

FORM **HIS-1B (1987)**
(8 1 88)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW
SURVEY**

EPIDEMIOLOGY STUDY

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 77
3-7
8

1. Book ____ of ____ books

2. R.O. number 9-10

3. Sample 11-13

4. Control number PSU 14-16 Segment 17-23 Serial 24-25

5. Beginning time 26-29 30
1 a.m.
2 p.m.

6a. FAMILY ROSTER
List all nondeleted family members 18 + by age (oldest to youngest).

6b. Hispanic oversample 1 31

SP1 Line No.	Person No.	Age	Name	"X" if Hisp. marked	SP2-3 Hisp. Line No.
1				<input type="checkbox"/> Hisp.	
2				<input type="checkbox"/> Hisp.	
3				<input type="checkbox"/> Hisp.	
4				<input type="checkbox"/> Hisp.	
5				<input type="checkbox"/> Hisp.	
6				<input type="checkbox"/> Hisp.	
7				<input type="checkbox"/> Hisp.	
8				<input type="checkbox"/> Hisp.	
9				<input type="checkbox"/> Hisp.	

Refer to the appropriate section of the sample person selection label and circle as applicable. THEN circle the "SP1" Line No. in item 6a and mark "SP" box on the HIS-1 for the selected sample person. THEN go to Section AA.

7. FINAL STATUS

0 No person 18+ in this family (Household Page)

Interview

1 Complete interview (all appropriate sections completed)

2 Partial interview (some but not all appropriate sections completed) - Explain ↴

Noninterview

3 Refusal (Explain in Notes)

4 SP temporarily absent

5 SP mentally or physically incapable

8 Other - Explain ↴

37

8. Ending time 38-41 42
1 a.m.
2 p.m.

9. Interview mode 43
1 Personal
2 Telephone

10. Language of interview 44
1 English 3 Both English and Spanish
2 Spanish 8 Other

11. Interviewer identification 45-48
Name _____ Code _____

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP (Page 2 or 55, question 3) 47
1 M
2 F

13. Education of SP (Page 42 or 43, question 2a) 48-49
00 Never attended or kindergarten
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6+
Finish grade/year (Question 2b) 50
1 Yes
2 No

14. Main race of SP (Page 42 or 43, question 3a/b) 51
1 2 3 4 5 - Specify ↴

15. Marital status (Page 46 or 47, question 7) 52
1 Married - spouse in HH
2 Married - spouse not in HH
3 Widowed
4 Divorced
5 Separated
6 Never married

16. Family income (Page 46, question 8b) 53-54
00 A 07 H 14 O 21 V
01 B 08 I 15 P 22 W
02 C 09 J 16 Q 23 X
03 D 10 K 17 R 24 Y
04 E 11 L 18 S 25 Z
05 F 12 M 19 T 26 ZZ
06 G 13 N 20 U
(Transcribe from 8a if 8b blank)
27 \$20,000 or more
28 Less than \$20,000

17. Person No. _____

18. Age _____

19. Booklet type 59
 Epidemiology study

Section AA – ACCULTURATION

<p>AA1</p>	<p>SP Status at initial interview</p>	<p>1 <input type="checkbox"/> Available (AA2) 2 <input type="checkbox"/> Callback required (Household page) 8 <input type="checkbox"/> Noninterview (Cover page)</p>	<p>5</p>
<p>AA2</p>	<p>Refer to hispanic origin from family roster and expected language for this supplement.</p>	<p>1 <input type="checkbox"/> Hispanic/English Supp. interview (1a) 2 <input type="checkbox"/> Hispanic/Spanish Supp. interview (1b) 8 <input type="checkbox"/> Other (section BB)</p>	<p>6</p>
<p>Read to respondent:</p> <p>I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>1 a. Do you speak any Spanish?</p>		<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (4)</p>	<p>7</p>
<p>Read to respondent:</p> <p>I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>b. Do you speak any English?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)</p>	<p>8</p>
<p>2.</p>	<p>Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?</p>	<p>1 <input type="checkbox"/> Mostly Spanish 2 <input type="checkbox"/> Mostly English 3 <input type="checkbox"/> Both about the same</p>	<p>9</p>
<p>3.</p>	<p>What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally?</p>	<p>1 <input type="checkbox"/> Spanish only 2 <input type="checkbox"/> Mostly Spanish 3 <input type="checkbox"/> Mostly English 4 <input type="checkbox"/> English only 5 <input type="checkbox"/> Spanish and English equally</p>	<p>10</p>
<p>4.</p>	<p>Can you read Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11</p>
<p>5.</p>	<p>Can you read English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>12</p>
<p>If "Yes" to both 4 and 5 ask:</p> <p>6. In which language do you read better?</p>		<p>1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same</p>	<p>13</p>
<p>7.</p>	<p>Can you write in Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>14</p>
<p>8.</p>	<p>Can you write in English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>15</p>
<p>If "Yes" to both 7 and 8 ask:</p> <p>9. In which language do you write better?</p>		<p>1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same</p>	<p>16</p>
<p>If self-reported on HIS-1, mark box without asking. HAND CARD O, read categories if telephone interview.</p> <p>10. Which of these groups best describes your ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/></p>	<p>17</p>
<p>11. Which of these groups best describes your mother's ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/></p>	<p>18</p>
<p>12. Which of these groups best describes your father's ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/></p>	<p>19</p>

