D> [goto PAHOME]

Question ID: NAD.014_00.000 Instrument Variable Name: AD15A QuestionnaireFileName: Sample Adult

QuestionText: In the past 7 days, how many times did you do that?

01-94 imes97 Refused99 Don't know

UniverseText: Sample adults 18+ who have walked for leisure in the past 7 days

SkipInstructions: <1-94> [goto AD16ANO]

<R,D> [goto PAHOME]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.015_01.000 Instrument Variable Name: AD16ANO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for fun, relaxation, or exercise.

001-995997999Pon't know

UniverseText: Sample Adults 18+ who have walked for leisure at least once in the past week.

SkipInstructions: <1-995>[goto AD16ATP]

<R,D>[goto PAHOME] and [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

Hard Edit: ERR1_AD16ATP

*Number of hours given for walking for fun, relaxation, or exercise in a day are out of bounds.

*Please correct.

Soft Edit: ERR2_AD16ATP

* [Fill1: AD16ANO] [Fill2: AD16ATP] is unusually high.

*Please verify.

Question ID: NAD.015_02.000 Instrument Variable Name: AD16ATP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of walking for fun, relaxation, or exercise.

- Minute(s)
 Hour(s)
 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have walked for leisure at least once in the past week and gave a number for the first part

of this two-part question

SkipInstructions: If AD16ANO gt <24> and AD16ATP eq <2> [goto ERR1_ AD16ATP]

(IF AD16ANO gt <90> and AD16ATP eq <1>1) or (if AD16ANO gt <2> and AD16ATP eq <2>1 $) [goto ERR2_1]$

AD16ATP]

<1,2,R,D>[goto PAHOME]; [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.020_00.000 Instrument Variable Name: PAHOME QuestionnaireFileName: Sample Adult

QuestionText: How often are there people walking within sight of your home? Would you say...

*Read categories below.

1 Every day

- 2 Every 2-3 days
- 3 About once a week
- 4 Less than once a week
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto PAWTHR]

Question ID: NAD.025_00.000 Instrument Variable Name: PAWTHR QuestionnaireFileName: Sample Adult

QuestionText: How often does the weather make you less likely to walk? Would you say...

*Read if necessary: We mean any kind of bad weather that makes you less likely to walk, such as hot, cold, rainy, snowy, and windy.

*Read answer categories.

- 1 Almost always
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto PAROAD]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.030_00.000 Instrument Variable Name: PAROAD QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about where you live.

*Read if necessary: These questions are about your walking or places you can walk, not walking by other people.

Where you live, are there roads, sidewalks, paths or trails where you can walk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PASHOPS]

Question ID: NAD.035_00.000 Instrument Variable Name: PASHOPS QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Where you live...

Are there shops, stores, or markets that you can walk to?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PATRANS]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.040_00.000 Instrument Variable Name: PATRANS QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Where you live...

Are there bus or transit stops that you can walk to?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAMOVIE]

Question ID: NAD.045_00.000 Instrument Variable Name: PAMOVIE QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Where you live...

Are there places like movies, libraries, or churches that you can walk to?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PARELAX]

Question ID: NAD.050_00.000 Instrument Variable Name: PARELAX QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Where you live...

Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PASIDEW]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.055_00.000 Instrument Variable Name: QuestionnaireFileName: **PASIDEW** Sample Adult QuestionText: *Read if necessary: Where you live... Do most streets have sidewalks? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ <1,2,R,D> [goto PATRAFF] **SkipInstructions: Question ID:** $NAD.060_00.000 \ \ \textbf{Instrument Variable Name:}$ QuestionnaireFileName: PATRAFF Sample Adult QuestionText: *Read if necessary: Where you live... Does traffic make it unsafe for you to walk? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ **SkipInstructions:** <1,2,R,D> [goto PACRIME] **Question ID:** NAD.065_00.000 Instrument Variable Name: QuestionnaireFileName: **PACRIME** Sample Adult QuestionText: *Read if necessary: Where you live... Does crime make it unsafe for you to walk? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+

SkipInstructions:

<1,2,R,D> [goto PAANIMAL]

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.070_00.000 Instrument Variable Name: PAANIMAL QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Where you live...

Do dogs or other animals make it unsafe for you to walk?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.010_00.000 Instrument Variable Name: MENTHOLF QuestionnaireFileName: Sample Adult

QuestionText: Earlier you said you used to smoke cigarettes. Think back to the 12 months BEFORE you quit smoking. During that

time, was your usual cigarette brand menthol or non-menthol?

1 Menthol

- 2 Non-menthol
- 3 No usual type
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who are former smokers

SkipInstructions: <1-3,R,D> if SMKREG ne '96' [goto NUMCIGA];

else if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or (SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or (SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or

(SMKQTNO(e) LE '02' and SMKQTTP(e)='4')) [goto FQUITA_1];

else [goto ECIGEV1]

Question ID: NAE.015_00.000 Instrument Variable Name: NUMCIGA QuestionnaireFileName: Sample Adult

QuestionText: When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

*Enter '95' if varied.

*Enter '96' if never smoked cigarettes regularly.

01-94 1-94 cigarettes

95 Varied

96 Never smoked regularly

97 Refused99 Don't know

UniverseText: Sample adults 18+ who are former smokers and had smoked regularly in the past

SkipInstructions: <1-94,96,R,D> if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or

(SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or (SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or

 $(SMKQTNO(e)\ LE\ '02'\ and\ SMKQTTP(e)='4'))\ [goto\ FQUITA_1];$

else [goto ECIGEV1]

<95> [goto NUMCVAR]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.017_00.000 Instrument Variable Name: NUMCVAR QuestionnaireFileName: Sample Adult

QuestionText: What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

*Read if necessary: 1 pack equals 20 cigarettes.

*Enter '95' if 95 or more.

01-94 1-94 cigarettes

95 95 or more cigarettes

97 Refused99 Don't know

UniverseText: Sample adults 18+ who said number of cigarettes smoked daily varied

SkipInstructions: <1-95,R,D> if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or

(SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or (SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or

(SMKQTNO(e) LE '02' and SMKQTTP(e)='4')) [goto FQUITA_1];

else [goto ECIGEV1]

Question ID: NAE.020_01.000 Instrument Variable Name: FQUITA_1 QuestionnaireFileName: Sample Adult

QuestionText: Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine patch?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_2]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.020_02.000 Instrument Variable Name: FQUITA_2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_3]

Question ID: NAE.020_03.000 Instrument Variable Name: FQUITA_3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine containing nasal spray or inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_4]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.020_04.000 Instrument Variable Name: FQUITA_4 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_5]

Question ID: NAE.020_05.000 Instrument Variable Name: FQUITA_5 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_1]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.025_01.000 Instrument Variable Name: FQUITB_1 QuestionnaireFileName: Sample Adult

QuestionText: Thinking back to when you stopped smoking completely, did you use ANY of the following:

A telephone help line or quit line?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_2]

Question ID: NAE.025_02.000 Instrument Variable Name: FQUITB_2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:

One-on-one counseling?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_3]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.025_03.000 Instrument Variable Name: FQUITB_3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:

A stop smoking clinic, class or support group?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto ECIGEV1]

Question ID: NAE.060_00.000 Instrument Variable Name: MENTHOL QuestionnaireFileName: Sample Adult

QuestionText: Earlier you said you smoke cigarettes. Is your usual cigarette brand menthol or non-menthol?

1 Menthol

2 Non-menthol

3 No usual type

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers

 $\textbf{SkipInstructions:} \qquad <1\text{--}3, R, D> \text{if CIGQTYR=1 [store '1' in CSQEV] and [goto CQUITA_1];}$

else [goto CSQEV]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.075_00.000 Instrument Variable Name: CSQEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers that have not already said they tried to quit smoking

SkipInstructions: <1,2,R,D> [goto QWANT]

Question ID: NAE.080_01.000 Instrument Variable Name: CQUITA_1 QuestionnaireFileName: Sample Adult

QuestionText: Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following

PRODUCTS:

A nicotine patch?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_2]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.080_02.000 Instrument Variable Name: CQUITA_2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following

PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_3]

Question ID: NAE.080_03.000 Instrument Variable Name: CQUITA_3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following

PRODUCTS:

A nicotine containing nasal spray or inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_4]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.080_04.000 Instrument Variable Name: CQUITA_4 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following

PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_5]

Question ID: NAE.080_05.000 Instrument Variable Name: CQUITA_5 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following

PRODUCTS:

A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_1]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.085_01.000 Instrument Variable Name: CQUITB_1 QuestionnaireFileName: Sample Adult

QuestionText: Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

A telephone help line or quit line?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_2]

Question ID: NAE.085_02.000 Instrument Variable Name: CQUITB_2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

One-on-one counseling?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_3]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.085_03.000 Instrument Variable Name: CQUITB_3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

A stop smoking clinic, class or support group?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto QWANT]

Question ID: NAE.100_00.000 Instrument Variable Name: QWANT QuestionnaireFileName: Sample Adult

QuestionText: Would you like to completely quit smoking cigarettes?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers

SkipInstructions: <1,2,R,D> [goto ECIGEV1]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.105_00.000 Instrument Variable Name: ECIGEV1 QuestionnaireFileName: Sample Adult

QuestionText:

The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ECIGCUR1]

<2,R,D> [goto CIGAREV]

Question ID: NAE.110_00.000 Instrument Variable Name: ECIGCUR1 QuestionnaireFileName: Sample Adult

QuestionText: Do you now use e-cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used e-cigarettes

SkipInstructions: <1> [goto CIGAREV]

<2,3,R,D> [goto ECIG30D]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.115_00.000 Instrument Variable Name: ECIG30D QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you used e-cigarettes?

00-30 0-3097 Refused99 Don't know

UniverseText: Sample adults 18+ who now use e-cigarettes some days, not at all, or refused, or don't know current e-cigarette

status

SkipInstructions: <0-30,R,D> [goto CIGAREV]

Question ID: NAE.145_00.000 Instrument Variable Name: CIGAREV QuestionnaireFileName: Sample Adult

QuestionText: Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

*Read if necessary: Do not include electronic cigars or e-cigars.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CIGEV501]

<2,R,D> [goto PIPEV1]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.148_00.000 Instrument Variable Name: CIGEV501 QuestionnaireFileName: Sample Adult

QuestionText: Have you smoked at least 50 cigars, cigarillos, or little filtered cigars in your entire life?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

SkipInstructions: <1,2,R,D> [goto CIGCUR1]

Question ID: NAE.150_00.000 Instrument Variable Name: CIGCUR1 QuestionnaireFileName: Sample Adult

QuestionText: Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

SkipInstructions: <1> [goto PIPEV1]

<2,3,R,D> [goto CIG30D1]

Question ID: NAE.151_00.000 Instrument Variable Name: CIG30D1 QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

00-30 0-3097 Refused99 Don't know

UniverseText: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days, not at all, or refused,

or don't know current cigar smoking status

SkipInstructions: <0-30,R,D> [goto PIPEV1]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.152_00.000 Instrument Variable Name: PIPEV1 QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not

include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PIPECUR1]

<2,R,D> [goto SMKLSTOB]

Question ID: NAE.153_00.000 Instrument Variable Name: PIPECUR1 QuestionnaireFileName: Sample Adult

QuestionText: Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not

at all?

*Read if necessary: Do not include pipes filled with substances other than tobacco.

1 Every day

2 Some days

3 Not at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

SkipInstructions: <1-3,R,D> [goto SMKLSTOB]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.155_00.000 Instrument Variable Name: SMKLSTOB QuestionnaireFileName: Sample Adult

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which

are considered smoking cessation treatments.)

1 Yes

2 No

QuestionText:

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLS20]

<2,R,D>

if (AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D) and

((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2) or (SMKEV=1 and

(SMKNOW=1,2 or (SMKNOW=3 and ((SMKQTNO LE 95 and SMKQTTP=1) or (SMKQTNO LE 52 and SMKQTTP=2) or (SMKQTNO LE 12 and SMKQTTP=3) or

(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];

else if SEX=2 and AGE=18-49 [goto LIVEBTH];

else [goto next section]

Question ID: NAE.157_00.000 Instrument Variable Name: SMKLS20 QuestionnaireFileName: Sample Adult

QuestionText: Have you used smokeless tobacco products at least 20 times in your entire life?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1,2,R,D> [goto SMKLSCUR]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.159_00.000 Instrument Variable Name: SMKLSCUR QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, or not at all?

1 Every day

- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1> [goto SMKLBRND]

<2,3,R,D> [goto SMKLS30D]

Question ID: NAE.161_00.000 Instrument Variable Name: SMKLS30D QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you used chewing tobacco, snuff, dip, snus, or dissolvable tobacco?

00-30 0-3097 Refused99 Don't know

UniverseText: Sample adults 18+ who use smokeless tobacco products some days, not at all, or refused or don't know current

smokeless using status

SkipInstructions: <0,R,D>

if AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D and

((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2 or SMKLSCUR=1,2)

or

(SMKEV=1 and

(SMKNOW=1,2 or (SMKNOW=3 and ((SMKQTNO LE 95 and SMKQTTP=1) or (SMKQTNO LE 52 and SMKQTTP=2) or (SMKQTNO LE 12 and SMKQTTP=3) or

(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];

else if SEX=2 and AGE=18-49 [goto LIVEBTH];

else [goto next section] <1-30> [goto SMKLBRND]

Tobacco

Sample Adult

Document Version Date: 27-May-16

Question ID:	NAE.163_00.000	Instrument Variable Name:	SMKLBRND	QuestionnaireFileName:	
QuestionText:	During the past	30 days, what brand of smol	keless tobacco product	did you use MOST OFTEN?	
	*Do not read categories				
01	Beech-Nut	Beech-Nut			
02	Camel Snus	Camel Snus			
03	Cope	Соре			
04	Copenhagen	Copenhagen			
05	General Snus	General Snus			
06	Grizzly	Grizzly			
07	Husky	Husky			
08	Kayak	Kayak			
09	Kodiak	Kodiak			
10	Levi Garrett	Levi Garrett			
11	Longhorn	Longhorn			
12	Marlboro Snus	Marlboro Snus			
13	Red Man	Red Man			
14	Red Man Gold	Red Man Golden Blend			
15	Red Seal	Red Seal			
16	Skoal	Skoal			
17	Skoal Snus	Skoal Snus			
18	Skoal X-tra	Skoal X-tra			
19	Stoker's	Stoker's			
20	Timber Wolf	Timber Wolf			
21	Other (Specify	Other (Specify)			
97	Refused	Refused			
99	Don't know	Don't know			
UniverseTex	t: Sample a	adults 18+ who use smokeles	s tobacco products at l	east once in the past 30 days.	
SkipInstruct	if AAU ((CIGCU or (SMKEV (SMKNO) ((SMKQ) (SMKQ) (SMKQ) (SMKQ) (SMKQ) else if SI else [got	AMDLONG=1,2,R,D or AA JR1=1,2 or PIPECUR1=1,2	or ECIGCUR1=1,2 or ad =1) or -2) or -3) or 4)))))) [goto MDTOB3	SMKLSCUR=1,2)	

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.165_00.000 Instrument Variable Name: SMKLBRSP QuestionnaireFileName: Sample Adult

QuestionText: *Specify the other brand of smokeless tobacco product used most often.

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Sample adults 18+ who use other brand of smokeless tobacco most often

SkipInstructions: <Allow 30,R,D>

if AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D and

((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2 or SMKLSCUR=1,2)

or

(SMKEV=1 and

(SMKNOW=1,2 or (SMKNOW=3 and ((SMKQTNO LE 95 and SMKQTTP=1) or (SMKQTNO LE 52 and SMKQTTP=2) or (SMKQTNO LE 12 and SMKQTTP=3) or

(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];

else if SEX=2 and AGE=18-49 [goto LIVEBTH];

else [goto next section]

Question ID: NAE.170_00.000 Instrument Variable Name: MDTOB3 QuestionnaireFileName: Sample Adult

QuestionText: In the PAST 12 MONTHS, has a medical doctor, dentist, or other health professional ADVISED you to quit smoking, or to quit using other kinds of tobacco?

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette

smokers or former cigarette smokers who have quit in the past 12 months, or who currently smoke cigars, or pipes,

or use smokeless tobacco every day or some days

SkipInstructions: <1> [goto HPTOB3]

<2,R,D> if SEX=2 and AGE=18-49 [goto LIVEBTH];

else [goto next section]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.171_00.000 Instrument Variable Name: HPTOB3 QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

In the PAST 12 MONTHS, which of the following health professionals advised you to quit smoking or quit using other

kinds of tobacco?

*Read answer categories below.

*Enter all that apply, separate with commas.

- 1 Medical doctor
- 2 Dentist
- 3 Nurse
- 4 Dental Hygienist
- 5 Other health professional
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ whose doctor or other health professional advised them to quit smoking or using other kinds of

tobacco in the past 12 months

SkipInstructions: <1-4,R,D>

if SEX=2 and AGE=18-49 [goto LIVEBTH];

else [goto next section] <5> [goto HPTOTH1]

Question ID: NAE.172_00.000 Instrument Variable Name: HPTOTH1 QuestionnaireFileName: Sample Adult

QuestionText: *Enter other health professional.

Verbatim Verbatim response

UniverseText: Sample adults 18+ who were advised to quit using tobacco by other health professional

SkipInstructions: <Allow 30,R,D> if SEX=2 and AGE=18-49[goto LIVEBTH];

else [goto next section]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.190 00.000 Instrument Variable Name: QuestionnaireFileName: LIVEBTH Sample Adult QuestionText: Have you given birth to a live born infant within the past 5 years? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Female sample adults age 18-49 **SkipInstructions:** <1> if SMKEV=1 [goto SMKPREG]; else [goto next section] <2,R,D> [goto next section] **Question ID:** NAE.200_00.000 Instrument Variable Name: **SMKPREG** QuestionnaireFileName: Sample Adult QuestionText: Were you smoking cigarettes when you became pregnant with your last child? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years **SkipInstructions:** <1,2,R,D> [goto SMKLST] NAE.210_00.000 Instrument Variable Name: **Question ID: SMKLST** QuestionnaireFileName: Sample Adult **QuestionText:** Did you smoke cigarettes at any time during your pregnancy with your last child? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years

SkipInstructions:

<1> [goto QUTWK] <2,R,D> [goto next section]

Tobacco

Document Version Date: 27-May-16

 Question ID:
 NAE.220_00.000
 Instrument Variable Name:
 QUTWK
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 Did you quit smoking for 7 days or longer during your pregnancy with your last child?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last

pregnancy

SkipInstructions: <1> [goto MTHQUIT]

<2,R,D> [goto next section]

Question ID: NAE.230_00.000 Instrument Variable Name: MTHQUIT QuestionnaireFileName: Sample Adult

QuestionText: In what month of your pregnancy did you quit for 7 days or longer?

01 First

02 Second

03 Third

04 Fourth

05 Fifth

06 Sixth

07 Seventh

08 Eighth

09 Ninth

97 Refused

99 Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last

pregnancy, but quit for 7 days or longer

SkipInstructions: <1-9,R,D> [goto STSMOK]

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.240_00.000 Instrument Variable Name: STSMOK QuestionnaireFileName: Sample Adult

QuestionText: Did you start smoking again during the pregnancy or did you stay off cigarettes for the rest of the pregnancy?

- 1 Stayed off rest of pregnancy
- 2 Started again
- 3 Never started again
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last

pregnancy, but quit for 7 days or longer

SkipInstructions: <1-3,R,D> [goto NAF module]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.010_00.000 Instrument Variable Name: SUN1HR QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Now, we are going to ask you about your skin's reaction to the sun. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to your skin? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

O1 Get a severe sunburn with blistersO2 Have a moderate sunburn with peeling

Burn mildly with some or no darkening/tanning

Turn darker without sunburnNothing would happen to my skinDo not go out in the sun

07 Other
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-7,R,D> [goto SUNTAN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.015_00.000 Instrument Variable Name: SUNTAN QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Next, consider that you were out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing. Which one of these best describes what your skin would LOOK like? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

Very dark or deeply tanned
Dark/Moderately tanned
A little dark/Mildly tanned
Freckled but still light skinned

05 Burned repeatedly with little or no darkening or tanning---still light skinned

Don't go out in the sun

07 Other97 Refused99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-7,R,D> [goto SUN1_SHA]

Question ID: NAF.020_00.000 Instrument Variable Name: SUN1_SHA QuestionnaireFileName: Sample Adult

QuestionText: When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Stay in the shade? Would you say (*Read categories 1-5). . .

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Don't go out in the sun

7 Refused9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN1_CAP]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.022_00.000 Instrument Variable Name: SUN1_CAP QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a baseball cap or sun visor? Would you say (*Read categories 1-5). . .

1 Always

- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN_HAT1]

Question ID: NAF.023_00.000 Instrument Variable Name: SUN_HAT1 QuestionnaireFileName: Sample Adult

QuestionText: (book) CAN4

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around? Would you say (*Read categories 1-5)...

*Read if necessary: Do not include visors, baseball caps, or hats that do not shade the face, ears and neck. Include legionnaire hats.

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGS]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.024_00.000 Instrument Variable Name: SUN2_LGS QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a long sleeved shirt? Would you say (*Read categories 1-5). . .

1 Always

- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGP]

Question ID: NAF.025_00.000 Instrument Variable Name: SUN2_LGP QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear long pants or other clothing that reaches your ankles? Would you say (*Read categories 1-5). . .

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_SCR]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.026_00.000 Instrument Variable Name: SUN2_SCR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Use sunscreen? Would you say (*Read categories 1-5)...

1 Always

- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4> [goto SPF]

<5,6,R,D> [goto NBURN]

Question ID: NAF.027_00.000 Instrument Variable Name: SPF QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

What is the SPF number of the sunscreen you use MOST often?

*Read if necessary: If you use more than one or different ones, pick the one used most often.

*Enter '96' if unable to pick the one used most often.

*Enter '50' if 50 or higher SPF.

01-49 1-49 **50** 50+

More than one, different ones, other

97 Refused99 Don't know

UniverseText: Sample adults 18+ who use sunscreen at least rarely

SkipInstructions: <1-50> [goto NBURN]

<96,R,D> [goto SPFSCALE] <51-95> [goto ERR_SPF]

Hard Edit: ERR_SPF

*51-95 not allowed in this field.

*Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.028 00.000 Instrument Variable Name: QuestionnaireFileName: **SPFSCALE** Sample Adult

QuestionText: Is the SPF usually 1-14 or 15-50?

*Enter '2' if 50 or higher SPF.

1 1-14 2 15+ 7 Refused 9 Don't know

Sample adults 18+ who answered more than one, different ones, or other to SPF number, or did not know or UniverseText:

refused to say the SPF

SkipInstructions: <1,2,R,D> [goto NBURN]

Question ID: NAF.030_00.000 Instrument Variable Name: **NBURN** QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you had a sunburn?

*Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more. Also

include burns from sunlamps and other indoor tanning devices.

*Enter '0' for none.

000 None 001-365 1-365 times 997 Refused 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-365,R,D> [goto SNEVER]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.031_00.000 Instrument Variable Name: SNEVER QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do NOT include times you

have gotten a spray-on tan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SNONCE]

<2,R,D> [goto STP12M]

Question ID: NAF.032_00.000 Instrument Variable Name: SNONCE QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth

EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever used an indoor tanning device

SkipInstructions: <1> [goto SNNUM1]

<2,R,D> [goto STP12M]

Question ID: NAF.033_00.000 Instrument Variable Name: SNNUM1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed

or tanning booth? Do NOT include times you have gotten a spray-on tan.

 001-365
 1-365

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in the past year

SkipInstructions: <1-365,R,D> [goto SNPROB]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.035_00.000 Instrument Variable Name: SNPROB QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a problem such as a burn, rash, or skin infection caused by using an

indoor tanning device such as a sunlamp, sunbed, or tanning booth?

*Read if necessary: Do NOT include problems you have experienced from getting a spray-on tan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in the past year

SkipInstructions: <1> [goto SNPRTYP]

<2,R,D> [goto STP12M]

Question ID: NAF.037_00.000 Instrument Variable Name: SNPRTYP QuestionnaireFileName: Sample Adult

QuestionText: Which of the following problem or problems did you have?

*Read categories below.

*Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

* Enter all that apply, separate with commas.

1 Got a sunburn

2 Got a rash

3 Got a skin infection

4 Experienced another problem

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a problem using an indoor tanning device in past year

 $\textbf{SkipInstructions:} \qquad <1\text{--}4, R, D> [goto STP12M]$

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.038_00.000 Instrument Variable Name: STP12M QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used self-applied sunless tanning products, also known as self-tanning or

fake tanning?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SPR12M]

Question ID: NAF.039_00.000 Instrument Variable Name: SPR12M QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you gotten a spray-on or mist tan AT A TANNING SALON or other business?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SKNX]

Question ID: NAF.040_00.000 Instrument Variable Name: SKNX QuestionnaireFileName: Sample Adult

QuestionText: Now we are going to ask you about medical tests and exams that check for cancer. Have you EVER had all of your skin from head to toe checked for cancer either by a dermatologist or some other kind of doctor?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto RSKX1_MT]

<2,R,D> if SEX=2 [goto MENSTAGE];

else if SEX=1 and AGE le 64 [goto HPVHRD] else if SEX=1 and AGE ge 65 [goto CHESTX]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.050_01.000 Instrument Variable Name: RSKX1_MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT skin exam to check for cancer?

*Enter month of last skin exam.

* Enter '96' to go to the number and time period format.

01 January
 02 February
 03 March
 04 April
 05 May
 06 June
 07 July

07 July08 August09 September

10 October11 November12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 18+ who have had a skin exam

SkipInstructions: <1-12,D> [goto RSKX1_YR]

<R> store "R' in RSKX1_YR [goto RSKX2] <96> store "9996" in RSKX1_YR [goto RSKX1N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.050_02.000 Instrument Variable Name: RSKX1_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last skin exam.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 18+ who answered month of last skin exam or didn't know month of last skin exam

SkipInstructions: <valid year>

if RSKX1_YR gt current year or (RSKX1_YR=current year and RSKX1_MT gt current month)

goto ERR1_ RSKX1_YR (future date)

elseif RSKX1_YR lt DOBY or (RSKX1_YR=DOBY and RSKX1_MT lt DOBM)

goto ERR2_ RSKX1_YR (prior to birth date)

elseif RSKX1_MT=D and RSKX1_YR < current year-5

set RSKX2=5

goto SKINREAS

elseif RSKX1_MT=D and RSKX1_YR = current year-4

set RSKX2=4

goto SKINREAS

elseif RSKX1_MT=D and RSKX1_YR = current year

set RSKX2=1 goto SKINREAS

elseif RSKX1_MT=D and (RSKX1_YR = current year-1 or RSKX1_YR = current year-2 or RSKX1_YR =

current year-3 or RSKX1_YR = current year-5)

goto RSKX2

elseif RSKX1_MT=1-12 goto SKINREAS <R,D> goto RSKX2

Hard Edit: ERR1_RSKX1_YR

* Future date invalid. Please correct.

ERR2_RSKX1_YR

* Date before birth. Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.055_01.000 Instrument Variable Name: RSKX1N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT skin exam?

*Enter number for time since last skin exam.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Sample adults 18+ who selected number and time period format for most recent skin exam

SkipInstructions: <1-95> [goto RSKX1T]

<R,D> store "R,D" in RSKX1T [goto RSKX2]

Question ID: NAF.055_02.000 Instrument Variable Name: RSKX1T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent skin exam.

1 Day(s) ago

2 Week(s) ago

3 Month(s) ago

4 Year(s) ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto SKINREAS

<4> if RSKX1N=4, set RSKX2=4, [goto SKINREAS]

elseif RSKX1N gt 5 and RSKX1N gt AGE, [goto ERR_RSKX1T (greater than persons age)]

elseif RSKX1N gt 5 and RSKX1N le AGE, set RSKX2=5, [goto SKINREAS]

elseif RSKX1N=1,2,3,5, goto RSKX2

<R,D> goto RSKX2

Cancer Screening

Document Version Date: 27-May-16

 Question ID:
 NAF.060_00.000
 Instrument Variable Name:
 RSKX2
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 Was it:

*Read answer categories.

1 A year ago or less

More than 1 year but not more than 2 years
More than 2 years but not more than 3 years
More than 3 years but not more than 5 years

5 Over 5 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a

complete date in the number and time period format, or entered years ago in the time period format (excluding

those whose last skin exam was over 5 years ago)

SkipInstructions: <1-5,R,D>

if answer code is grayed out [goto ERR_RSKX2]

else [goto SKINREAS]

Hard Edit: ERR_RSKX2

*That is not a valid response.

*Please correct.

Question ID: NAF.070_00.000 Instrument Variable Name: SKINREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this skin exam -- was it part of a routine exam, because of a problem, or some other

reason?

Part of a routine exam
 Because of a problem

3 Other reason 7 Refused 9 Don't know

UniverseText: Sample adults 18+ who have had a skin exam

SkipInstructions: <1-3,R,D>

if SEX=2 [goto MENSTAGE]

else if SEX=1 and AGE le 64 [goto HPVHRD] else if SEX=1 and AGE ge 65 [goto CHESTX]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.080_00.000 Instrument Variable Name: MENSTAGE QuestionnaireFileName: Sample Adult

QuestionText: The following questions are about women's health. How old were you when your periods or menstrual cycles started?

*Enter '0' for haven't started.

00 Haven't started
 06-60 6-60 years
 97 Refused
 99 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <6-60,R,D>

if MENSTAGE gt AGE [goto ERR1_MENSTAGE]

elseif AGE ge 39 [goto MENSTILL]

else if AGE le 38 and nae.LIVEBTH ne '1' [goto BIRTHEV] elseif AGE le 38 and nae.LIVEBTH = '1' [goto BIRTHNUM]

<0> if nae.LIVEBTH ne '1' goto BIRTHEV

else goto BIRTHNUM

<1-5> [goto ERR2_MENSTAGE]

Hard Edit: ERR1_MENSTAGE

* Entry cannot be greater than age.

* Please correct.

ERR2_MENSTAGE

* Not a valid code.

* Please correct.

Question ID: NAF.090_00.000 Instrument Variable Name: MENSTILL QuestionnaireFileName: Sample Adult

QuestionText: Do you still have periods or menstrual cycles?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 39+ who have started menstrual cycles

SkipInstructions: <1,R,D> if nae.LIVEBTH ne '1' [goto BIRTHEV]

elseif nae.LIVEBTH = '1' [goto BIRTHNUM]

<2> [goto MENLAST]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.100_00.000 Instrument Variable Name: MENLAST QuestionnaireFileName: Sample Adult

QuestionText: When did you have your last period or menstrual cycle? Was it...

* Read categories below.

1 1 year ago or less

2 More than 1 year ago but less than 2 years ago

3 2 years ago or more

7 Refused9 Don't know

UniverseText: Female sample adults 39+ who do not have periods any more

SkipInstructions: <1-3,R,D>

if nae.LIVEBTH ne '1' [goto BIRTHEV] elseif nae.LIVEBTH = '1' [goto BIRTHNUM]

Question ID: NAF.110_00.000 Instrument Variable Name: BIRTHEV QuestionnaireFileName: Sample Adult

QuestionText: *If you remember that the respondent mentioned having a biological child in the core, verify the information and enter '1'

for yes (and don't ask question).

Have you EVER given birth to a live born infant?

*Read if necessary.

A live born infant is an infant born alive.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who did not already answer they had a live birth

SkipInstructions: <1> [goto BIRTHNUM]

<2,R,D> [goto PAPHAD1]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.111_00.000 Instrument Variable Name: BIRTHNUM QuestionnaireFileName: Sample Adult

QuestionText: What is the total number of live births (live born children) you have had?

*Enter '25' for 25 or more.

01-24 1-24 25 25+ 97 Refused 99 Don't know

UniverseText: Female sample adults 18+ who have ever had a live born infant

SkipInstructions: <1-25,R,D> [goto BIRTHAGE]

Question ID: NAF.120_00.000 Instrument Variable Name: BIRTHAGE QuestionnaireFileName: Sample Adult

QuestionText: How old were you when your [fill1: child/first child] was born?

06-606-6097Refused99Don't know

UniverseText: Female sample adults 18+ who have ever had a live born infant

SkipInstructions: <6-60,R>

if BIRTHAGE GT AGE [goto ERR_BIRTHAGE]

else [goto PAPHAD1] <D> [goto BIRTHAG2]

Hard Edit: ERR_BIRTHAGE

* Entry cannot be greater than age.

* Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.121_00.000 Instrument Variable Name: BIRTHAG2 QuestionnaireFileName: Sample Adult

QuestionText: What year was your [fill1: child/first child] born?

 1880-2016
 1880-2016

 9997
 Refused

 9999
 Don't know

UniverseText: Female sample adults 18+ who didn't know their age at first's child's birth

SkipInstructions: <1880-2016,R,D>

if BIRTHAG2 gt current year [goto ERR1_BIRTHAG2]

elseif BIRTHAG2 gt year of birth (DOBY) [goto ERR2_BIRTHAG2]

else [goto PAPHAD1]

Hard Edit: ERR1_BIRTHAG2

* Entry must be current year or earlier.

* Please correct.

ERR2_BIRTHAG2

* Entry cannot be earlier than sample adult's year of birth.

* Please correct.

Question ID: NAF.130_00.000 Instrument Variable Name: PAPHAD1 QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a Pap smear or Pap test?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

Yes
 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1>

if AGE 18-30 [goto PAPFRST1]

else [goto PAP6YR1]

<2> if AGE LE 64 [goto HPVHRD]; else [goto PAPNOT2]

<R,D> if AGE le 64 [goto HPVHRD];

else [goto HYST]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.135_00.000 Instrument Variable Name: PAPFRST1 QuestionnaireFileName: Sample Adult

QuestionText: At what age did you have your first Pap test?

06-3097 Refused99 Don't know

UniverseText: Female sample adults 18-30 who have ever had a Pap test

SkipInstructions: <6-30,R,D> if PAPFRST1 gt AGE(HHSTAT4='S') [goto ERR_PAPFRST1]

else [goto PAP6YR1]

Hard Edit: ERR_PAPFRST1

* Age at first Pap test cannot be greater than age.

* Please correct.

Question ID: NAF.140_00.000 Instrument Variable Name: PAP6YR1 QuestionnaireFileName: Sample Adult

QuestionText: How many Pap tests have you had in the LAST 6 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more exams.

00-9597 Refused99 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap test

SkipInstructions: <0-95,R,D> [goto RPAP1_M1]

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.150_01.000 Instrument Variable Name:	RPAP1_M1	QuestionnaireFileName:	Sample Adult			
QuestionText:	1 of 2						
	When did you have your MOST RECENT Pap test?						
	*Enter month of last Pap test.						
	*Enter '96' to go to number and time period format.						
01	January						
02	February						
03	March						
04	April						
05	May						
06	June						
07	July						
08	August						
09	September						
10	October						
11	November						

UniverseText: Female sample adults 18+ who have ever had a Pap test

SkipInstructions: <1-12,D> [goto RPAP1_Y1]

Time period format

December

Refused

Don't know

12

96

97

99

<R> store "R' in RPAP1_Y1 [goto RPAP21] <96> store "9996" in RPAP1_Y1 [goto RPAP1N1]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.150_02.000 Instrument Variable Name: RPAP1_Y1 QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last Pap test.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap test test or didn't know month of last Pap test test

[goto ERR1_ RPAP1_Y1 (future date)]

elseif RPAP1_Y1 lt DOBY or (RPAP1_Y1=DOBY and RPAP1_M1 lt DOBM)

[goto ERR2_ RPAP1_Y1 (prior to birth date)]

elseif RPAP1_M1=D
[goto RPAP21]

elseif RPAP1_M1=1-12 and AGE LT 65 [goto HPVHRD];

else [goto PAPREA2]

<R,D> [goto RPAP21]

Hard Edit: ERR1_RPAP1_Y1

* Future date invalid. Please correct.

ERR2_RPAP1_Y1

* Date before birth. Please correct.

Question ID: NAF.160_01.000 Instrument Variable Name: RPAP1N1 QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT Pap test?

*Enter number for time since last Pap test.

*Enter '95' for 95 or more.

01-95 1-9597 Refused99 Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for most recent Pap test test from the

initial month screen

SkipInstructions: <1-95> [goto RPAP1T1]

<R,D> store "R,D" in RPAP1T1 [goto RPAP21]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.160_02.000 Instrument Variable Name: RPAP1T1 QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent Pap test.

Day(s) ago
 Week(s) ago
 Month(s) ago
 Year(s) ago
 Refused
 Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> if AGE LT 65 [goto HPVHRD];

else [goto PAPREA2]

<4> (if RPAP1N1=4, set RPAP21=4; and if AGE LT 65 [goto HPVHRD];

else [goto PAPREA2])

elseif RPAP1N1 gt 5 and RPAP1N1 gt AGE, [goto ERR_RPAP1T1 (greater than persons age)]

elseif RPAP1N1 gt 5 and RPAP1N1 le AGE, set RPAP21=5 if AGE LT 65 [goto HPVHRD]; else [goto PAPREA2]

elseif RPAP1N1=1,2,3,5, [goto RPAP21]

<R,D> [goto RPAP21]

Hard Edit: ERR_RPAP1T1

^{*} Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.165 00.000 Instrument Variable Name: QuestionnaireFileName: RPAP21 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years ago 3 More than 2 years but not more than 3 years ago 4 More than 3 years but not more than 5 years ago 5 Over 5 years ago 7 Refused 9 Don't know **UniverseText:** Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap test test was over 5 years ago) <1-5,R,D> if answer code is grayed out [goto ERR_RPAP21] **SkipInstructions:** else if AGE LT 65 [goto HPVHRD]; else [goto PAPREA2] ERR_RPAP21 **Hard Edit:**

Question ID: NAF.167_00.000 Instrument Variable Name: HPVHRD QuestionnaireFileName: Sample Adult

QuestionText: Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1,2,R,D> If SEX=1 and AGE GE 40 [goto CHESTX];

*That is not a valid response.