Section AA – ACCULTURATION – Continued

If self-reported on HIS-1, mark box without asking.

13. In what country or state were you born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

20

14. In what country or state was your father born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

21

15. In what country or state was your mother born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

22

Notes

Section BB – FOOD FREQUENCY

Read to respondent: (I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth.) These next questions are about the foods you eat. Please tell me how often you eat each one, for example, twice a week, three times a month and so forth. Also tell me whether you usually eat a small, medium or large portion of each food. Remember I'm only interested in the foods YOU eat. **HAND FOOD FREQUENCY FLASHCARD BOOKLET.** Please look at List 1 as I ask these first questions.

<p>During the past year or so, how often did you usually [eat/drink] —</p> <p>1. Orange juice or grapefruit juice?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (2) </p>	<p>5-8</p> <p>Was it a small, medium or large portion?</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (6 oz.) <input type="checkbox"/> 3 Large </p> <p>9</p>
<p>2. Other fruit juices or fortified fruit drinks?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (3) </p>	<p>10-13</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (6 oz.) <input type="checkbox"/> 3 Large </p> <p>14</p>
<p>3. Oranges?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (4) </p>	<p>15-18</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1 med.) <input type="checkbox"/> 3 Large </p> <p>19</p>
<p>4. Grapefruit?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (5) </p>	<p>20-23</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1/2 grapefruit) <input type="checkbox"/> 3 Large </p> <p>24</p>
<p>5. Cantaloupe in season?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (6) </p>	<p>25-28</p> <p>A medium serving is 1/4 cantaloupe</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1/4 med.) <input type="checkbox"/> 3 Large </p> <p>29</p>
<p>6. Apples or applesauce?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (7) </p>	<p>30-33</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1 med. or 1/2 cup) <input type="checkbox"/> 3 Large </p> <p>34</p>
<p>Now look at List 2.</p> <p>During the past year or so, how often did you usually eat —</p> <p>7. Beans, such as baked, pinto, kidney beans, or in chili? Do not include green beans.</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (8) </p>	<p>35-38</p> <p>Small, medium or large?</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (3/4 cup) <input type="checkbox"/> 3 Large </p> <p>39</p>
<p>8. Carrots, or mixed vegetables containing carrots?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (9) </p>	<p>40-43</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1/2 cup) <input type="checkbox"/> 3 Large </p> <p>44</p>
<p>9. Tomatoes, including in salad?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (10) </p>	<p>45-48</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1 tomato) <input type="checkbox"/> 3 Large </p> <p>49</p>
<p>10. Green salad?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (11) </p>	<p>50-53</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (1 med. bowl) <input type="checkbox"/> 3 Large </p> <p>54</p>
<p>11. Salad dressing or mayonnaise, including on sandwiches?</p>	<p>Times per</p> <p> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year <input type="checkbox"/> 0000 Less than 6 a year or never (12) </p>	<p>55-58</p> <p> <input type="checkbox"/> 1 Small <input type="checkbox"/> 2 Medium (2 tbs.) <input type="checkbox"/> 3 Large </p> <p>59</p>