*Please correct.

else if SEX=1 and AGE LT 40 [goto ASPIRIN]; else if SEX=2 and PAPHAD1=2 [goto PAPNOT2]; else SEX=2 and PAPHAD1 ne 2 [goto HPVPAP]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.168_00.000 Instrument Variable Name: HPVPAP QuestionnaireFileName: Sample Adult

QuestionText: An HPV test is sometimes given with the Pap test for cervical cancer screening. Did you have an HPV test with your most

recent Pap?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adult who have ever had a Pap test

SkipInstructions: <1,2,R,D> [goto PAPREA2]

Question ID: NAF.170_00.000 Instrument Variable Name: PAPREA2 QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this [fill1: Pap/Pap or HPV] test - was it part of a routine exam, because of a

problem, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap or HPV test

SkipInstructions: <1-3,R,D>

if (RPAP21 = 1,2,3) or (RPAP1T1 = 1,2) or (RPAP1_Y1 = (current year - 3) and RPAP1_M1 ge current month)

or (RPAP1_Y1 gt (current year – 3)) or (RPAP1T1 = 3 and RPAP1N1 le 36) [goto PAPABN3]

 $else if (RPAP21 = 5) \ or \ (RPAP1_Y1 = (current \ year - 5) \ and \ RPAP1_M1 \ lt \ current \ month) \ or \ (RPAP1_Y1 \ lt \ and \ and$

(current year – 5)) or (RPAP1T1 = 3 and RPAP1N1 gt 60) [goto PAPNOT2]

elseif RPAP21 = R,D [goto MDRECP1]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.180_00.000 Instrument Variable Name: PAPABN3 QuestionnaireFileName: Sample Adult

QuestionText: Have you had a [fill1: Pap/Pap or HPV] test in the LAST 3 YEARS where the results were NOT normal?

1 Yes, Pap test not normal

- 2 Yes, HPV test not normal
- 3 Yes, both were not normal
- 4 No
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+ who have had a Pap test in the past 3 years

SkipInstructions: <1-4,R,D> [goto MDRECP1]

Question ID: NAF.210_00.000 Instrument Variable Name: PAPNOT2 QuestionnaireFileName: Sample Adult

QuestionText: What is the most important reason you have

[Fill1: NEVER had a Pap test/NEVER had a Pap or HPV test/

NOT had a Pap test in the LAST 5 YEARS/

NOT had a Pap or HPV test in the LAST 5 YEARS]?

*Put response into correct category below.

No reason/never thought about it

02 Didn't need it/didn't know I needed this type of test

03 Doctor didn't order it/didn't say I needed it

Haven't had any problems

Put it off/didn't get around to it

06 Too expensive/no insurance/cost

Too painful, unpleasant, or embarrassing

08 Had hysterectomy

09 Don't have doctor

10 Had HPV vaccine

11 Other

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have never had a Pap test, or who have not had a Pap test in the last 5 years

SkipInstructions: <1,2,4-7,10-11,R,D> [goto MDRECP1]

<3,8,9> [goto PAPHPVPY]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.215_00.000 Instrument Variable Name: MDRECP1 QuestionnaireFileName: Sample Adult

[fill1: Was your most recent Pap test recommended by a doctor or other health professional?/Was your most recent Pap or HPV test recommended by a doctor or other health professional?"

[fill2: In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP test?/In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP or

HPV test?]

1 Yes

QuestionText:

2 No

3 Did not see a doctor in the last 12 months

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who had a doctor, who didn't answer that her doctor didn't recommend a Pap test, who

haven't had a hysterectomy, and gave a reason for not having Pap test ever/in the last 5 years

SkipInstructions: <1,2,3,R,D> [goto PAPHPVPY]

Question ID: NAF.217_00.000 Instrument Variable Name: PAPHPVPY QuestionnaireFileName: Sample Adult

QuestionText: How much did you pay out of pocket for this [fill1: Pap/Pap or HPV] test-Was it NONE, PART, or ALL of the cost?

1 None of the cost

- 2 Part of the cost
- 3 All of the cost
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap or HPV test

SkipInstructions: <1-3,R,D> if PAPNOT2=8 [goto RHYS1_MT];

else [goto HYST]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.220_00.000 Instrument Variable Name: QuestionnaireFileName: **HYST** Sample Adult **QuestionText:** Have you had a hysterectomy? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Female sample adults 18+ who have not already indicated they have had a hysterectomy **SkipInstructions:** <1> [goto RHYS1_MT] <2,R,D> [goto OVARIES] NAF.221_01.000 Instrument Variable Name: **Question ID:** RHYS1_MT QuestionnaireFileName: Sample Adult QuestionText: When was your hysterectomy? *Enter month of hysterectomy. *Enter '96' to go to number and time period format. 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December 96 Time period format 97 Refused 99 Don't know **UniverseText:** Female sample adults 18+ who have ever had a hysterectomy <1-12,D> [goto RHYS1_YR] **SkipInstructions:**

> <R> store "R' in RHYS1_YR [goto RHYS2] <96> store "9996" in RHYS1_YR [goto RHYS1N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.221_02.000 Instrument Variable Name: RHYS1_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of hysterectomy.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 18+ who answered month of hysterectomy or didn't know month of hysterectomy

goto ERR1_ RHYS1_YR (future date)

elseif RHYS1_YR lt DOBY or (RHYS1_YR=DOBY and RHYS1_MT lt DOBM)

goto ERR2_RHYS1_YR (prior to birth date)

elseif RHYS1_MT=D

goto RHYS2

elseif RHYS1_MT=1-12 goto OVARIES <R,D> goto RHYS2

Hard Edit: ERR1_RHYS1_YR

* Future date invalid. Please correct.

ERR2_RHYS1_YR

* Date before birth. Please correct

Question ID: NAF.222_01.000 Instrument Variable Name: RHYS1N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When was your hysterectomy?

*Enter number for time since hysterectomy.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for hysterectomy from the initial month

screen

SkipInstructions: <1-95> [goto RHYS1T]

<R,D> store "R,D" in RHYS1T [goto RHYS2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.222_02.000 Instrument Variable Name: RHYS1T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since hysterectomy.

Day(s) ago
 Week(s) ago
 Month(s) ago
 Year(s) ago
 Refused
 Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> [goto OVARIES]

<4> if RHYS1N=4 set RHYS2=4 [goto OVARIES]

elseif RHYS1N gt 5 and RHYS1N gt AGE
[goto ERR_RHYS1T (greater than persons age)]

elseif RHYS1N gt 5 and RHYS1N le AGE

set RHYS2=5
[goto OVARIES]
elseif RHYS1N=1,2,3,5
[goto RHYS2]
<R,D> [goto RHYS2]

Hard Edit: ERR_RHYS1T

* Time since last exam cannot be greater than age.

* Please correct

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.225 00.000 Instrument Variable Name: QuestionnaireFileName: RHYS2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 Over 5 years ago 7 Refused 9 Don't know **UniverseText:** Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose hysterectomy was over 5 years ago) <1-5,R,D> if answer code is grayed out [goto ERR_RHYS2] **SkipInstructions:** else [goto OVARIES] ERR_RHYS2 Hard Edit: *That is not a valid response. *Please correct.

Question ID: NAF.226_00.000 Instrument Variable Name: OVARIES QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had BOTH ovaries removed, either as part of a hysterectomy or as one or more separate surgeries?

Yes
 No
 Refused
 Don't know

UniverseText: Female sample adults age 18+

SkipInstructions: <1> [goto OVARAGE]

<2,R,D> if age GE 30 [goto CBEHAD];

else [goto ASPIRIN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.227_00.000 Instrument Variable Name: OVARAGE QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you had BOTH of your ovaries removed?

001-120 1-120 years997 Refused999 Don't know

UniverseText: Female sample adults age 18+ who have had BOTH ovaries removed

SkipInstructions: <1-120,R,D> if OVARAGE GT AGE [goto ERR_OVARAGE]

elseif age GE 30 [goto CBEHAD]; elseIF age lt 30 [goto ASPIRIN]

Hard Edit: ERR_OVARAGE

* Entry is greater than sample adult's age.

* Please correct.

Question ID: NAF.228_00.000 Instrument Variable Name: CBEHAD QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a breast exam done by a doctor or other health professional to check for lumps or other signs of

breast cancer?

*Read if necessary. A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps

or other signs of breast cancer.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto RCBE1_MT]

<2,R,D> [goto MAMHAD]

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.229_01.000 Instrument Variable Name:	RCBE1_MT	QuestionnaireFileName:	Sample Adult			
QuestionText:	1 of 2						
	When did you have your MOST RECENT breast exam?						
	*Enter month of last breast exam.						
	*Enter '96' to go to number and time period format.						
01	January						
02	February						
03	March						
04	April						
05	May						
06	June						
07	July						

August 09 September 10 October 11 November 12 December

08

96 Time period format

97 Refused 99 Don't know

UniverseText: Female sample adults 30+ who have ever had a breast exam

<1-12,D> [goto RCBE1_YR] **SkipInstructions:**

<R> store "R' in RCBE1_YR [goto RCBE2] <96> store "9996" in RCBE1_YR [goto RCBE1N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.229_02.000 Instrument Variable Name: RCBE1_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of most recent breast exam.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 30+ who answered month of breast exam didn't know month of breast exam

SkipInstructions: <valid year> if RCBE1_YR gt current year or (RCBE1_YR=current year and RCBE1_MT gt current month)

goto ERR1_ RCBE1_YR (future date)

elseif RCBE1_YR lt DOBY or (RCBE1_YR=DOBY and RCBE1_MT lt DOBM)

goto ERR2_RCBE1_YR (prior to birth date)

elseif RCBE1_MT=D

goto RCBE2

elseif RCBE1_MT=1-12 [goto MAMHAD] <R,D> [goto RCBE2]

Question ID: NAF.229_03.000 Instrument Variable Name: RCBE1N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT breast exam?

*Enter number for time since last breast exam.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for breast exam from the initial month

screen

SkipInstructions: <1-95> [goto RCBE1T]

<R,D> store "R,D" in RCBE1T [goto RCBE2]

Cancer Screening

Document Version Date: 27-May-16

NAF.229 04.000 Instrument Variable Name: **Question ID:** RCBE1T QuestionnaireFileName: Sample Adult QuestionText: 2 of 2 *Enter time period for time since most recent breast exam. 1 Day(s) ago 2 Week(s) ago 3 Month(s) ago 4 Year(s) ago 7 Refused 9 Don't know UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question **SkipInstructions:** <1-3> [goto MAMHAD] <4> if RCBE1N=4 set RCBE2=4 [goto MAMHAD] elseif RCBE1N gt 5 and RCBE1N gt AGE [goto ERR_RCBE1T (greater than persons age)] elseif RCBE1N gt 5 and RCBE1N le AGE set RCBE2=5 [goto MAMHAD] elseif RCBE1N=1,2,3,5 [goto RCBE2] <R,D> goto RCBE2 ERR_RCBE1T **Hard Edit:** * Time since last exam cannot be greater than age. * Please correct. QuestionnaireFileName: **Question ID:** NAF.229_05.000 Instrument Variable Name: RCBE2 Sample Adult **QuestionText:** Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 Over 5 years ago 7 Refused 9 Don't know **UniverseText:** Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose breast exam was over 5 years ago)

<1-5,R,D> if answer code is grayed out [goto ERR_RCBE2]

else [goto MAMHAD]

SkipInstructions:

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.230_00.000 Instrument Variable Name: MAMHAD QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a mammogram?

*Read if necessary.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Yes
 No
 Refused
 Don't know

UniverseText: Female sample adults age 30+

SkipInstructions: <1> [goto MAM6YR]

<2> [goto MDRECMAM]

<R,D> if AGE GE 40 [goto CHESTX];

else [goto ASPIRIN]

Question ID: NAF.250_00.000 Instrument Variable Name: MAM6YR QuestionnaireFileName: Sample Adult

QuestionText: How many mammograms have you had in the LAST 6 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more mammograms.

00-9597 Refused99 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <0-95,R,D> [goto RMAM1_MT]

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.260_01.000 Instrument Variable Name:	RMAM1_MT	QuestionnaireFileName:	Sample Adult			
QuestionText:	1 of 2						
	When did you have your MOST RECENT mammogram?						
	*Enter month of last mammogram.						
	*Enter '96' to go to number and time period format.						
01	January						
02	February						
03	March						
04	April						
05	May						
06	June						
07	July						
08	August						

10 October
11 November
12 December
96 Time period format
97 Refused

September

97 Refused99 Don't know

09

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-12,D> [goto RMAM1_YR]

<R> store "R' in RMAM1_YR [goto RMAM2] <96> store "9996" in RMAM1_YR [goto RMAM1N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.260_02.000 Instrument Variable Name: RMAM1_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last mammogram.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

SkipInstructions: <valid year> if RMAM1_YR gt current year or (RMAM1_YR=current year and RMAM1_MT gt current month)

goto ERR1_ RMAM1_YR (future date)

elseif RMAM1_YR lt DOBY or (RMAM1_YR=DOBY and RMAM1_MT lt DOBM)

goto ERR2_RMAM1_YR (prior to birth date)

elseif RMAM1_MT=D

goto RMAM2

elseif RMAM1_MT=1-12 goto MAMPAY <R,D> goto RMAM2

Hard Edit: ERR1_ RMAM1_YR

* Future date invalid. Please correct.

ERR2_RMAM1_YR

* Date before birth. Please correct.

Question ID: NAF.270_01.000 Instrument Variable Name: RMAM1N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT mammogram?

*Enter number for time since last mammogram.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for most recent mammogram from the

initial month screen

SkipInstructions: <1-95> [goto RMAM1T]

<R,D> store "R,D" in RMAM1T [goto RMAM2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.270 02.000 Instrument Variable Name: QuestionnaireFileName: RMAM1T Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent mammogram.

1 Day(s) ago 2 Week(s) ago 3 Month(s) ago 4 Year(s) ago 7 Refused 9 Don't know

Female sample adults 30+ who answered 1-95 for number part of this 2 part question **UniverseText:**

SkipInstructions: <1-3> goto MAMPAY

> <4> if RMAM1N=4 set RMAM2=4 goto MAMPAY

> > elseif RMAM1N gt 5 and RMAM1N gt AGE goto ERR_RMAM1T (greater than persons age) elseif RMAM1N gt 5 and RMAM1N le AGE

set RMAM2=5 goto MAMPAY elseif RMAM1N=1,2,3,5 goto RMAM2

<R,D> goto RMAM2

ERR_RMAM1T **Hard Edit:**

* Time since last exam cannot be greater than age.

* Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.275 00.000 Instrument Variable Name: QuestionnaireFileName: RMAM2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 Over 5 years ago 7 Refused 9 Don't know **UniverseText:** Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago) <1-5,R,D> if answer code is grayed out [goto ERR_RMAM2] **SkipInstructions:** else [goto MAMPAY] ERR_RMAM2 Hard Edit: *That is not a valid response. *Please correct.

Question ID: NAF.280_00.000 Instrument Variable Name: MAMPAY QuestionnaireFileName: Sample Adult

QuestionText: How much did you pay out of pocket for this mammogram -- was it NONE, PART, or ALL of the cost?

None of the cost
 Part of the cost
 All of the cost
 Refused
 Don't know

UniverseText: Female sample adults 30+ who who have ever had a mammogram

SkipInstructions: <1-3,R,D> [goto MAMREAS]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.310_00.000 Instrument Variable Name: MAMREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this mammogram -- was it part of a routine exam, because of a problem, or some

other reason?

Part of a routine exam
 Because of a problem

3 Other reason7 Refused9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-3,R,D> [goto MDRECMAM]

Question ID: NAF.315_00.000 Instrument Variable Name: MDRECMAM QuestionnaireFileName: Sample Adult

QuestionText: Fill1 (IF MAMHAD=1 and most recent screening exam LE 2 years from system date)

[Was your most recent mammogram recommended by a doctor or other health professional?]

Else (IF MAMHAD=2, or MAMHAD GT 2 years from system date or RMAM2=R,D)

[In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?]

1 Yes

2 No

3 Did not see a doctor in the last 12 months

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have not answered Refused or Don't know to ever having a mammogram

SkipInstructions: <1-3,R,D> if MAMHAD=1 [goto MAMDNBR];

else if AGE GE 40 [goto CHESTX]; else IF AGE LT 40 [goto ASPIRIN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.317_00.000 Instrument Variable Name: MAMDNBR QuestionnaireFileName: Sample Adult

QuestionText: Were you informed that your mammogram showed that you have dense breast tissue?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who who have ever had a mammogram

SkipInstructions: <1,2,R,D> [goto MAMABN1]

Question ID: NAF.320_00.000 Instrument Variable Name: MAMABN1 QuestionnaireFileName: Sample Adult

QuestionText: After your MOST RECENT mammogram, were you advised to have more tests?

*Read if necessary: More tests may include another mammogram, a sonogram, an MRI, a biopsy, or something else to check for problems in your breast.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1> [goto MFOLLOW1]

<2,R,D> [goto LUMPEV2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.325 00.000 Instrument Variable Name: QuestionnaireFileName: MFOLLOW1 Sample Adult QuestionText: Which tests did you actually have? *Enter all that apply, separate with commas. 0 None 1 Ultrasound 2 Breast MRI 3 Additional mammogram(s) 4 **Biopsy** 5 Other 7 Refused 9 Don't know UniverseText: Female sample adults 30+ who have ever had a mammogram and was recommended to have more tests

SkipInstructions: <0> [goto MNOTFOL1]

<1-5,R,D> [goto MAMCAN]

Question ID: NAF.330 00.000 Instrument Variable Name: QuestionnaireFileName: MNOTFOL1 Sample Adult

QuestionText: What is the most important reason why you DID NOT follow the recommendation to have more tests?

*Put response into correct category below.

01 No reason/never thought about it 02 Put it off/didn't get around to it 03 Too expensive/no insurance/cost

04 Too painful, unpleasant, or embarrassing

05 I'm too young 06 Don't have doctor 07

Fear

Other reason 08 97 Refused 99 Don't know

Female sample adults 30+ who have ever had a mammogram and did not follow recommendation to have more UniverseText:

SkipInstructions: <1-8,R,D> [goto MAMMODE]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.335_00.000 Instrument Variable Name: MAMMODE QuestionnaireFileName: Sample Adult

QuestionText: *Record mode of previous question.

1 In person

2 Over the telephone

UniverseText: Female sample adults 30+ who have ever had a mammogram and did not follow recommendation to have more

test

SkipInstructions: <1,2> [goto LUMPEV2]

Question ID: NAF.340_00.000 Instrument Variable Name: MAMCAN QuestionnaireFileName: Sample Adult

QuestionText: As a result of these additional tests after your mammogram(s), were you diagnosed with cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who followed recommendation for follow-up after a mammogram

SkipInstructions: <1,2,R,D> [goto LUMPEV2]

Question ID: NAF.350_00.000 Instrument Variable Name: LUMPEV2 QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a biopsy to test or remove a lump from your breast that was found NOT to be cancer?

*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.

1 Yes

2 No

3 Lump removed was cancerous

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1> [goto LUMPNUM2]

<2,3,R,D> if age ge 40 [goto CHESTX]; else if age lt 40 [goto ASPIRIN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.351_00.000 Instrument Variable Name: LUMPNUM2 QuestionnaireFileName: Sample Adult

QuestionText: How many of these biopsies have you had?

*Enter '95' if 95 or more biopsies

*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.

01-9597 Refused99 Don't know

UniverseText: Female sample adults 30+ who have had a lump removed that was not cancerous

SkipInstructions: <1-95,R,D> if age ge 40 [goto CHESTX];

else if age lt 40 [goto ASPIRIN]

Question ID: NAF.423_01.000 Instrument Variable Name: CHESTX QuestionnaireFileName: Sample Adult

QuestionText: The next set of questions is about tests of your chest area. These questions ask about chest x-rays and CT scans, but not

mammograms.

In the last 12 months, did you have a chest x-ray?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CHESTREA]

<2,D,R> [goto CATEVER]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_02.000 Instrument Variable Name: CHESTREA QuestionnaireFileName: Sample Adult

QuestionText: Were any of the chest x-rays you had in the last 12 months done to check for lung cancer, rather than for some other

reason?

Yes, to check for lung cancer
 No, for some other reason

7 Refused9 Don't know

UniverseText: Sample adults 40+ who have had a chest xray in the past 12 months

SkipInstructions: <1,2,D,R> [goto CATEVER]

Question ID: NAF.423_03.000 Instrument Variable Name: CATEVER QuestionnaireFileName: Sample Adult

QuestionText: The following questions are about CT scans, also called CAT scans. During this test, you are lying down and moved

through a donut shaped x-ray machine while holding your breath.

Have you EVER HAD a CT or CAT scan?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CATCHST1]

<2,D,R> [goto ASPIRIN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_04.000 Instrument Variable Name: CATCHST1 QuestionnaireFileName: Sample Adult

QuestionText: Were any of the CT or CAT scans you had done of your chest area?

1 Yes

2 No

3 Several areas of upper body region

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have ever had a CAT scan or CT scan

SkipInstructions: <1,3> [goto CATLUNG1]

<2,R,D> [goto ASPIRIN]

Question ID: NAF.423_05.000 Instrument Variable Name: CATLUNG1 QuestionnaireFileName: Sample Adult

QuestionText: The next questions are only about CT or CAT scans to check or screen for lung cancer. Do not include any CT or CAT

scans of your chest area that were done for other reasons.

Were any of the CAT scans of your chest area done to check for lung cancer, rather than for some other reason?

1 Yes, to check for lung cancer

No, for some other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area in the past 12 months

SkipInstructions: <1> [goto CATWHEN]

<2,R,D> [goto ASPIRIN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_06.000 Instrument Variable Name: CATWHEN QuestionnaireFileName: Sample Adult

QuestionText: When did you have your MOST RECENT CT or CAT scan of your chest area to check or screen for lung cancer?

1 A year ago or less

- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years but not more than 3 years ago
- 4 More than 3 years but not more than 5 years ago
- 5 Over 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <1-5,R,D> [goto CATNUM]

Question ID: NAF.423_07.000 Instrument Variable Name: CATNUM QuestionnaireFileName: Sample Adult

QuestionText: How many CT or CAT scans to check or screen for lung cancer have you had in the LAST 3 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more CT scans.

00-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <0-95,R,D> [goto CATNEXT]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_08.000 Instrument Variable Name: CATNEXT QuestionnaireFileName: Sample Adult

QuestionText: When do you expect to have your next CT scan of your chest area to check or screen for lung cancer?

- 1 Less than a year from now
- 2 One year from now
- 3 More than one year from now
- 4 When doctor recommends it
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <1-5,R,D> [goto ASPIRIN]

Question ID: NAF.424_02.000 Instrument Variable Name: ASPIRIN QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Do you now take any of the following medications regularly, that is, at least 3 times a week?

Aspirin, Bayer, Bufferin, or Excedrin?

*Read if necessary: Do NOT include Tylenol.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPIR3M]

<2,R,D> [goto ADVIL]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_03.000 Instrument Variable Name: ASPIR3M QuestionnaireFileName: Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who now take Aspirin etc.

SkipInstructions: <1,2,R,D> [goto ADVIL]

Question ID: NAF.424_04.000 Instrument Variable Name: ADVIL QuestionnaireFileName: Sample Adult

QuestionText: Do you now take any of the following medications regularly, that is, at least 3 times a week?

Advil, Ibuprofen, Motrin, Nuprin, Aleve, Naprosyn, Naproxen, or Celebrex?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ADVIL3M]

<2,R,D> [goto ACETOCT]

Question ID: NAF.424_05.000 Instrument Variable Name: ADVIL3M QuestionnaireFileName: Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who now take Advil etc.

SkipInstructions: <1,2,R,D> [goto ACETOCT]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_05.010 Instrument Variable Name: ACETOCT QuestionnaireFileName: Sample Adult

QuestionText: Do you now take any OVER-THE-COUNTER MEDICATIONS that contain acetaminophen regularly, that is, at least 3

times a week? Acetaminophen is contained in many products such as Tylenol, Tylenol PM, Nyquil, Theraflu, Excedrin,

Alka Seltzer Plus, and Midol.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACETOC3M]

<2,R,D> [goto ACETPR]

Question ID: NAF.424_05.020 Instrument Variable Name: ACETOC3M QuestionnaireFileName: Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who take over the counter acetaminophen

SkipInstructions: <1,2,R,D> [goto ACETPR]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_05.030 Instrument Variable Name: ACETPR QuestionnaireFileName: Sample Adult

QuestionText: Do you now take any of the following PRESCRIPTION PAIN MEDICATIONS that contain acetaminophen regularly,

that is, at least 3 times a week? Acetaminophen is contained in many prescription pain products such as Vicodin, Percocet,

Endocet, Tylenol with Codeine, and Fioricet.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACETPR3M]

<2,R,D> if SEX=1 [goto PROPECIA]

elseif SEX = 2 & AGE GE 30 [goto MEDHRT] elseif SEX=2 & AGE = 18-29 [goto MEDBC]

Question ID: NAF.424_05.040 Instrument Variable Name: ACETPR3M QuestionnaireFileName: Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who take prescription acetaminophen

SkipInstructions: <1,2,R,D> if SEX=1 [goto PROPECIA]

elseif SEX=2 & AGE GE 30 [goto MEDHRT] elseif SEX=2 & AGE = 18-29 [goto MEDBC]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_06.000 Instrument Variable Name: PROPECIA QuestionnaireFileName: Sample Adult

QuestionText: Some men take medications such as Propecia (pro-PEE-she-ah), Proscar (PRAHS-car) or Finasteride (fin-AS-tur-eyed) for hair loss or for problems with their prostate gland. Do you now take any of these medications regularly, that is, at least 3

times a week?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 18+

SkipInstructions: <1> [goto PROPMTHS]

<2,R,D> if AGE ge 40 [goto PSAHAD]

elseif AGE = 18-39 [goto genetic testing (NAG)]

Question ID: NAF.424_07.000 Instrument Variable Name: PROPMTHS QuestionnaireFileName: Sample Adult

QuestionText: Have you taken Propecia, Proscar or Finasteride regularly for the last 3 months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 18+ who take Propecia regularly

SkipInstructions: <1> [goto PROPREAS]

<2,R,D> if AGE ge 40 [goto PSAHAD]

elseif AGE = 18-39 [goto genetic testing (NAG)]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_08.000 Instrument Variable Name: PROPREAS QuestionnaireFileName: Sample Adult

*Read categories below.

1 For problems related to your prostate

- 2 For male pattern baldness
- To reduce the chance that you may develop prostate cancer
- 4 Other reason7 Refused

QuestionText:

9 Don't know

UniverseText: Male sample adults 18+ who have taken Propecia regularly for last 3 months

What is the main reason you are taking Propecia, Proscar or Finasteride?

SkipInstructions: <1-4,R,D> if AGE ge 40 [goto PSAHAD]

elseif AGE = 18-39 [goto genetic testing (NAG)]

Question ID: NAF.425_01.000 Instrument Variable Name: MEDHRT QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking Hormone Replacement Therapy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto MEDTAMX]

<2,R,D> [goto HRTEVER]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.425_02.000 Instrument Variable Name: HRTEVER QuestionnaireFileName: Sample Adult

QuestionText: Have you ever taken Hormone Replacement Therapy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who are not currently taking HRT

SkipInstructions: <1> [goto HRTSTOP]

<2,R,D> [goto MEDTAMX]

Question ID: NAF.425_03.000 Instrument Variable Name: HRTSTOP QuestionnaireFileName: Sample Adult

QuestionText: About how long ago did you stop using Hormone Replacement Therapy -- was it 2 years ago or less, more than 2 years

ago but not more than 5 years ago, or more than 5 years ago?

1 2 years ago or less

2 more than 2 years ago but not more than 5 years ago

3 more than 5 years ago

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever taken HRT but not currently

SkipInstructions: <1-3,R,D> goto MEDTAMX

Question ID: NAF.425_04.000 Instrument Variable Name: MEDTAMX QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking Tamoxifen, also known as Nolvadex?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto TAMMAIN]

<2,R,D> [goto MEDRALX]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.425_05.000 Instrument Variable Name: TAMMAIN QuestionnaireFileName: Sample Adult

QuestionText: What is the main reason you are taking tamoxifen?

*Put response into correct category below.

1 As part of your treatment for breast cancer

2 To reduce the chance that you may develop breast cancer

3 Both

4 Other reason7 Refused9 Don't know

UniverseText: Female sample adults 30+ who are currently taking tamoxifen

SkipInstructions: <1-3,R,D> [goto MEDRALX]

<4> [goto TAMOXSP]

Question ID: NAF.425_05.010 Instrument Variable Name: TAMOXSP QuestionnaireFileName: Sample Adult

QuestionText: *Enter other reason for taking tamoxifen.

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Female sample adults 30+ who are currently taking tamoxifen for other reason

SkipInstructions: <Allow 30,R,D> [goto MEDRALX]

Question ID: NAF.425_06.000 Instrument Variable Name: MEDRALX QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking Raloxifene (rah-LOX-ih-fen), also known as Evista?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto RALXREAS]

<2,R,D> [goto MEDBC]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.425_07.000 Instrument Variable Name: RALXREAS QuestionnaireFileName: Sample Adult

QuestionText: What is the main reason you are taking raloxifene?

*Put response into correct category below.

1 As part of your treatment for osteoporosis

2 To reduce the chance that you may develop breast cancer

3 Both

4 Other reason7 Refused9 Don't know

UniverseText: Female sample adults 30+ who are currently taking raloxifene

SkipInstructions: <1-3,R,D> [goto MEDBC]

<4> [goto RALOXSP]

Question ID: NAF.425_07.010 Instrument Variable Name: RALOXSP QuestionnaireFileName: Sample Adult

QuestionText: *Enter other reason for taking raloxifen.

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Female sample adults 30+ who are currently taking raloxifen for other reason

SkipInstructions: <Allow 30,R,D> [goto MEDBC]

Question ID: NAF.425_08.000 Instrument Variable Name: MEDBC QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking birth control pills, birth control implants, birth control shots or have a birth control patch?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE ge 40 [goto COLDIS];

elseif AGE=18-39 [goto genetic testing, #31 NAG]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.430_00.000 Instrument Variable Name: PSAHAD QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a PSA test?

*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

Yes
 No
 Refused
 Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1> [goto RPSA1_MT]

<2,R,D> [goto PSAADV]

Question ID: NAF.440_00.000 Instrument Variable Name: RPSA1_MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT PSA test?

* Enter month of last PSA test.

* Enter '96' to go to number and time period format.

01 January02 February03 March

04 April05 May

05 May06 June07 July

08 August

09 September10 October11 November

12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-12,D> [goto RPSA1_YR]

<R> store "R' in RPSA1_YR [goto RPSA2] <96> store "9996" in RPSA1_YR [goto RPSA1N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.440_01.000 Instrument Variable Name: RPSA1_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter year of last PSA test.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <valid year> if RPSA1_YR gt current year or (RPSA1_YR=current year and RPSA1_MT gt current month)

goto ERR1_ RPSA1_YR (future date)

elseif RPSA1_YR lt DOBY or (RPSA1_YR=DOBY and RPSA1_MT lt DOBM)

goto ERR2_RPSA1_YR (prior to birth date)

elseif RPSA1_MT=D

goto RPSA2

elseif RPSA1_MT=1-12 goto PSAREAS <R,D> goto RPSA2

Hard Edit: ERR1_RPSA1_YR

* Future date invalid. Please correct.

ERR2_RPSA1_YR

* Date before birth. Please correct.

Question ID: NAF.440_02.000 Instrument Variable Name: RPSA1N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT PSA test?

* Enter number for time since last PSA test.

* Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Male sample adults 40+ who have selected number and time period format for most recent PSA test from the initial

month screen

SkipInstructions: <1-95> [goto RPSA1T]

<R,D> store "R,D" in RPSA1T [goto RPSA2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.440_03.000 Instrument Variable Name: RPSA1T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent PSA test.

Day(s) ago
 Week(s) ago
 Month(s) ago
 Year(s) ago
 Refused
 Don't know

UniverseText: Male sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PSAREAS

<4> if RPSA1N=4 set RPSA2=4 goto PSAREAS

elseif RPSA1N gt 5 and RPSA1N gt AGE goto ERR_RPSA1T (greater than persons age) elseif RPSA1N gt 5 and RPSA1N le AGE

set RPSA2=5 goto PSAREAS elseif RPSA1N=1,2,3,5 goto RPSA2 <R,D> goto RPSA2

Hard Edit: ERR_RPSA1T

* Time since last exam cannot be greater than age.

* Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.440 04.000 Instrument Variable Name: QuestionnaireFileName: RPSA2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 Over 5 years ago 7 Refused

UniverseText: Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a

complete date in the number and time period format, or entered years ago in the time period format (excluding

those whose last PSA test was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RPSA2]

else [goto PSAREAS]

Hard Edit: ERR_RPSA2

Don't know

9

*That is not a valid response.

*Please correct.

Question ID: NAF.441_00.000 Instrument Variable Name: PSAREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other

reason?

1 Part of a routine exam

2 Because of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-3,R,D> [goto PSASUGG]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.445_00.000 Instrument Variable Name: PSASUGG QuestionnaireFileName: Sample Adult

QuestionText: Who first suggested the PSA test: you, your doctor, or someone else?

1 Self

2 Doctor

3 Someone else

7 Refused

9 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-3,R,D> [goto PSA5YR]

Question ID: NAF.450_00.000 Instrument Variable Name: PSA5YR QuestionnaireFileName: Sample Adult

QuestionText: How many PSA tests have you had in the LAST 5 years?

*Enter '0' for none.

*Enter '95" for 95 or more PSA tests.

00-9597 Refused99 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <0-95,R,D> [goto PSAADV]

Question ID: NAF.455_00.000 Instrument Variable Name: PSAADV QuestionnaireFileName: Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the advantages of [fill 2: it/the PSA test]?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto PSADISAV]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.460_00.000 Instrument Variable Name: PSADISAV QuestionnaireFileName: Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the disadvantages of [fill 2: it/the PSA

test]?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto PSAEXP]

Question ID: NAF.470_00.000 Instrument Variable Name: PSAEXP QuestionnaireFileName: Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER tell you that some experts disagree about whether men should

have PSA tests?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLDIS]

Question ID: NAF.500_00.000 Instrument Variable Name: COLDIS QuestionnaireFileName: Sample Adult

QuestionText: Have you and your doctor or other health professional ever DISCUSSED getting a test to check for colon cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLHAD]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.540_00.000 Instrument Variable Name: COLHAD QuestionnaireFileName: Sample Adult

QuestionText:

There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a Sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

Have you EVER HAD a colonoscopy?

*Read if necessary:

A polyp is a small growth that develops on the inside of the colon or rectum.

Before these tests, you are asked to take a medication that causes diarrhea.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto COL_MT]

<2,R,D> [goto SIGHAD]

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.560_01.000 Instrument Variable Name:	COL_MT	QuestionnaireFileName:	Sample Adult
QuestionText:	1 of 2			
	When did you have your MOST RECENT c	olonoscopy?		
	*Enter month of last exam.			
	*Enter '96' to go to number and time period	format.		
01	January			
02	February			
03	March			
04	April			
05	May			
06	June			
07	July			
08	August			
09	September			
10	October			
11	November			

UniverseText: Sample adults 40+ who have ever had a colonoscopy

SkipInstructions: <1-12,D> [goto COL_YR]

December

Refused

Don't know

Time period format

12

96

97

99

<R> store "R" in COL_YR [goto COL2] <96> store "9996" in COL_YR [goto COLN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.560_02.000 Instrument Variable Name: COL_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last colonoscopy.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy

goto ERR1_ COL_YR (future date)

elseif COL_YR lt DOBY or (COL_YR=DOBY and COL_MT lt DOBM)

goto ERR2_ COL_YR (prior to birth date)

elseif COL_MT=D goto COL2 elseif COL_MT=1-12 goto COLREAS <R,D> goto COL2

Hard Edit: ERR1_COL_YR

* Future date invalid. Please correct.

ERR2_COL_YR

* Date before birth. Please correct.

Question ID: NAF.570_01.000 Instrument Variable Name: COLN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT colonoscopy?

*Enter number for time since last colonoscopy.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent colonoscopy from the initial

month screen

SkipInstructions: <1-95> [goto COLT]

<R,D> store "R,D" in COLT [goto COL2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.570_02.000 Instrument Variable Name: COLT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent colonoscopy.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto COLREAS

<4> if COLN=4
 set COL2=4
 goto COLREAS
 elseif COLN=6,7,8,9
 set COL2=5
 goto COLREAS
 elseif COLN gt 10 and COLN gt AGE
 goto ERR_COLT (greater than persons age)
 elseif COLN gt 10 and COLN le AGE
 set COL2=6
 goto COLREAS
 elseif COLN=1,2,3,5,10

goto COL2 <R,D> goto COL2

Hard Edit: ERR_COLT

* Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.575 00.000 Instrument Variable Name: QuestionnaireFileName: COL₂ Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 More than 5 years but not more than 10 years 6 Over 10 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colonoscopy was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out [goto ERR_COL2] else [goto COLREAS] ERR_COL2 **Hard Edit:**

QuestionText: What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up

COLREAS

QuestionnaireFileName:

Sample Adult

test of an earlier test or screening exam, or some other reason?

*That is not a valid response.

*Please correct.