Section BB – FOOD FREQUENCY – Continued

12. Broccoli?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (13)	80-83 64 Small, medium or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
13. Spinach?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (14)	85-88 69 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
14. Mustard greens, turnip greens or collards?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (15)	70-73 74 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
15. Coleslaw, cabbage or sauerkraut?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (16)	75-78 79 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
16. French fries or fried potatoes?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (17)	80-83 84 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (3/4 cup) 3 <input type="checkbox"/> Large
17. Potatoes, baked, boiled or mashed?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (18)	85-88 89 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 potato or 1/2 cup) 3 <input type="checkbox"/> Large
18. Sweet potatoes or yams?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (19)	90-93 94 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
19. Rice?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (20)	95-98 99 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
Now look at List 3. During the past year or so, how often did you usually eat – 20. Hamburgers, cheeseburgers or meatloaf?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (21)	100-103 104 Small, medium or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large
21. Beef, such as steaks or roasts?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (22)	105-108 109 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large
22. Beef stew or potpie with vegetables?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (23)	110-113 114 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large
23. Liver, including chicken liver?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (24)	115-118 119 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large

Section BB — FOOD FREQUENCY — Continued

<p>24. Pork, such as pork chops or roasts?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (25)</p>	<p>5-8 A medium serving is 2 pork chops or 4 oz. of roast. 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pork chops or 4oz. of roast) 3 <input type="checkbox"/> Large</p>	<p>9</p>
<p>25. Fried chicken?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (26)</p>	<p>10-13 A medium serving is 2 small or 1 large piece. 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large</p>	<p>14</p>
<p>26. Chicken or turkey, baked, stewed or broiled?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (27)</p>	<p>15-18 A medium serving is 2 small or 1 large piece. 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large</p>	<p>19</p>
<p>27. Fried fish or fish sandwiches?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (28)</p>	<p>20-23 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large</p>	<p>24</p>
<p>28. Spaghetti, lasagna or pasta with tomato sauce?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (29)</p>	<p>25-28 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large</p>	<p>29</p>
<p>Now look at List 4. During the past year or so, how often did you usually eat —</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (30)</p>	<p>30-33 Small, medium, or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>34</p>
<p>29. Cooked cereals like oatmeal?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (30)</p>	<p>30-33 Small, medium, or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>34</p>
<p>30. High fiber cereals like bran, granola, or shredded wheat?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (31)</p>	<p>35-38 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>39</p>
<p>31. Highly fortified cereals like Product 19, Total, or Most?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (32)</p>	<p>40-43 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>44</p>
<p>32. Other cold cereals like Rice Krispies or corn flakes?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (33)</p>	<p>45-48 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>49</p>
<p>33. Eggs?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (34)</p>	<p>50-53 How many eggs? _____ Number</p>	<p>54-55</p>
<p>34. Bacon?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (35)</p>	<p>56-59 How many slices? _____ Number</p>	<p>60-61</p>
<p>35. Sausage?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (36)</p>	<p>62-65 How many patties or links? _____ Number</p>	<p>66-67</p>

Section BB — FOOD FREQUENCY PAGE — Continued

3-4

<p>Now look at List 5.</p> <p>During the past year or so, how often did you usually eat —</p> <p>36. Vegetable soup, vegetable beef, minestrone or tomato soup? Do not include other kinds of soup.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (37)</p>	<p>5-8 Small, medium or large?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>9</p>
<p>37. Hot dogs?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (38)</p>	<p>10-13 How many hot dogs?</p> <p>Amount _____</p>	<p>14-15</p>
<p>38. Ham or lunch meats?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (39)</p>	<p>16-19</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large</p>	<p>20</p>
<p>39. White bread, rolls or crackers, including sandwiches, bagels, and so forth? I'm going to ask about dark bread and corn bread next.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (40)</p>	<p>21-24 A medium serving is 2 slices or 4 crackers.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices or 4 crackers) 3 <input type="checkbox"/> Large</p>	<p>25</p>
<p>40. Dark breads like whole wheat, rye or pumpernickel?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (41)</p>	<p>26-29 A medium serving is 2 slices.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large</p>	<p>30</p>
<p>41. Corn bread, corn muffins, corn tortillas, or grits?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (42)</p>	<p>31-34</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 piece or 1/2 cup grits) 3 <input type="checkbox"/> Large</p>	<p>35</p>
<p>42. Butter on bread, rolls or vegetables? I'll ask about margarine next.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (43)</p>	<p>36-39 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p>	<p>40</p>
<p>43. Margarine on bread, rolls or vegetables?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (44)</p>	<p>41-44 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p>	<p>45</p>
<p>44. Cheese or cheese spreads, not including cottage cheese?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (45)</p>	<p>46-49</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices or 2 oz.) 3 <input type="checkbox"/> Large</p>	<p>50</p>
<p>45. Peanuts or peanut butter?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (46)</p>	<p>51-54</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tbs.) 3 <input type="checkbox"/> Large</p>	<p>55</p>
<p>46. Salty snacks like chips or popcorn?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (47)</p>	<p>56-59</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 handful) 3 <input type="checkbox"/> Large</p>	<p>60</p>
<p>Now look at List 6.</p> <p>During the past year or so, how often did you usually [eat/drink] —</p> <p>47. Ice cream?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (48)</p>	<p>61-64 A medium serving is 1 medium scoop.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. scoop) 3 <input type="checkbox"/> Large</p>	<p>65</p>

Section BB — FOOD FREQUENCY — Continued

48. Pie?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (49)	68-69 Small, medium or large? 70 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. slice) 3 <input type="checkbox"/> Large
49. Doughnuts, cookies, cake or pastry?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (50)	71-74 A medium serving is 1 piece or 3 cookies 75 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 piece or 3 cookies) 3 <input type="checkbox"/> Large
50. Chocolate candy?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (51)	76-79 80 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 oz.) 3 <input type="checkbox"/> Large
51. Sugar in coffee or tea or on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (52)	81-84 85 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tsp.) 3 <input type="checkbox"/> Large
52. Whole milk or drinks made with whole milk, not including on cereal? I'm going to ask about 1%, 2% and skim milk separately.	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (53)	86-89 90 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
53. 2% milk or drinks made with 2% milk, not including on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (54)	91-94 95 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
54. Skim milk, 1% milk or buttermilk, not including on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (55)	96-99 100 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
55. Milk or cream in coffee or tea?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (56)	101-104 105 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 tbs.) 3 <input type="checkbox"/> Large
56. Soda or soft drinks with sugar?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (57)	106-109 110 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large
57a. During the past year or so, how often did you drink beer?	0011 <input type="checkbox"/> Everyday/daily Times per { <ul style="list-style-type: none"> 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (58)	111-114
b. On the days you drank beer, how many cans, bottles or glasses did you drink?	Number 99 <input type="checkbox"/> DK	115-116
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large (16 oz.)	117
Notes		

Section BB – FOOD FREQUENCY – Continued		RT 82
		3-4
		5-8
58a. During the past year or so, how often did you drink wine?	0011 <input type="checkbox"/> Everyday/daily _____ Times per { 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (59)	
b. On the days you drank wine, how many glasses did you drink?	_____ Number 99 <input type="checkbox"/> DK	9-10
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. wine glass) 3 <input type="checkbox"/> Large	11
		12-15
59a. During the past year or so, how often did you drink liquor?	0011 <input type="checkbox"/> Everyday/daily _____ Times per { 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (60)	
b. On the days you drank liquor, how many drinks did you have?	_____ Number 99 <input type="checkbox"/> DK	16-17
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 shot) 3 <input type="checkbox"/> Large	18
		19
60a. Was there ever a period in your life when you drank five or more drinks of any alcoholic beverage almost every day?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (61) 9 <input type="checkbox"/> DK	
b. For how long did that period last?	_____ Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 9999 <input type="checkbox"/> DK	20-23
		24
61. When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sometimes, rarely or never?	1 <input type="checkbox"/> Often or always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 0 <input type="checkbox"/> Don't eat chicken or poultry	
		25
62. When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely or never?	1 <input type="checkbox"/> Often or always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 0 <input type="checkbox"/> Don't eat red meat	
		26
63a. On most weekdays, how many meals do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Meals 9 <input type="checkbox"/> DK	
b. On most weekdays, how many snacks do you usually eat each day, including snacks after dinner?	0 <input type="checkbox"/> Less than one a day _____ Snacks 9 <input type="checkbox"/> DK	27
c. On most Saturdays or Sundays, how many meals do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Meals 9 <input type="checkbox"/> DK	28
d. On most Saturdays or Sundays, how many snacks do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Snacks 9 <input type="checkbox"/> DK	29
		30-31
64. In a typical week, how many meals do you usually get in restaurants, cafeterias, or fast food places?	00 <input type="checkbox"/> Less than one a week _____ Meals 99 <input type="checkbox"/> DK	
Notes		