Part of a routine exam
 Because of a problem

Follow-up test of an earlier test or screening exam

NAF.590_00.000 Instrument Variable Name:

4 Other reason

7 Refused

Question ID:

9 Don't know

UniverseText: Sample adults 40+ who have had a colonoscopy

SkipInstructions: <1-4,R,D> [goto COLPAY]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.590_00.010 Instrument Variable Name: COLPAY QuestionnaireFileName: Sample Adult

QuestionText: How much did you pay out of pocket for your most recent colonoscopy -- was it NONE, PART, or ALL of the cost?

1 None of the cost

- 2 Part of the cost
- 3 All of the cost
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who who have ever had a colonoscopy

SkipInstructions: <1-3,R,D> [goto SIGHAD]

Question ID: NAF.591_00.000 Instrument Variable Name: SIGHAD QuestionnaireFileName: Sample Adult

QuestionText: Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully

awake. Have you EVER HAD a sigmoidoscopy?

1 Yes

- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto SIG_MT]

<2,R,D> [goto CTHEARD]

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.592_01.000 Instrument Variable Name:	SIG_MT	QuestionnaireFileName:	Sample Adult			
QuestionText:	1 of 2						
When did you have your MOST RECENT sigmoidoscopy?							
*Enter month of last exam.							
	*Enter '96' to go to number and time period format.						
01	January						
02	February						
03	March						
04	April						

April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 40+ who have ever had a sigmoidoscopy

SkipInstructions: <1-12,D> [goto SIG_YR]

<R> store "R' in SIG_YR [goto SIG2] <96> store "9996" in SIG_YR [goto SIGN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.593_02.000 Instrument Variable Name: SIG_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last sigmoidoscopy.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last sigmoidoscopy or didn't know month of last sigmoidoscopy

goto ERR1_ SIG_YR (future date)

elseif SIG_YR lt DOBY or (SIG_YR=DOBY and SIG_MT lt DOBM)

goto ERR2_ SIG_YR (prior to birth date)

elseif SIG_MT=D goto SIG2

elseif SIG_MT=1-12 goto SIGREAS <R,D> goto SIG2

Hard Edit: ERR1_SIG_YR

* Future date invalid. Please correct.

ERR2_SIG_YR

* Date before birth. Please correct.

Question ID: NAF.594_01.000 Instrument Variable Name: SIGN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT sigmoidoscopy?

*Enter number for time since last sigmoidoscopy.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent sigmoidoscopy from the initial

month screen

SkipInstructions: <1-95> [goto SIGT]

<R,D> store "R,D" in SIGT [goto SIG2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.595_02.000 Instrument Variable Name: SIGT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent sigmoidoscopy.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto SIGREAS

<4> if SIGN=4
 set SIG2=4
 goto SIGREAS
 elseif SIGN=6,7,8,9
 set SIG2=5
 goto SIGREAS
 elseif SIGN gt 10 and SIGN gt AGE
 goto ERR_SIGT (greater than persons age)
 elseif SIGN gt 10 and SIGN le AGE
 set SIG2=6
 goto SIGREAS
 elseif SIGN=1,2,3,5,10
 goto SIG2
<R,D> goto SIG2

Hard Edit: ERR_SIGT

* Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.596 00.000 Instrument Variable Name: QuestionnaireFileName: SIG2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 More than 5 years but not more than 10 years 6 Over 10 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last sigmoidoscopy was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out {goto ERR_SIG2} else [goto SIGREAS] ERR_SIG2 **Hard Edit:** *That is not a valid response.

Question ID: NAF.597_00.000 Instrument Variable Name: SIGREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

.

*Please correct.

Part of a routine exam
 Because of a problem

Follow-up test of an earlier test or screening exam

4 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had a sigmoidoscopy

SkipInstructions: <1-4,R,D> [goto CTHEARD]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.611_00.000 Instrument Variable Name: CTHEARD QuestionnaireFileName: Sample Adult

QuestionText:

CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

Before today, HAD YOU EVER HEARD of CT colonography or virtual colonoscopy?

*Read if necessary:

This is not the same as a colonoscopy or a sigmoidoscopy.

Unlike CT tests for other purposes, you DO take laxatives to clean out your colon for this test.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CTHADEV]

<2,R,D> [goto POLYP]

Question ID: NAF.612_00.000 Instrument Variable Name: CTHADEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a CT colonography or virtual colonoscopy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have ever heard of a CT colonography or a virtual colonoscopy

SkipInstructions: <1> [goto CT_MT]

<2,R,D> [goto POLYP]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.613_01.000 Instrument Variable Name: CT_MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter month of last CT colonography or virtual colonoscopy.

*Enter '96' to go to number and time period format.

01 January
 02 February
 03 March
 04 April
 05 May
 06 June

June
 July
 August
 September
 October

11 November 12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 40+ who have ever had a CT colonography or virtual colonoscopy

SkipInstructions: <1-12,D> [goto CT_YR]

<R> store "R' in CT_YR [goto CT2] <96> store "9996" in CT_YR [goto CTN]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.614_02.000 Instrument Variable Name: CT_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last CT colonography or virtual colonoscopy.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last CT colonography or virtual colonoscopy or didn't know month

of last CT colonography or virtual colonoscopy

SkipInstructions: <valid year> if CT_YR gt current year or (CT_YR=current year and CT_MT gt current month)

goto ERR1_ CT_YR (future date)

elseif CT_YR lt DOBY or (CT_YR=DOBY and CT_MT lt DOBM)

goto ERR2_ CT_YR (prior to birth date)

elseif CT_MT=D goto CT2 elseif CT_MT=1-12 goto CTREAS <R,D> goto CT2

Hard Edit: ERR1_CT_YR

* Future date invalid. Please correct.

ERR2_CT_YR

* Date before birth. Please correct.

Question ID: NAF.615_01.000 Instrument Variable Name: CTN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter number for time since last CT colonography or virtual colonoscopy.

*Enter '95' for 95 or more.

01-95 1-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent CT colonography or virtual

colonoscopy from the initial month screen

SkipInstructions: <1-95> [goto CTT]

<R,D> store "R,D" in CTT [goto CT2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.616_02.000 Instrument Variable Name: CTT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent CT colonography or virtual colonoscopy.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto CTREAS

<1-3> goto CTREAS
<4> if CTN=4
 set CT2=4
 goto CTREAS
elseif CTN=6,7,8,9
 set CT2=5
 goto CTREAS
elseif CTN gt 10 and CTN gt AGE
 goto ERR_CTT (greater than persons age)
elseif CTN gt 10 and CTN le AGE
 set CT2=6
 goto CTREAS
elseif CTN=1,2,3,5,10
 goto CT2
<R,D> goto CT2

Hard Edit: ERR_CTT

^{*} Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

QuestionnaireFileName: **Question ID:** NAF.617 00.000 Instrument Variable Name: CT2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 More than 5 years but not more than 10 years 6 Over 10 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last CT colonography or virtual colonoscopy was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out [goto ERR_CT2] else [goto CTREAS] ERR_CT2 **Hard Edit:** *That is not a valid response.

Question ID: NAF.618_00.000 Instrument Variable Name: CTREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this CT colonography or virtual colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

- Part of a routine exam
 Because of a problem
- Follow-up test of an earlier test or screening exam

*Please correct.

- 4 Other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CT colonography or virtual colonoscopy

SkipInstructions: <1-4,R,D> [goto POLYP]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.619_00.000 Instrument Variable Name: POLYP QuestionnaireFileName: Sample Adult

QuestionText: A polyp is a small growth that develops on the inside of the colon or rectum. During the past 10 years did a doctor tell

you that you had a polyp in your colon or rectum?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLTOLD]

Question ID: NAF.619_00.010 Instrument Variable Name: COLTOLD QuestionnaireFileName: Sample Adult

QuestionText:

The following questions are about another type of test to check for colon cancer - the blood stool or occult blood test, or fecal immunochemical or FIT test, tests to determine whether you have blood in your stool or bowel movement. These tests can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

Has your doctor or other health professional EVER told you about these tests for blood in the stool to check for colon cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto COLGOOD]

<2,R,D] [goto HFOBHAD1]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.619_00.020 Instrument Variable Name: COLGOOD QuestionnaireFileName: Sample Adult

QuestionText: Did your doctor or other health professional say that these tests for blood in the stool are a GOOD way to check for colon

cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have been told by a doctor about blood stool, occult blood, and FIT tests

SkipInstructions: <1,2,R,D> [goto HFOBHAD1]

Question ID: NAF.620_00.000 Instrument Variable Name: HFOBHAD1 QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a blood stool or FIT test, using a HOME test kit?

*Read if necessary: Do not include tests done at the doctor's office.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> goto RHFO2_MT

<2,R,D> goto FOBHAD1

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.640_01.000 Instrument Variable Name: RHFO2_MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool or FIT test using a kit at home?

*Enter month of last home blood stool or FIT test.

*Enter '96' to go to number and time period format.

January
 February
 March
 April
 May
 June

07 July
 08 August
 09 September
 10 October

11 November 12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 40+ who have ever had a home blood stool or FIT test

SkipInstructions: <1-12,D> goto RHFO2_YR

<R> store "R" in RHFO2_YR and goto RHFO2 <96> store "9996" in RHFO2_YR and goto RHFO2N

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.640_02.000 Instrument Variable Name: RHFO2_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last home blood stool or FIT test.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last home blood stool or FIT test or didn't know month of last test

SkipInstructions: <valid year> if RHFO2_YR gt current year or (RHFO2_YR=current year and RHRO1_MT gt current month)

goto ERR1_RHFO2_YR (future date)

elseif RHFO2_YR lt DOBY or (RHFO2_YR=DOBY and RHFO2_MT lt DOBM)

goto ERR2_RHFO2_YR (prior to birth date)

elseif RHFO2_MT=D

goto RHFO2

elseif RHFO2_MT=1-12

goto HFOBREA2

<R,D> goto RHFO2

Hard Edit: ERR1_RHFO2_YR

* Future date invalid. Please correct.

ERR2_RHFO2_YR

* Date before birth. Please correct.

Question ID: NAF.650_01.000 Instrument Variable Name: RHFO2N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT blood stool or FIT test using a kit at home?

*Enter number for time since last home blood stool or FIT test.

*Enter '95' for 95 or more.

01-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent home blood stool or FIT test from

the initial month screen

SkipInstructions: <1-95> [goto RHFO2T]

<R,D> store "R,D" in RHFO2T [goto RHFO2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.650_02.000 Instrument Variable Name: RHFO2T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent home blood stool or FIT test.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto HFOBREA2

<4> if RHFO2N=4
 set RHFO2=4
 goto HFOBREA2
 elseif RHFO2N=6,7,8,9
 set RHFO2=5
 goto HFOBREA2
 elseif RHFO2N gt 10 and RHFO2N gt AGE
 goto ERR_RHFO2T (greater than persons age)
 elseif RHFO2N gt 10 and RHFO2N le AGE
 set RHFO2=6
 goto HFOBREA2
 elseif RHFO2N=1,2,3,5,10
 goto RHFO2
<R,D> goto RHFO2

Hard Edit: ERR_RHFO2T

^{*} Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.655 00.000 Instrument Variable Name: QuestionnaireFileName: RHFO2 Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 More than 5 years but not more than 10 years 6 Over 10 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool or FIT test was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out [goto ERR_RHFO2] else [goto HFOBREA2] ERR_RHFO2 **Hard Edit:** *That is not a valid response.

Question ID: NAF.660_00.000 Instrument Variable Name: HFOBREA2 QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this home blood stool or FIT test - was it part of a routine exam, because of a

problem, or some other reason?

*Please correct.

Part of a routine exam
 Because of a problem

3 Other reason7 Refused9 Don't know

UniverseText: Sample adults 40+ who have had a home blood stool or FIT test

SkipInstructions: <1-3,R,D> [goto FOBHAD1]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.710_00.000 Instrument Variable Name: FOBHAD1 QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a blood stool or FIT test in which your doctor or other health care professional collected a stool

sample during an office visit?

1 Yes

2 No7 Refu

7 Refused9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto RFOB2_MT]

<2, R, D> if ((COLHAD = 2,R,D) or (COL2 = 6) or (COL_YR = (current year -10) and COL_MT lt current month) or (COL_YR lt (current year -10))) and ((SIGHAD = 2,R,D) or (SIG2 = 5,6) or (SIG_YR = (current year -5) and SIG_MT lt current month) or (SIG_YR lt (current year -5))) and ((CTHEARD = 2,R,D) or (CTADEV = 2,R,D) or (CT2 = 5,6) or (CT_YR = (current year -5)) and ((HFOBHAD = 2,R,D) or (RHFO2 = 2-6) or (RHFO2_YR = (current year -1) and RHFO2_MT lt

current month) or (RHFO2_YR lt (current year – 1)) or (RHFO2T = 2 and RHFO2N gt 52) or

(RHFO2T = 3 and RHFO2N gt 12)) [goto COLPROB1]

else [goto genetic testing]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.720_01.000 Instrument Variable Name: RFOB2_MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST recent OFFICE blood stool or FIT test?

*Enter month of last office blood stool/FIT test.

*Enter '96' to go to number and time period format.

01 January
 02 February
 03 March
 04 April
 05 May
 06 June

July
 August
 September
 October

11 November 12 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 40+ who have ever had a office blood stool/FIT test

SkipInstructions: <1-12,D> [goto RFOB2_YR]

<R> store "R' in RFOB2_YR [goto RFOB2] <96> store "9996" in RFOB2_YR [goto RFOB2N]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.720_02.000 Instrument Variable Name: RFOB2_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last office blood stool/FIT test.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults 40+ who answered month of last office blood stool/FIT test or didn't know month of last office

blood stool test

goto ERR1_ RFOB2_YR (future date)

elseif RFOB2_YR lt DOBY or (RFOB2_YR=DOBY and RFOB2_MT lt DOBM)

goto ERR2_ RFOB2_YR (prior to birth date)

elseif RFOB2_MT=D goto RFOB2

elseif RFOB2_MT=1-12 goto RFOBRES1 <R,D> goto RFOB2

Hard Edit: ERR1_RFOB2_YR

* Future date invalid. Please correct.

ERR2_RFOB2_YR

* Date before birth. Please correct.

Question ID: NAF.730_01.000 Instrument Variable Name: RFOB2N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST recent OFFICE blood stool or FIT test?

*Enter number for time since last office blood stool/FIT test.

*Enter '95' for 95 or more.

01-95 1-9597 Refused99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent office blood stool/FIT test from

the initial month screen

SkipInstructions: <1-95> [goto RFOB2T] <R,D> store "R,D" in RFOB2T [goto RFOB2]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.730_02.000 Instrument Variable Name: RFOB2T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent office blood stool/FIT test.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto RFOBRES1

<1->> goto RFOBRES1
<4> if RFOB2N=4
goto RFOBRES1
elseif RFOB2N=6,7,8,9
set RFOB2=5
goto RFOBRES1
elseif RFOB2N gt 10 and RFOB2N gt AGE
goto ERR_RFOB2T (greater than persons age)
elseif RFOB2N gt 10 and RFOB2N le AGE
set RFOB2=6
goto RFOBRES1
elseif RFOB2N=1,2,3,5,10
goto RFOB2
<R,D> goto RFOB2

Hard Edit: ERR_RFOB2T

^{*} Time since last exam cannot be greater than age.

^{*} Please correct.

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.735 00.000 Instrument Variable Name: RFOB2 QuestionnaireFileName: Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 More than 5 years but not more than 10 years 6 Over 10 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last office blood stool test/FIT was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out [goto ERR_RFOB2] else [goto RFOBRES1] ERR_RFOB2 Hard Edit: *That is not a valid response. *Please correct. **Question ID:** NAF.740 00.000 Instrument Variable Name: RFOBRES1 QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this office blood stool or FIT test - was it part of a routine exam, because of a

problem, or some other reason?

Part of a routine examBecause of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had an office blood stool/FIT test

SkipInstructions: <1-3,R,D> if ((COLHAD = 2) or (COL2 = 6) or (COL_YR = (current year - 10) and COL_MT lt current month)

or (COL_YR lt (current year -10))) and ((SIGHAD = 2) or (SIG $_2 = 5$,6) or (SIG_YR = (current year -5) and SIG_MT lt current month) or (SIG_YR lt (current year -5))) and ((CTHEARD = 2) or (CTHADEV = 2) or (CT2

= 5,6) or $(CT_YR = (current \ year - 5)$ and CT_MT lt current

month) or (CT_YR lt (currentyear – 5))) and ((HFOBHAD = 2) or (RHFO2 = 2-6) or (RHFO2_YR = (current year – 1) and RHFO2_MT lt current month) or (RHFO2_YR lt (current year – 1)) or (RHFO2T = 2 and RHFO2N gt

52) or (RHFO2T = 3 and

RHFO2N gt 12)) [goto COLPROB1]

else [goto genetic testing]

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.750_00.000 Instrument Variable Name: COLPROB1 QuestionnaireFileName: Sample Adult

QuestionText: In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for

problems in your colon or rectum?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have NOT had a colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT

colonography in the past 5 years, or home blood stool/FIT test in the last year

SkipInstructions: <1> [goto COLKIND1]

<2,R,D> [goto genetic testing]

Question ID: NAF.770_00.000 Instrument Variable Name: COLKIND1 QuestionnaireFileName: Sample Adult

QuestionText: Which tests to check for colon cancer did the doctor or other health professional recommend to you? Possible tests include

stool blood or fecal occult blood or FIT test; sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or

other.

*Enter all that apply, separate with commas.

1 Stool blood test/fecal occult blood/FIT test

2 Sigmoidoscopy

3 Colonoscopy

4 CT colonography/virtual colonoscopy

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had particular tests recommended to look for problems in the colon and who have

NOT had a colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT colonography in the past 5

years, or home blood stool/FIT test in the last year and who had another type of test recommended

SkipInstructions: <1-5,R,D> [goto genetic testing]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.001_00.000 Instrument Variable Name: GCEVER QuestionnaireFileName: Sample Adult

QuestionText:

These next questions refer to genetic COUNSELING for cancer risk. We will ask about genetic TESTING for cancer risk in a few minutes. Genetic counseling involves a discussion with a specially trained health care provider about your family history of cancer and how likely you are to develop cancer. It may also include a discussion about whether genetic testing is right for you.

is right for you.

Have you ever received genetic counseling for cancer risk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GCMREAS]

<2,R,D> [goto GTPOSS1]

Question ID: NAG.002_00.000 Instrument Variable Name: GCMREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had genetic counseling?

*Read answer categories.

1 Your doctor recommended it

2 You requested it

3 Family member suggested it

4 You heard or read about it in the news

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1-5,R,D> [goto GCBREAST]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.003_00.000 Instrument Variable Name: GCBREAST QuestionnaireFileName: Sample Adult

QuestionText: Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for breast cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

 $\textbf{SkipInstructions:} \hspace{0.5cm} <1,2,R,D> \text{if SEX=2 [goto GCOVRN];} \\$

else [goto GCCOLON]

Question ID: NAG.004_00.000 Instrument Variable Name: GCOVRN QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for ovarian cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Female Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCCOLON]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.005_00.000 Instrument Variable Name: GCCOLON QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for colon or rectal cancer?