Section CC – VITAMIN AND MINERAL INTAKE

1. During the past 12 months, that is, since (12 month date) a year ago, did you take any vitamin or mineral supplements of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No (section DD)	32
2a. During the past 12 months, that is, since (12 month date) a year ago, did you take any MULTIPLE vitamins?	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)	33
b. What is the brand name of the multiple vitamins? <i>If more than one brand, ask:</i> What is the name of the brand you took most often during the past 12 months? <i>If known, mark without asking, otherwise ask:</i> Is that a therapeutic type, a stress-tab type or a one-a-day type? <i>Mark first type listed</i>	<p align="center">_____</p> <p align="center">Brand Name</p> <p align="center"><input type="checkbox"/> DK/Refused (Ask probe for type)</p>	34–78
c. For how many of the past 12 months did you take [(name in 2b)/multiple vitamins]?	<input type="checkbox"/> Therapeutic <input type="checkbox"/> Stress-tabs <input type="checkbox"/> One-a-day	79
d. During [(the/those) (number in 2c) month(s), about how many days per month did you take [(name in 2b)/multiple vitamins]?	<input type="checkbox"/> None of these <input type="checkbox"/> DK	80–81
e. On the days you took [(name in 2b)/multiple vitamins], how many pills did you take per day? <i>If less than 12 in 2c, ask:</i>	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	82–83
f. Did you take any multiple vitamins in the past month?	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	84–85
3a. During the past 12 months, did you take any vitamin A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	86
b. For how many of the past 12 months did you take vitamin A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	87
c. During [(the/those) (number in 3b) month(s), about how many days per month did you take vitamin A?	(The following questions are about vitamins not including the multiple vitamins you already told me about.) <input type="checkbox"/> Yes <input type="checkbox"/> No (4)	88–89
d. On the days you took vitamin A, how many pills did you usually take per day?	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	90–91
e. How many units of vitamin A are in each of the pills you took? <i>If less than 12 in 3b, ask:</i>	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	92–93
f. Did you take any vitamin A in the past month?	_____ Pills per day <input type="checkbox"/> DK	94–98
4a. During the past 12 months, did you take any vitamin C?	_____ Units 99999 <input type="checkbox"/> DK	99
b. For how many of the past 12 months did you take vitamin C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	100
c. During [(the/those) (number in 4b) month(s), about how many days per month did you take vitamin C?	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)	101–102
d. On the days you took vitamin C, how many pills did you usually take per day?	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	103–104
e. How many milligrams of vitamin C are in each of the pills you took? <i>If less than 12 in 4b, ask:</i>	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	105–106
f. Did you take any vitamin C in the past month?	_____ Pills per day <input type="checkbox"/> DK	107–111
Notes	_____ Mgs. 99999 <input type="checkbox"/> DK	112

Section CC – VITAMIN AND MINERAL INTAKE – Continued

3-4

<p>5a. During the past 12 months, did you take any vitamin E?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)</p>	<p>5</p>
<p>b. For how many of the past 12 months did you take vitamin E?</p>	<p>00 <input type="checkbox"/> Less than one 12 <input type="checkbox"/> All of them _____ Number of months</p>	<p>6-7</p>
<p>c. During (the/those) (number in 5b) month(s), about how many days per month did you take vitamin E?</p>	<p>98 <input type="checkbox"/> Everyday _____ Number of days per month 88 <input type="checkbox"/> Other</p>	<p>8-9</p>
<p>d. On the days you took vitamin E, how many pills did you usually take per day?</p>	<p>_____ Pills per day 99 <input type="checkbox"/> DK</p>	<p>10-11</p>
<p>e. How many units of vitamin E are in each of the pills you took?</p>	<p>_____ Units 99999 <input type="checkbox"/> DK</p>	<p>12-18</p>
<p><i>if less than 12 in 5b, ask:</i></p> <p>f. Did you take any vitamin E in the past month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>17</p>
<p>6a. During the past 12 months, did you take any calcium?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (section DD)</p>	<p>18</p>
<p>b. For how many of the past 12 months did you take calcium?</p>	<p>00 <input type="checkbox"/> Less than one 12 <input type="checkbox"/> All of them _____ Number of months</p>	<p>19-20</p>
<p>c. During (the/those) (number in 6b) month(s), about how many days per month did you take calcium?</p>	<p>98 <input type="checkbox"/> Everyday _____ Number of days per month 88 <input type="checkbox"/> Other</p>	<p>21-22</p>
<p>d. On the days you took calcium, how many pills did you usually take per day?</p>	<p>_____ Pills per day 99 <input type="checkbox"/> DK</p>	<p>23-24</p>
<p>e. How many milligrams of calcium are in each of the pills you took?</p>	<p>_____ Mgs. 99999 <input type="checkbox"/> DK</p>	<p>25-29</p>
<p><i>if less than 12 in 6b, ask:</i></p> <p>f. Did you take any calcium in the past month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>30</p>