Yes
 No
 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCANOTH]

Question ID: NAG.006_00.000 Instrument Variable Name: GCANOTH QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for another type of cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1> [goto GCSPEC]

<2,R,D> [goto GTPOSS1]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.007_00.000 Instrument Variable Name: GCSPEC QuestionnaireFileName: Sample Adult

QuestionText: *Specify other cancer for which genetic counseling was received.

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling for another type of cancer

SkipInstructions: <allow 30,R,D> [goto GTPOSS1]

Question ID: NAG.015_00.000 Instrument Variable Name: GTPOSS1 QuestionnaireFileName: Sample Adult

QuestionText: The following questions refer to genetic TESTING for cancer risk. That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to

determine if you have cancer now. Do NOT include self-testing kits administered at home.

Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health

professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTADVIS1]

<2,R,D> [goto GTGRISK]

Question ID: NAG.025_00.000 Instrument Variable Name: GTADVIS1 QuestionnaireFileName: Sample Adult

QuestionText: Did a doctor or other health professional ADVISE you to have such a test?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have discussed the possibility of getting a genetic test with a doctor or other health

professional

SkipInstructions: <1,2,R,D> [goto GTGRISK]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.030_00.000 Instrument Variable Name: GTGRISK QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

*Read if necessary: This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTBRE];

<2,R,D> [goto GTCCLOM]

Question ID: NAG.040_01.000 Instrument Variable Name: GTBRE QuestionnaireFileName: Sample Adult

QuestionText: Please think about your MOST RECENT genetic test for cancer risk. Was it for breast cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> if SEX=2 [goto GTOVA];

else SEX=1 [goto GTCOL]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.040_02.000 Instrument Variable Name: GTOVA QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for ovarian cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Female sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTCOL]

Question ID: NAG.040_03.000 Instrument Variable Name: GTCOL QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for colon or rectal cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTOTH]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.040_04.000 Instrument Variable Name: GTOTH QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for another type of cancer?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1> goto [GTRSKOTH]

<2,R,D> goto [GTRSK_MT]

Question ID: NAG.044_00.000 Instrument Variable Name: GTRSKOTH QuestionnaireFileName: Sample Adult

QuestionText: *Specify other test for genetic risk of cancer.

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <allow 30,R,D> goto [GTRSK_MT]

Genetic Testing

Document Version Date: 27-May-16

Question ID:	NAG.050_01.000 Instrument Variable Name:	GTRSK_MT	QuestionnaireFileName:	Sample Adult				
QuestionText:	1 of 2							
	When did you have this genetic test done?							
	*Enter month of genetic test.							
	*Enter '96' to go to number and time period	*Enter '96' to go to number and time period format.						
01	January							
02	February							
03	March							
04	April							
05	May							
06	June							
07	July							
08	August							
09	September							
10	October							
11	November							
12	December							
96	Time period format							

UniverseText: Sample adults 18+ who have had a genetic test for cancer

SkipInstructions: <1-12,D> goto GTRSK_YR

Refused

Don't know

97

99

<R> store "R' in GTRSK_YR then [goto GTRSK2] <96> store "9996" in GTRSK_YR then [goto GTRSKN]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.050_02.000 Instrument Variable Name: GTRSK_YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of genetic test.

1880-2016 1880-2016

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their genetic test date or who didn't know the month

SkipInstructions: <valid year>

if GTRSK_YR gt current year or (GTRSK_YR =current year and GTRSK_MT gt current month)

goto ERR1_GTRSK_YR (future date)

elseif GTRSK_YR lt DOBY or (GTRSK_YR =DOBY and GTRSK_MT lt DOBM)

goto ERR2_ GTRSK_YR _YR (prior to birth date) elseif GTRSK_MT =D and GTRSK_YR < current year-5 set GTRSK2=5

goto GTCCLOM elseif GTRSK_MT =D and GTRSK_YR = current year-4

set GTRSK2=4 goto GTCCLOM

elseif GTRSK_MT =D and GTRSK_YR = current year

set GTRSK2=1 goto GTCCLOM

elseif GTRSK_MT =D and (GTRSK_YR = current year-1 or GTRSK_YR = current year-2 or GTRSK_YR =

current year-3 or GTRSK_YR = current year-5)

goto GTRSK2

elseif GTRSK_MT =1-12 goto GTCCLOM <R,D> goto GTRSK2

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.055_01.000 Instrument Variable Name: GTRSKN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have this genetic test done?

*Enter number for time since genetic test.

*Enter '95' for 95 or more.

01-94
95
95+
97
Refused
99
Don't know

UniverseText: Sample adults 18+ who requested the time period format at GTRSK_MT

SkipInstructions: <1-95> [goto GTRSKT]

<R,D> store 'R,D' in GTRSKT then [goto GTRSK2]

Question ID: NAG.055_02.000 Instrument Variable Name: GTRSKT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since genetic test.

1 Day(s)

Week(s)

3 Month(s)

4 Year(s)

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered 1-95 for the number part of this 2-part question

SkipInstructions: <1-3> goto GTCCLOM

<4> if GTRSKN=4, set GTRSK2=4, [goto GTCCLOM]

elseif GTRSKN gt 5 and GTRSKN gt AGE, [goto ERR_GTRSKT (greater than persons age)]

elseif GTRSKN gt 5 and GTRSKN le AGE, set GTRSK2=5, [goto GTCCLOM]

elseif GTRSKN=1,2,3,5, goto GTRSK2

<R,D> goto GTRSK2

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.060 00.000 Instrument Variable Name: GTRSK2 QuestionnaireFileName: Sample Adult QuestionText: Was it: *Read answer categories. 1 A year ago or less 2 More than 1 year but not more than 2 years 3 More than 2 years but not more than 3 years 4 More than 3 years but not more than 5 years 5 Over 5 years ago 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last genetic test was over 5 years ago) **SkipInstructions:** <1-5,R,D>if answer code is grayed out [goto ERR_GTRSK2] else [goto GTCCLOM]

Hard Edit: ERR_GTRSK2

*That is not a valid response.

*Please correct.

Question ID: NAG.080_00.000 Instrument Variable Name: GTCCLOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to the average {fill1: man/woman} your age, would you say that you are more likely to get colon or rectal

cancer, less likely, or about as likely?

*Read if necessary.

For a colon or rectal cancer survivor, this means getting colon or rectal cancer again in the future.

1 More likely

2 Less likely

3 About as likely

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <1-3,R,D> [if SEX = 1, goto next section; else if SEX = 2, goto GTCBOM]

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.090_00.000 Instrument Variable Name: GTCBOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to the average woman your age, would you say that you are more likely to get breast cancer, less likely, or

about as likely?

*Read if necessary.

For a breast cancer survivor, this means getting breast cancer again in the future.

1 More likely

2 Less likely

3 About as likely

7 Refused

9 Don't know

UniverseText: Female sample adults age 18+

SkipInstructions: <1-3,R,D> [goto next section]

Family History

Document Version Date: 27-May-16

Question ID: NAH.010_00.000 Instrument Variable Name: FHFCAN QuestionnaireFileName: Sample Adult

QuestionText: We would like to ask you a few questions about your family history of cancer. Did your BIOLOGICAL FATHER EVER

have cancer of any kind?

1 Yes

2 No

3 Adopted or don't know biological father

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto FHFTYP_1]

<2,3,R,D> [goto FHMCAN]

Family History

Document Version Date: 27-May-16

Question ID:	NAH.020_00.001 Instrument Variable Name:	FHFTYP_1	QuestionnaireFileName:	Sample Adult
QuestionText:	What kind of cancer did your father have?			
	* Enter code for the first kind of cancer.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
97	Refused			
99	Don't know			
UniverseTex	st: Sample adults 18+ whose father ever h	nad cancer		

Hard Edit: ERR_FHFTYP_1

SkipInstructions:

<1-5,7-17,19-28,30,R,D> [goto FHFAGE1] <6,18,29> [goto ERR_FHFTYP_1]

^{*} Code 6 or 18 or 29 is unavailable for males.

Family History

Document Version Date: 27-May-16

Question ID:	NAH.020_00.002 Instrument Variable Name:	FHFTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who either provided an age range for a first kind of cancer or didn't know how old father was

when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to give

first kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHFTYP_2 = FHFTYP_1 [goto ERR2_FHFTYP_2]

else [goto FHFAGE2] <96> [goto FHMCAN]

<6,18,29> goto ERR1_FHFTYP_2

Hard Edit: ERR1_FHFTYP_2

* Code 6 or 18 or 29 is unavailable for males.

ERR2_FHFTYP_2

* Cannot select pre-selected answer.

Default should go to FHFTYP_2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.020_00.003 Instrument Variable Name:	FHFTYP_3	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the third kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who either provided an age range for a second kind of cancer or didn't know how old father was

when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to give a

second type of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHFTYP_3 = (FHFTYP_1 or FHFTYP_2), goto ERR2_FHFTYP_3

else [goto FHFAGE3] <96> [goto FHMCAN]

<6,18,29> [goto ERR1_FHFTYP_3]

Hard Edit: ERR1_FHFTYP_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2_FHFTYP_3

* Cannot select pre-selected answer.

Default should go to FHFTYP_3

Family History

Document Version Date: 27-May-16

Question ID:	NAH.020_00.004 Instrument Variable Name:	FHFTYP_4	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter '95' if respondent offers more than 3	kinds of cancer.		
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
95	More than 3 kinds of cancer			
96	No more			
97	Refused			
99	Don't know			
UniverseTex	st: Sample adults 18+ who either provide when first diagnosed that kind of cance kind of cancer			
SkipInstruc	***			

Hard Edit: ERR_FHFTYP_4

^{*} The only valid answers are '95' and '96' for this screen.

Family History

Document Version Date: 27-May-16

Question ID: NAH.030_00.001 Instrument Variable Name: FHFAGE1 QuestionnaireFileName: Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_1] was first diagnosed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a first kind of cancer for father or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHFTYP_2]

<R> IF FHFTYP_1=R [goto FHMCAN]

else if FHFTYP_1 ne R [goto FHFTYP_2]

Question ID: NAH.030_00.002 Instrument Variable Name: FHFAGE2 QuestionnaireFileName: Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_2] was first diagnosed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a second kind of cancer for father or refused to answer or didn't know kind of

cancer

SkipInstructions: <1,2,D> [goto FHFTYP_3]

<R> IF FHFTYP_2=R [goto FHMCAN] else if FHFTYP ne R [goto FHFTYP_3]

Family History

Document Version Date: 27-May-16

Question ID: NAH.030_00.003 Instrument Variable Name: QuestionnaireFileName: FHFAGE3 Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_3] was first diagnosed?

1 Yes 2 No

7 Refused 9

UniverseText: Sample adults 18+ who selected a third kind of cancer for father or refused to answer or didn't know kind of cancer

<1,2,D> goto FHFTYP_4 **SkipInstructions:**

Don't know

<R> IF FHFTYP_3=R [goto FHMCAN]

else if FHFTYP_3 ne R [goto FHFTYP_4]

Question ID: NAH.040_00.000 Instrument Variable Name: **FHMCAN** QuestionnaireFileName: Sample Adult

QuestionText: Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

1 Yes

2 No

3 Adopted or don't know biological mother

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto FHMTYP_1]

<2,3,R,D> [goto FHBNUM]

Family History

Document Version Date: 27-May-16

Question ID:	NAH.050_00.001 Instrument Variable Name:	FHMTYP_1	QuestionnaireFileName:	Sample Adult
QuestionText:	What kind of cancer did your mother have?			
	* Enter code for the first kind of cancer.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
97	Refused			
99	Don't know			
UniverseTex	Sample adults 18+ whose mother ever	had cancer		

SkipInstructions: <1-19,21-25,27-30,R,D> [goto FHMAGE1]

<20,26> [goto ERR_FHMTYP_1]

ERR_FHMTYP_1 **Hard Edit:**

^{*} Code 20 or 26 is unavailable for females.

Family History

Document Version Date: 27-May-16

Question ID:	NAH.050_00.002 Instrument Variable Name:	FHMTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who either provided an age range for a first kind of cancer or didn't know how old mother was

when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer

a first kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D> if FHMTYP_2 = FHMTYP_1 [goto ERR2_FHMTYP_2]

else [goto FHMAGE2] <96> [goto FHBNUM]

<20,26> [goto ERR1_FHMTYP_2]

Hard Edit: ERR1_FHMTYP_2

* Code 20 or 26 is unavailable for females.

ERR2_FHMTYP_2

* Cannot select pre-selected answer.

Default should go to FHMTYP_2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.050_00.003 Instrument Variable Name:	FHMTYP_3	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the third kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who either provided an age range for a second kind of cancer or didn't know how old mother

was when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to

answer a second kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D> if FHMTYP_3 = FHMTYP_1 or FHMTYP_2 [goto ERR2_FHMTYP_3]

else [goto FHMAGE3] <96> [goto FHBNUM]

<20,26> goto ERR1_FHMTYP_3

Hard Edit: ERR_FHMTYP_3

* Code 20 or 26 is unavailable for females.

ERR2_FHMTYP_3

* Cannot select pre-selected answer.

Default should go to FHMTYP_3

Family History

Document Version Date: 27-May-16

Question ID:	NAH.050_00.004 Instrument Variable Name:	FHMTYP_4	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter '95' if respondent offers more than 3	kinds of cancer.		
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
95	More than 3 kinds of cancer			
96	No more			
97	Refused			
99	Don't know			
UniverseTex	Sample adults 18+ who either provide when first diagnosed with that kind of a third kind of cancer			
SkipInstruct	ions: <r,d,95,96> goto FHBNUM <1-30> ERR_FHMTYP_4</r,d,95,96>			

 $[\]ast$ The only valid answers are '95' and '96' for this screen.

 ERR_FHMTYP_4

Hard Edit:

Family History

Document Version Date: 27-May-16

Question ID: NAH.060_00.001 Instrument Variable Name: FHMAGE1 QuestionnaireFileName: Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_1] was first diagnosed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a first kind of cancer for mother or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHMTYP_2]

<R> IF FHMTYP_1=R [goto FHBNUM]

else if FHMTYP_1 ne R [goto FHMTYP_2]

Question ID: NAH.060_00.002 Instrument Variable Name: FHMAGE2 QuestionnaireFileName: Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_2] was first diagnosed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a second kind of cancer for mother or refused to answer or didn't know kind of

cancer

SkipInstructions: <1,2,D> [goto FHMTYP_3]

<R> IF FHMTYP_2=RF [goto FHBCAN]

else if FHMTYP_2 ne R [goto FHMTYP_3]

Family History

Document Version Date: 27-May-16

Question ID: NAH.060_00.003 Instrument Variable Name: FHMAGE3 QuestionnaireFileName: Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_3] was first diagnosed?

Yes
 No
 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a third kind of cancer for mother or refused to answer or didn't know kind of

cancer

SkipInstructions: <1,2,D> [goto FHMTYP_4]

<R> IF FHMTYP_3=R [goto FHBNUM]

else if FHMTYP_3 ne R [goto FHMTYP_4]

Question ID: NAH.070_00.000 Instrument Variable Name: FHBNUM QuestionnaireFileName: Sample Adult

QuestionText: FULL BROTHERS have the same biological mother and father as you. How many FULL BROTHERS do you have?

Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more brothers.

00 None

01-20 1-20 brothers

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHSNUM]

<1-21>[goto FHBCAN]

Family History

Document Version Date: 27-May-16

Question ID: NAH.080_00.000 Instrument Variable Name: FHBCAN QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: Did your BROTHER EVER have cancer of any kind?

*Enter '0' if brother has not had any kind of cancer.

*Enter '1' if brother has had cancer.]

[Fill2: How many of your BROTHERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00 None

01-20 1-20 brothers

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have at least one full brother

SkipInstructions: <0,R,D> goto FHSNUM

<1-21> if FHBCAN GT FHBNUM, [goto ERR_FHBCAN]

else [goto FHBTYP_1]

Hard Edit: ERR_FHBCAN

* Number is greater than number of brothers.

* Please correct.

Default should go to FHBCAN

Family History

Document Version Date: 27-May-16

Question ID:	NAH.090_00.001 Instrument Variable Name:	FHBTYP_1	QuestionnaireFileName:	Sample Adult
QuestionText:	What kinds of cancer did your [Fill1: brother	r/Fill2: brothers] have?		
	* Enter code for the first kind of cancer.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
97	Refused			
99	Don't know			
UniverseTex	t: Sample adults 18+ whose brother(s) e	ver had cancer		
SkipInstruct	ions: <1-5,7-17,19-28,30,R,D> if FHBCAN else [goto FHBMAN1] <6,18,29> [goto ERR_FHBTYP_1]	I = '1' [goto FHBAGE1]	l	
Hard Edit:	ERR_FHBTYP_1			

* Code 6 or 18 or 29 is unavailable for males.

Family History

Document Version Date: 27-May-16

Question ID:	NAH.090_00.002 Instrument Variable Name:	FHBTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for brother(s) diagnosed with the first kind of cancer or didn't know

how old brother(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range

and had not refused to answer the first kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHBTYP_2 = FHBTYP_1 [goto ERR2_FHBTYP_2]

elseif FHBCAN = '1' [goto FHBAGE2]

else [goto FHBMAN2] <96> [goto FHSNUM]

<6,18,29> [goto ERR1_FHBTYP_2]

Hard Edit: ERR1_FHBTYP_2

* Code 6 or 18 or 29 is unavailable for males.

ERR2_FHBTYP_2

* Cannot select pre-selected answer.

Default should go to FHBTYP_2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.090_00.003 Instrument Variable Name:	FHBTYP_3	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the third kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for brother(s) diagnosed with the second kind of cancer or didn't know

how old brother(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range

and had not refused to answer the second kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHBTYP_3 = FHBTYP_1 or FHBTYP_2 [goto ERR2_FHBTYP_3]

elseif FHBCAN = '1' [goto FHBAGE3]

else [goto FHBMAN3] <96> [goto FHSNUM]

<6,18,29> [goto ERR1_FHBTYP_3]

Hard Edit: ERR1_FHBTYP_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2_FHBTYP_3

* Cannot select pre-selected answer.

Default should go to FHBTYP_3

Family History

Document Version Date: 27-May-16

Question ID:	NAH.090_00.004 Instrument Variable Name:	FHBTYP_4	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter '95' if respondent offers more than 3	kinds of cancer.		
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
95	More than 3 kinds of cancer			
96	No more			
97	Refused			
99	Don't know			
UniverseTex	t: Sample adults 18+ who provided age a how old brother(s) was/were when first and had not refused to answer the third	st diagnosed with that kind		
SkipInstruct	<pre>ions: <95,96> [goto FHSNUM] <1-30> [goto ERR_FHBTYP_4]</pre>			

ERR_FHBTYP_4

* The only valid answers are '95' and '96' for this screen.

Hard Edit:

Family History

Document Version Date: 27-May-16

Question ID: NAH.091_00.000 Instrument Variable Name: FHBMAN1 QuestionnaireFileName: Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_1]?

*Enter '21' for 21 or more brothers.

01-20 1-20 brothers

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have brothers with a first kind of cancer

SkipInstructions: <1-21> if FHBMAN1 GT FHBCAN [goto ERR_FHBMAN1]

else [goto FHBAGE1] <R,D> [goto FHBAGE1]

Hard Edit: ERR_FHBMAN1

* Number is greater than number of brothers with cancer.

* Please correct.

Default should go to FHBMAN1

Family History

Document Version Date: 27-May-16

Question ID: NAH.092 00.000 Instrument Variable Name: QuestionnaireFileName: FHBAGE1 Sample Adult QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_1] was first diagnosed? *Enter '0' if brother was 50 or over. *Enter '1' if brother was under 50.] [Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_1] was first diagnosed? *Enter '0' for none. *Enter '21' for 21 or more brothers.] 00 None 01-20 1-20 brothers 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose brother(s) had a first kind of cancer or refused or didn't know name of first kind of cancer **SkipInstructions:** <0-21> if FHBMAN1 ne 'Refused' and FHBMAN1 NE 'Don't know' and FHBAGE1 GT FHBMAN1 [goto ERR1_FHBAGE1] elseif (FHBMAN1 = 'Refused' or FHBMAN1 = 'Don't know') and FHBAGE1 GT FHBCAN [goto ERR2_FHBAGE1] else [goto FHBTYP_2] <D> [goto FHBTYP_2] <R> IF FHBTYP_1=RF goto FHSNUM else if FHBTYP_1 ne RF [goto FHBTYP_2] ERR1_FHBAGE1 **Hard Edit:** * Number is greater than number of brothers with this kind of cancer. * Please correct. Default should go to FHBAGE1 ERR2_FHBAGE1 * Number is greater than number of brothers with cancer.

* Please correct.

Default should go to FHBAGE1

Family History

Document Version Date: 27-May-16

Question ID: NAH.093_00.000 Instrument Variable Name: FHBMAN2 QuestionnaireFileName: Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_2]?

*Enter '21' for 21 or more brothers.

01-20 1-20 brothers

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have brothers with a second kind of cancer

SkipInstructions: <1-21> if FHBMAN2 GT FHBCAN

[goto ERR_FHBMAN2]

else

[goto FHBAGE2] <R,D> [goto FHBAGE2]

Hard Edit: ERR_FHBMAN2

Default should go to FHBMAN2

Family History

Document Version Date: 27-May-16

Question ID: NAH.094 00.000 Instrument Variable Name: QuestionnaireFileName: FHBAGE2 Sample Adult QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_2] was first diagnosed? *Enter '0' if brother was 50 or over. *Enter '1' if brother was under 50.] [Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_2] was first diagnosed? *Enter '0' for none. *Enter '21' for 21 or more brothers.] 00 None 01-20 1-20 brothers 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose brother(s) had a second kind of cancer or refused or didn't know name of second kind of cancer <0-21> if FHBMAN2 NE 'Refused' and FHBMAN2 ne 'Don't know' and FHBAGE2 GT FHBMAN2 **SkipInstructions:** [goto ERR1_FHBAGE2] elseif (FHBMAN2 = 'Refused' or FHBMAN2 = 'Don't know') and FHBAGE2 GT FHBCAN [goto ERR2_FHBAGE2] else [goto FHBTYP_3] <D> [goto FHBTYP_3] <R> and <R> at FHBTYP_2 [goto FHSNUM] <R> and FHBTYP_2 NE <R> [goto FHBTYP_3] ERR1_FHBAGE2 **Hard Edit:** * Number is greater than number of brothers with this kind of cancer. * Please correct. Default should go to FHBAGE2 ERR2_FHBAGE2 * Number is greater than number of brothers with cancer. * Please correct.

Default should go to FHBAGE2

Family History

Document Version Date: 27-May-16

Question ID: NAH.095_00.000 Instrument Variable Name: FHBMAN3 QuestionnaireFileName: Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_3]?

*Enter '21' for 21 or more brothers.

01-20 1-20 brothers

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have brothers with a third kind of cancer

SkipInstructions: <1-21> if FHBMAN3 GT FHBCAN

[goto ERR_FHBMAN3]

else

[goto FHBAGE3] <R,D> [goto FHBAGE3]

Hard Edit: ERR_FHBMAN3

* Number is greater than number of brothers with cancer.

* Please correct.

Default should go to FHBMAN3

Family History

Document Version Date: 27-May-16

Question ID: NAH.096 00.000 Instrument Variable Name: QuestionnaireFileName: FHBAGE3 Sample Adult QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed? *Enter '0' if brother was 50 or over. *Enter '1' if brother was under 50.] [Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed? *Enter '0' for none. *Enter '21' for 21 or more brothers.] 00 None 01-20 1-20 brothers 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose brother(s) had a third kind of cancer or refused or didn't know name of third kind of cancer <0-21> if FHBMAN3 NE 'Refused' and FHBMAN3 NE 'Don't know' and FHBAGE3 GT FHBMAN3 **SkipInstructions:** [goto ERR1_FHBAGE3] elseif (FHBMAN3 = 'Refused' or FHBMAN3 = 'Don't know') and FHBAGE3 GT FHBCAN [goto ERR2_FHBAGE3] else [goto FHBTYP_4] <D> [goto FHBTYP_4] <R> and <R> at FHBTYP_3 [goto FHSNUM] <R> and FHBTYP_3 NE <R> [goto FHBTYP_4] ERR1_FHBAGE3 **Hard Edit:** * Number is greater than number of brothers with this kind of cancer. * Please correct. Default should go to FHBAGE3 ERR2_FHBAGE3 * Number is greater than number of brothers with cancer.

Default should go to FHBAGE3

* Please correct.

Family History

Document Version Date: 27-May-16

Question ID: NAH.100_00.000 Instrument Variable Name: FHSNUM QuestionnaireFileName: Sample Adult

QuestionText: FULL SISTERS have the same biological mother and father as you. How many FULL SISTERS do you have? Please

include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more sisters.

00 None
 01-20 1-20 sisters
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHNNUM]

<1-21> [goto FHSCAN]

Family History

Document Version Date: 27-May-16

Question ID: NAH.110_00.000 Instrument Variable Name: FHSCAN QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: Did your SISTER EVER have cancer of any kind?

*Enter '0' if sister has not had any kind of cancer.

*Enter '1' if sister has had cancer.]

[Fill2: How many of your SISTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00 None
 01-20 1-20 sisters
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have at least one full sister

SkipInstructions: <0,R,D> [goto FHNNUM]

<1-21> if FHSCAN gt FHSNUM [goto ERR_FHSCAN]

else

[goto FHSTYP_1]

Hard Edit: ERR_FHSCAN

* Number is greater than number of sisters.

* Please correct.

Default should go to FHSCAN

Family History

Document Version Date: 27-May-16

Question ID:	NAH.120_00.001 Instrument V	ariable Name: FHS	STYP_1	QuestionnaireFileName:	Sample Adult
QuestionText:	What kind of cancer did you	r [Fill1: sister/Fill2: sis	ters] have?		
	* Enter code for the first kin	d of cancer.			
01	Bladder				
02	Blood				
03	Bone				
04	Brain				
05	Breast				
06	Cervix				
07	Colon				
08	Esophagus				
09	Gallbladder				
10	Kidney				
11	Larynx-windpipe				
12	Leukemia				
13	Liver				
14	Lung				
15	Lymphoma				
16	Melanoma				
17	Mouth/tongue/lip				
18	Ovary				
19	Pancreas				
21	Rectum				
22	Skin (non-melanoma)				
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)				
25	Stomach				
27	Throat - pharynx				
28	Thyroid				
29	Uterus				
30	Other				
97	Refused				
99	Don't know				
UniverseTex	t: Sample adults 18+ wh	ose sister(s) ever had c	ancer		
SkipInstruct	ions: <1-19,21-25,27-30,R,	[goto FHSAG] else			
	<20,26> [goto ERR_I	[goto FHSMA FHSTYP_1]	N1]		
Hard Edit:	ERR_FHSTYP_1				
	*Code 20 or 26 is una	vailable for females.			

Family History

Document Version Date: 27-May-16

Question ID:	NAH.120_00.002 Instrument Variable Name:	FHSTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for sister(s) diagnosed with the first kind of cancer or didn't know how

old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had

not refused to answer the first kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D>

if FHSTYP_2 = FHSTYP_1, [goto ERR2_FHSTYP_2]

elseif FHSCAN = '1', [goto FHSAGE2]

else [goto FHSMAN2] <96> [goto FHNNUM]

<20,26> [goto ERR1_FHSTYP_2]

Hard Edit: ERR1_FHSTYP_2

*Code 20 or 26 is unavailable for females.

ERR2_FHSTYP_2

* Cannot select pre-selected answer.

Default should go to FHSTYP_2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.120_00.003 Instrument Variable Name:	FHSTYP_3	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the third kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for sister(s) diagnosed with the second kind of cancer or didn't know

how old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range

and had not refused to answer the second kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D>

if FHSTYP_2 = FHSTYP_1 or FHSTYP_2 [goto ERR2_FHSTYP_3]

elseif FHSCAN = '1' [goto FHSAGE3]

else [goto FHSMAN3] <96> [goto FHNNUM]

<20,26> [goto ERR1_FHSTYP_3]

Hard Edit: ERR1_FHSTYP_3

*Code 20 or 26 is unavailable for

females.

ERR2_FHSTYP_3

* Cannot select pre-selected answer.

Default should be FHSTYP_3

Family History

Document Version Date: 27-May-16

Question ID: NAH.120 00.004 Instrument Variable Name: QuestionnaireFileName: FHSTYP 4 Sample Adult QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer. * Enter '96' for no more. 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix **07** Colon 08 Esophagus 09 Gallbladder 10 Kidney 11 Larynx-windpipe 12 Leukemia Liver 13 14 Lung 15 Lymphoma 16 Melanoma **17** Mouth/tongue/lip 18 Ovary 19 Pancreas 21 Rectum Skin (non-melanoma) 22 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 27 Throat - pharynx 28 Thyroid 29 Uterus 30 Other 95 More than 3 kinds of cancer 96 No more 97 Refused 99 Don't know Sample adults 18+ who provided age range for sister(s) diagnosed with the third kind of cancer or didn't know how **UniverseText:** old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the third kind of cancer **SkipInstructions:** <95,96> goto FHNNUM

<1-30> goto ERR_FHSTYP_4

ERR_FHSTYP_4 **Hard Edit:**

^{*} The only valid answers are '95' and '96' for this screen.

Family History

Document Version Date: 27-May-16

Question ID: NAH.121_00.000 Instrument Variable Name: FHSMAN1 QuestionnaireFileName: Sample Adult

QuestionText: How many sisters have had [Fill: FHSTYP_1]?

* Enter '21' for 21 or more sisters.

01-20 1-20 sisters
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have sisters with a first kind of cancer

SkipInstructions: <1-21> if FHSMAN1 GT FHSCAN

[goto ERR_FHSMAN1]

else

[goto FHSAGE1] <R,D> [goto FHSAGE1]

Hard Edit: ERR_FHSMAN1

* Number is greater than number of sisters with cancer.

* Please correct.

Default should be FHSMAN1

Family History

Document Version Date: 27-May-16

Question ID: NAH.122 00.000 Instrument Variable Name: QuestionnaireFileName: FHSAGE1 Sample Adult QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHSTYP_1] was first diagnosed? * Enter '0' if sister was 50 or over. * Enter '1' if sister was under 50.] [Fill2: How many of these sisters were under 50 years of age when [Fill3: FHSTYP_1] was first diagnosed? *Enter '0' for none. *Enter '21' for 21 or more sisters.] 00 None 01-20 1-20 sisters 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose sister(s) had a first kind of cancer or refused or didn't know name of first kind of cancer **SkipInstructions:** <0-21> if FHSMAN1 NE 'Refused' and FHSMAN1 NE 'Don't know' and FHSAGE1 GT FHSMAN1 [goto ERR1_FHSAGE1] elseif (FHSMAN1 = 'Refused' or FHSMAN1 = 'Don't know') and FHSAGE1 GT FHSCAN [goto ERR2_FHSAGE1] else [goto FHSTYP_2] <D> goto FHSTYP_2 <R> and <R> at FHSTYP_1 [goto FHNNUM] <R> and FHSTYP_1 ne <RF> [goto FHSTYP_2] ERR1_FHSAGE1 **Hard Edit:** * Number is greater than number of sisters with this kind of cancer. * Please correct. Default should go to FHSAGE1 ERR2_FHSAGE1 * Number is greater than number of sisters with cancer. * Please correct.

Default should go to FHSAGE1

Family History

Document Version Date: 27-May-16

Question ID: NAH.123_00.000 Instrument Variable Name: FHSMAN2 QuestionnaireFileName: Sample Adult

QuestionText: How many sisters have had [Fill: FHSTYP_2]?

* Enter '21' for 21 or more sisters.

01-20 1-20 sisters
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have sisters with a second kind of cancer

SkipInstructions: <1-21> if FHSMAN2 GT FHSCAN

[goto ERR_FHSMAN2]

else

[goto FHSAGE2] <R,D> [goto FHSAGE2]

Hard Edit: ERR_FHSMAN2

* Number is greater than number of sisters with cancer.

* Please correct.

Default should be FHSMAN2

Family History

Document Version Date: 27-May-16

Question ID: NAH.124 00.000 Instrument Variable Name: QuestionnaireFileName: FHSAGE2 Sample Adult QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHSTYP_2] was first diagnosed? * Enter '0' if sister was 50 or over. * Enter '1' if sister was under 50.] [Fill2: How many of these sisters were under 50 years of age when [Fill3: FHSTYP_2] was first diagnosed? *Enter '0' for none. *Enter '21' for 21 or more sisters.] 00 None 01-20 1-20 sisters 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose sister(s) had a second kind of cancer or refused or didn't know name of second kind of cancer <0-21> if FHSMAN2 NE 'Refused' and FHSMAN2 NE 'Don't know' and FHSAGE2 GT FHSMAN2 **SkipInstructions:** [goto ERR1_FHSAGE2] elseif (FHSMAN2 = 'Refused' or FHSMAN2 = 'Don't know') and FHSAGE2 GT FHSCAN [goto ERR2_FHSAGE2] else [goto FHSTYP_3] <D> [goto FHSTYP_3] <R> and <R> at FHSTYP_2[goto FHNNUM] <R> and FHSTYP_2 ne R [goto FHSTYP_3] ERR1_FHSAGE2 **Hard Edit:** * Number is greater than number of sisters with this kind of cancer. * Please correct. Default should go to FHSAGE2 ERR2_FHSAGE2 * Number is greater than number of sisters with cancer.

Default should go to FHSAGE2

* Please correct.

Family History

Document Version Date: 27-May-16

Question ID: NAH.125_00.000 Instrument Variable Name: FHSMAN3 QuestionnaireFileName: Sample Adult

QuestionText: How many sisters have had [Fill1: FHSTYP_3]?

* Enter '21' for 21 or more sisters.

01-20 1-20 sisters
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have sisters with a third kind of cancer

SkipInstructions: <1-21> if FHSMAN3 GT FHSCAN

[goto ERR_FHSMAN3]

else

[goto FHSAGE3] <R,D> [goto FHSAGE3]

Hard Edit: ERR_FHSMAN3

* Number is greater than number of sisters with cancer.

* Please correct.

Default should be FHSMAN3

Family History

Document Version Date: 27-May-16

Question ID: NAH.126 00.000 Instrument Variable Name: QuestionnaireFileName: FHSAGE3 Sample Adult QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed? *Enter '0' if sister was 50 or over. *Enter '1' if sister was under 50.] [Fill2: How many of these sisters were under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed? * Enter '0' for none. * Enter '21' for 21 or more sisters.] 00 None 01-20 1-20 sisters 21 21 +97 Refused Don't know **UniverseText:** Sample adults 18+ whose sister(s) had a third kind of cancer or refused or didn't know name of third kind of cancer **SkipInstructions:** <0-21> if FHSAGE3 GT FHSMAN3 [goto ERR_FHSAGE3] elseif (FHSMAN3 = 'Refused' or FHSMAN3 = 'Don't know') and FHSAGE3 GT FHSCAN [goto ERR2_FHSAGE3] else [goto FHSTYP_4] <D>[goto FHSTYP_4] <R> and <R> at FHSTYP_3 [goto FHNNUM] <R> and FHSTYP_3 NE <R> [goto FHSTYP_4] ERR1_FHSAGE3 **Hard Edit:** * Number is greater than number of sisters with this kind of cancer. * Please correct. Default should go to FHSAGE3 ERR2_FHSAGE3 * Number is greater than number of sisters with cancer.

* Please correct.

Default should go to FHSAGE3

Family History

Document Version Date: 27-May-16

Question ID: NAH.130_00.000 Instrument Variable Name: FHNNUM QuestionnaireFileName: Sample Adult

QuestionText: How many BIOLOGICAL SONS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological sons.

*Enter '96' for no biological children.

00 None01-20 1-20 sons21 21+

96 No biological children

97 Refused99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHDNUM]

<1-21>[goto FHNCAN] <22-95> goto ERR_FHNNUM

<96> goto SASSN4

Hard Edit: ERR_FHNNUM

* Value not allowed as possible answer.

Family History

Document Version Date: 27-May-16

Question ID: NAH.140_00.000 Instrument Variable Name: FHNCAN QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: Did your SON EVER have cancer of any kind?

*Enter '0' if son has not had any kind of cancer.

*Enter '1' if son has had cancer.]

[Fill2: How many of your SONS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sons.]

00 None
 01-20 1-20 sons
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have at least one biological son

SkipInstructions: <0,R,D> [goto FHDNUM]

<1-21> if FHNCAN gt FHNNUM [goto ERR_FHNCAN]

else

[goto FHNTYP_1]

Hard Edit: ERR_FHNCAN

* Number is greater than number of sons.

* Please correct.

Default should be FHNCAN

Family History

Document Version Date: 27-May-16

Question ID:	NAH.150_00.001 Instrument Variable Name:	FHNTYP_1	QuestionnaireFileName:	Sample Adult
QuestionText:	What kinds of cancer did your [Fill1: son/	Fill2: sons] have?		
	* Enter code for the first kind of cancer.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
97	Refused			
99	Don't know			
UniverseTe	Sample adults 18+ whose sons(s) ev	ver had cancer		
SkipInstruc	[goto else	FHNAGE1]		
	[goto <6,18,29> [goto ERR_FHNTYP_1]	FHNMAN1]]		
Hard Edit:	ERR_FHNTYP_1			
	* Code 6 or 18 or 29 is unavailable	e for males.		

Family History

Document Version Date: 27-May-16

Question ID:	NAH.150_00.002 Instrument Variable Name:	FHNTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for son(s) diagnosed with the first kind of cancer or didn't know how

old sons(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had

not refused to answer the first kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHNTYP_2 = FHNTYP_1

[goto ERR2_FHNTYP_2] elseif FHNCAN = '1' [goto FHNAGE2]

else

[goto FHNMAN2]

<96> goto FHDNUM

<6,18,29> goto ERR1_FHNTYP_2

Hard Edit: ERR1_FHNTYP_2

* Code 6 or 18 or 29 is unavailable for males.

ERR2_FHNTYP_2

* Cannot select pre-selected answer.

Default should be FHNTYP_2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.150_00.003 Instrument Variable Name:	FHNTYP_3	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter '95' if respondent offers more than	2 kinds of cancer.		
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
19	Pancreas			
20	Prostate			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
26	Testis			
27	Throat - pharynx			
28	Thyroid			
30	Other			
95	More than 2 kinds of cancer			
96	No more			
97	Refused			
99	Don't know			
UniverseTex	Sample adults 18+ who provided ag how old son(s) was/were when first had not refused to answer the second	diagnosed with that		
SkipInstruct	<pre>sions: <95,96> [goto FHDNUM] <1-30> [goto ERR_FHNTYP_3]</pre>			

ERR_FHNTYP_3

* The only valid answers are '95' and '96' for this screen.

Hard Edit:

Family History

Document Version Date: 27-May-16

Question ID: NAH.151_00.000 Instrument Variable Name: FHNMAN1 QuestionnaireFileName: Sample Adult

QuestionText: How many sons have had [Fill1: FHNTYP_1]?

*Enter '21' for 21 or more sons.

01-20 1-20 sons
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have sons with a first kind of cancer

SkipInstructions: <1-21> if FHNMAN1 GT FHNCAN

[goto ERR_FHNMAN1]

else

[goto FHNAGE1] <R,D> [goto FHNAGE1]

Hard Edit: ERR_FHNMAN1

* Number is greater than number of sons with cancer.

* Please correct.

Default should be FHNMAN1

Family History

Document Version Date: 27-May-16

Question ID:	NAH.15	2_00.000 Instrument Variable Name:	FHNAGE1	QuestionnaireFileName:	Sample Adult		
QuestionText:	[Fill1	[Fill1: Was your son under 50 years of age when [Fill3: FHNTYP_1] was first diagnosed?					
	*Ente	er '0' if son was 50 or over.					
	*Ente	er '1' if son was under 50.]					
	[Fill2	2: How many of these sons were under	50 years of age wh	nen [Fill3: FHNTYP_1] was first d	liagnosed?		
	*Ente	er '0' for none.					
	*Ente	er '21' for 21 or more sons.]					
00	Non	A					
01-20) sons					
21							
	21+						
97	Refu						
99	Don	't know					
UniverseTe	xt:	Sample adults 18+ whose son(s) had a	a first kind of canc	er or refused or didn't know name of	of first kind of cancer		
SkipInstruc	tions:	[goto ERR3_FHNAGE1] elseif AGE LE '55' and FHNI FHNMAN1 [goto ERR1_FHNAGE1]	d' or FHNMAN1 = MAN1 NE 'Refuse MAN1 = 'Refuse TUM] to FHNTYP_2]	'Don't know') and FHNAGE1 GT d' and FHNMAN1 NE 'Don't kno l' or FHNMAN1 = 'Don't know')	Γ FHNCAN w' and FHNAGE1 LT		
		Default should go to FHNAGE1					
		ERR2_FHNAGE1					
		* Number is greater than number of s * Please correct.	sons with this kind	of cancer.			
		Default should go to FHNAGE1					
		ERR3_FHNAGE1					
		* Number is greater than number of s * Please correct.	sons with cancer.				

Default should go to FHNAGE1 $\,$

Family History

Document Version Date: 27-May-16

Question ID: NAH.153_00.000 Instrument Variable Name: FHNMAN2 QuestionnaireFileName: Sample Adult

QuestionText: How many sons have had [Fill: FHNTYP_2]?

*Enter '21' for 21 or more sons.

01-20 1-20 sons
 21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have sons with a second kind of cancer

SkipInstructions: <1-21> if FHNMAN2 GT FHNCAN

[goto ERR_FHNMAN2]

else

[goto FHNAGE2] <R,D> [goto FHNAGE2]

Hard Edit: ERR_FHNMAN2

* Number is greater than number of sons with cancer.

* Please correct.

Default should be FHNMAN2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.15	4_00.000 Instrument Variable Name:	FHNAGE2	QuestionnaireFileName:	Sample Adult		
QuestionText:	[Fill1	[Fill1: Was your son under 50 years of age when [Fill3: FHNTYP_2] was first diagnosed?					
	*Ente	er '0' if son was 50 or over.					
	*Ente	er '1' if son was under 50.]					
	[Fill2	2: How many of these sons were under	50 years of age wh	en [Fill3: FHNTYP_2] was first d	liagnosed?		
	*Ente	er '0' for none.					
	*Ente	er '21' for 21 or more sons.]					
00	Non						
01-20		sons					
21	21+						
97	Refu	ised					
99	Don	't know					
UniverseTex	xt:	Sample adults 18+ whose sons(s) had cancer	a second kind of c	ancer or refused or didn't know nar	me of second kind of		
SkipInstruc	tions:	[goto ERR3_FHNAGE2] elseif AGE LE '55' and FHNM FHNMAN1 [goto ERR1_FHNAGE2] elseif AGE LE '55' and (FHN [goto ERR1_FHNAGE2] else	l' or FHNMAN2 =	E 'Don't know' and FHNAGE2 G' 'Don't know') and FHNAGE2 G' d' and FHNMAN2 NE 'Don't kno ' or FHNMAN2 = 'Don't know') a	FHNCAN w' and FHNAGE2 LT		
		[goto FHNTYP_3] <d> [goto FHNTYP_3] <r> and FHNTYP_2=R [goto FHDN</r></d>	IUM]				
Hard Edit:		ERR1_FHNAGE2					
		* At least one son is less than six yea * Please correct.	rs younger or is old	ler than the respondent.			
		Default should go to FHNAGE2					
		ERR2_FHNAGE2					
		* Number is greater than number of s * Please correct.	sons with this kind	of cancer.			
		Default should go to FHNAGE2					
		ERR3_FHNAGE2					
		* Number is greater than number of s * Please correct.	sons with cancer.				
		- 4 1 1 1 TYPE GT4					

Default should go to FHNAGE2

Family History

Document Version Date: 27-May-16

Question ID: NAH.160_00.000 Instrument Variable Name: FHDNUM QuestionnaireFileName: Sample Adult

QuestionText: How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological daughters.

00 None

01-20 1-20 daughters

21 21+97 Refused99 Don't know

UniverseText: Sample adults 18+ who did not say they did not have any biological children at the 'number of biological sons'

question

SkipInstructions: <0,R,D> [goto FHSDBR]

<1-21> [goto FHDCAN]

Family History

Document Version Date: 27-May-16

Question ID: NAH.170_00.000 Instrument Variable Name: FHDCAN QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: Did your DAUGHTER EVER have cancer of any kind?

*Enter '0' if daughter has not had any kind of cancer.

*Enter '1' if daughter has had cancer.]

[Fill2: How many of your DAUGHTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00 None

01-20 1-20 daughters

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have at least one biological daughter

SkipInstructions: <0,R,D> [goto FHSDBR]

<1-21> if FHDCAN gt FHDNUM [goto ERR_FHDCAN]

else

[goto FHDTYP_1]

Hard Edit: ERR_FHDCAN

* Number is greater than number of daughters.

* Please correct.

Default should be FHDCAN

Family History

Sample Adult

Document Version Date: 27-May-16

Question ID:	NAH.180_00.001 Instrument Variable Name:	FHDTYP_1	QuestionnaireFileName:
QuestionText:	What kinds of cancer did your [Fill1: daught	er/Fill2: daughters] have?	
	* Enter code for the first kind of cancer.		
01	Bladder		
02	Blood		
03	Bone		
04	Brain		
05	Breast		
06	Cervix		
07	Colon		
08	Esophagus		
09	Gallbladder		
10	Kidney		
11	Larynx-windpipe		
12	Leukemia		
13	Liver		
14	Lung		
15	Lymphoma		
16	Melanoma		
17	Mouth/tongue/lip		
18	Ovary		
19	Pancreas		
21	Rectum		
22	Skin (non-melanoma)		
23	Skin (don't know what kind)		
24	Soft tissue (muscle or fat)		
25	Stomach		
27	Throat - pharynx		
28 29	Thyroid Uterus		
30	Other		
97	Refused		
99	Don't know		
,,,	Don't know		
UniverseTex	Sample adults 18+ whose daughter(s)	ever had cancer	
SkipInstruct	ions: <1-19,21-25,27-30,R,D> if FHDCAN = '1' [goto FHDAGE1 else [goto FHDMAN1] <20,26> [goto ERR_FHDTYP_1]	1	

^{*} Code 20 or 26 is unavailable for females.

ERR_FHDTYP_1

Hard Edit:

Family History

Document Version Date: 27-May-16

Question ID:	NAH.180_00.002 Instrument Variable Name:	FHDTYP_2	QuestionnaireFileName:	Sample Adult
QuestionText:	* Enter code for the second kind of cancer.			
	* Enter '96' for no more.			
01	Bladder			
02	Blood			
03	Bone			
04	Brain			
05	Breast			
06	Cervix			
07	Colon			
08	Esophagus			
09	Gallbladder			
10	Kidney			
11	Larynx-windpipe			
12	Leukemia			
13	Liver			
14	Lung			
15	Lymphoma			
16	Melanoma			
17	Mouth/tongue/lip			
18	Ovary			
19	Pancreas			
21	Rectum			
22	Skin (non-melanoma)			
23	Skin (don't know what kind)			
24	Soft tissue (muscle or fat)			
25	Stomach			
27	Throat - pharynx			
28	Thyroid			
29	Uterus			
30	Other			
96	No more			
97	Refused			
99	Don't know			

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for daughter(s) diagnosed with the first kind of cancer or didn't know

how old daughter(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range

and had not refused to answer the first kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D>

if $FHDTYP_2 = FHDTYP_1$ [goto $ERR2_FHDTYP_2$]

elseif FHDCAN = '1' [goto FHDAGE2]

else [goto FHDMAN2] <96> [goto FHSDBR]

<20,26> [goto ERR1_FHDTYP_2]

Hard Edit: ERR1_FHDTYP_2

* Code 20 or 26 unavailable for females.

ERR2_FHDTYP_2

* Cannot select pre-selected answer.

Default should be FHDTYP_2

Family History

Document Version Date: 27-May-16

Question ID: NAH.180 00.003 Instrument Variable Name: QuestionnaireFileName: FHDTYP 3 Sample Adult QuestionText: * Enter '95' if respondent offers more than 2 kinds of cancer. * Enter '96' for no more. 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix **07** Colon 08 Esophagus 09 Gallbladder 10 Kidney 11 Larynx-windpipe 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma **17** Mouth/tongue/lip 18 Ovary 19 Pancreas 21 Rectum Skin (non-melanoma) 22 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 27 Throat - pharynx 28 Thyroid 29 Uterus 30 Other 95 More than 2 kinds of cancer 96 No more 97 Refused 99 Don't know Sample adults 18+ who provided age range for daughter(s) diagnosed with the second kind of cancer or didn't **UniverseText:** know how old daughter(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the second kind of cancer **SkipInstructions:** <R,D,95,96> [goto FHSDBR]

<1-30> [goto ERR_FHDTYP_3]

ERR_FHDTYP_3 **Hard Edit:**

^{*} The only valid answers are '95' and '96' for this screen.

Family History

Document Version Date: 27-May-16

Question ID: NAH.190_00.000 Instrument Variable Name: FHDMAN1 QuestionnaireFileName: Sample Adult

QuestionText: How many daughters have had [Fill: FHDTYP_1]?

*Enter '21' for 21 or more daughters.

01-20 1-20 daughters

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have daughters with a first kind of cancer

SkipInstructions: <1-21> if FHDMAN1 gt FHDCAN

[goto ERR_FHDMAN1]

else

[goto FHDAGE1] <R,D> goto FHDAGE1

Hard Edit: ERR_FHDMAN1

* Number is greater than number of daughters with cancer.

* Please correct.

Default should be FHDMAN1

Family History

Document Version Date: 27-May-16

Question ID:	NAH.191_00.000 Instrument Variable Name:	FHDAGE1	QuestionnaireFileName:	Sample Adult		
QuestionText:	[Fill1: Was your daughter under 50 years of a	ge when [Fill3: FHDTYF	2_1] was first diagnosed?			
	*Enter '0' if daughter was 50 or over.	*Enter '0' if daughter was 50 or over.				
	*Enter '1' if daughter was under 50.]					
	[Fill2: How many of these daughters were under 50 years of age when [Fill3: FHDTYP_1] was first diagnosed?					
	*Enter '0' for none.					
	*Enter '21' for 21 or more daughters.]					
00	None					
01-20	1-20 daughters					
21	21+					
97	Refused					

99

Don't know

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ whose daughter(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

SkipInstructions: <0-21> if FHDMAN1 NE 'Refused' and FHDMAN1 NE 'Don't know' and FHDAGE1 GT FHDMAN1

[goto ERR2_FHDAGE1]

elseif (FHDMAN1 = 'Refused' or FHDMAN1 = 'Don't know') and FHDAGE1 GT FHDCAN

[goto ERR3_FHDAGE1]

elseif AGE LE '55' and FHDMAN1 NE 'Refused' and FHDMAN1 NE 'Don't know' and FHDAGE1 LT

FHDMAN1

[goto ERR1 FHDAGE1]

elseif AGE LE '55' and (FHDMAN1 = 'Refused' or FHDMAN1 = 'Don't know') and FHDAGE1 = '0'

[goto ERR1_FHDAGE1]

else

[goto FHDTYP_2]

<D> [goto FHDTYP_2]

<R> IF FHDTYP_1=RF [goto FHSDBR]

else if FHDTYP_1 NE RF goto FHDTYP_2

Hard Edit: ERR1_FHDAGE1

* At least one daughter is less than six years younger or is older than the respondent.

* Please correct.

Default should go to FHDAGE1

ERR2_FHDAGE1

* Number is greater than number of daughters with this kind of cancer.

* Please correct.

Default should go to FHDAGE1

ERR3_FHDAGE1

* Number is greater than number of daughters with cancer.

* Please correct.

Default should go to FHDAGE1

Family History

Document Version Date: 27-May-16

Question ID: NAH.192_00.000 Instrument Variable Name: FHDMAN2 QuestionnaireFileName: Sample Adult

QuestionText: How many daughters have had [Fill: FHDTYP_2]?

*Enter '21' for 21 or more daughters.

01-20 1-20 daughters

21 21+
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who have daughters with a second kind of cancer

SkipInstructions: <1-21> if FHDMAN2 GT FHDCAN

[goto ERR_FHDMAN2]

else

[goto FHDAGE2] <R,D> [goto FHDAGE2]

Hard Edit: ERR_FHDMAN2

* Number is greater than number of daughters with cancer.

* Please correct.

Default should be FHDMAN2

Family History

Document Version Date: 27-May-16

Question ID:	NAH.193_00.000 Instrument Variable Name:	FHDAGE2	QuestionnaireFileName:	Sample Adult	
QuestionText:	[Fill1: Was your daughter under 50 years of a	age when [Fill3: FHDTYF	^_2] was first diagnosed?		
	*Enter '0' if daughter was 50 or over.				
	*Enter '1' if daughter was under 50.]				
	[Fill2: How many of these daughters were un	nder 50 years of age when	[Fill3: FHDTYP_2] was fir	rst diagnosed?	
	*Enter '0' for none.				
	*Enter '21' for 21 or more daughters.]				
00	None				
01-20	1-20 daughters				
21	21+				
97	Refused				

Don't know

Family History

Document Version Date: 27-May-16

UniverseText:

Sample adults 18+ whose daughter(s) had a second kind of cancer or refused or didn't know name of second kind

of cancer

SkipInstructions:

<0-21>if FHDMAN2 NE 'Refused' and FHDMAN2 NE 'Don't know' and FHDAGE2 GT FHDMAN2

[goto ERR2_FHDAGE2]

 $elseif \ (FHDMAN2 = `Refused' \ or \ FHDMAN2 = `Don't \ know') \ and \ FHDAGE2 \ GT \ FHDCAN$

[goto ERR3_FHDAGE2]

elseif AGE LE '55' and FHDMAN2 NE 'Refused' and FHDMAN2 NE 'Don't know' and FHDAGE2 LT

FHDMAN2

[goto ERR1 FHDAGE2]

elseif AGE LE '55' and (FHDMAN2 = 'Refused' or FHDMAN2 = 'Don't know') and FHDAGE2 = '0'

[goto ERR1_FHDAGE2]

else

[goto FHDTYP_3]

<D>[goto FHDTYP_3]

<R> IF FHDTYP_2=R [goto FHSDBR]

else if FHDTYP_2 ne R goto FHDTYP_3

Hard Edit:

ERR1_FHDAGE2

* At least one daughter is less than six years younger or is older than the respondent.

* Please correct.

Default should go to FHDAGE2

ERR2_FHDAGE2

* Number is greater than number of daughters with this kind of cancer.

* Please correct.

Default should go to FHDAGE2

ERR3_FHDAGE2

* Number is greater than number of daughters with cancer.

* Please correct.

Default should go to FHDAGE2

Family History

Document Version Date: 27-May-16

Question ID: NAH.200_00.000 Instrument Variable Name: FHSDBR QuestionnaireFileName: Sample Adult

QuestionText: The next few questions are about the number of your second-degree relatives who have been diagnosed with breast or ovarian cancer.

How many of your grandparents, aunts, uncles, nieces, nephews, or grandchildren have ever been diagnosed with breast

cancer?

* Read if necessary:

Do not include great grandparents, great aunts or uncles, cousins, or step-relatives.

00-9697 Refused99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHSDOV]

<1-96> [goto FHSDBN]

Question ID: NAH.205_00.000 Instrument Variable Name: FHSDBN QuestionnaireFileName: Sample Adult

QuestionText: How many of them were diagnosed with breast cancer before the age of 50?

00-9697 Refused99 Don't know

UniverseText: Sample adults 18+ who had at least one second-degree relative diagnosed with breast cancer

SkipInstructions: <0-96,R,D> if FHSDBN GT FHSDBR [goto ERR1_FHSDBN];

else [goto FHSDOV]

Hard Edit: * Number is greater than number of relatives with cancer.

* Please correct.

Family History

Document Version Date: 27-May-16

Question ID: NAH.210_00.000 Instrument Variable Name: FHSDOV QuestionnaireFileName: Sample Adult

QuestionText: How many of your grandmothers, aunts, nieces, or granddaughters have ever been diagnosed with ovarian cancer?

* Read if necessary:

Do not include great grandmothers, great aunts, cousins, or step-relatives.

00-9697 Refused99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-96,R,D> [goto next section]