Notes

Section DD – FOOD KNOWLEDGE

<p>1 a. Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p>	<p>31</p>																																													
<p>b. In making these changes, what foods do you eat MORE of?</p> <p><i>Enter response verbatim, one food per line. Do not probe.</i></p>	<p align="center">MORE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>32–34</p> <p>35–37</p> <p>38–40</p> <p>41–43</p>																																													
<p>c. What foods do you eat LESS of?</p> <p><i>Enter response verbatim, one food per line. Do not probe.</i></p>	<p align="center">LESS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>44–46</p> <p>47–49</p> <p>50–52</p> <p>53–55</p>																																													
<p>d. Have you made these changes in what you eat and drink in the past five years?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (1f)</p>	<p>56</p>																																													
<p>e. Did you make these changes in the past year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>57</p>																																													
<p>f. Have there been any changes in the ways your food is cooked?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)</p>	<p>58</p>																																													
<p>g. What are these changes?</p>	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">MORE</td> <td style="text-align: center;">LESS</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Baking</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Boiling</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Broiling</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Steaming</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Frying</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Stir-frying/wok</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Sautéing</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Grilling/barbecuing</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Salting</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Microwaving</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Pressure-cooking</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Using non-stick pans</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td></td> <td align="center">1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	MORE	LESS		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Baking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Boiling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Broiling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Steaming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Frying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Stir-frying/wok	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Sautéing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Grilling/barbecuing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Salting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Microwaving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Pressure-cooking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Using non-stick pans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other		1 <input type="checkbox"/> DK		<p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p>
MORE	LESS																																														
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Baking																																													
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	Frying																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Stir-frying/wok																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Sautéing																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Grilling/barbecuing																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Salting																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Microwaving																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Pressure-cooking																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Using non-stick pans																																													
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other																																													
	1 <input type="checkbox"/> DK																																														
<p>2. I am going to read two statements. Please tell me which one you agree with most.</p> <p>(a) What people eat or drink has little effect on whether they will develop major diseases.</p> <p align="center">OR</p> <p>(b) By eating certain kinds of foods, people can reduce their chances of developing major diseases.</p>	<p>1 <input type="checkbox"/> a (5) 2 <input type="checkbox"/> b (3) 9 <input type="checkbox"/> DK (4)</p>	<p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p>																																													
<p>3. Which major diseases do you think may be related to what people eat and drink?</p>	<p>1 <input type="checkbox"/> Cancer 1 <input type="checkbox"/> Heart disease 1 <input type="checkbox"/> Obesity/Overweight 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Hypertension/ High Blood Pressure 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> None 1 <input type="checkbox"/> DK</p>	<p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p>																																													

Section EE – SMOKING HABITS

88	
<p>These next questions are about cigarette smoking.</p> <p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (section FF) 9 <input type="checkbox"/> DK</p>
<p>2. How old were you when you first started smoking cigarettes fairly regularly?</p>	<p>_____ Age 00 <input type="checkbox"/> Never smoked regularly (section FF) 99 <input type="checkbox"/> DK</p>
<p>3. Do you smoke cigarettes now?</p>	<p>1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No</p>
<p>4. How old were you when you stopped smoking cigarettes?</p>	<p>_____ Age 99 <input type="checkbox"/> DK</p>
<p>5. On the average, how many cigarettes [did/do] you usually smoke a day?</p>	<p>00 <input type="checkbox"/> Less than one cigarette per day _____ Cigarettes per day 99 <input type="checkbox"/> DK</p>
<p>6. For how many years [have you been/were you] a regular smoker, do not include the times you may have stayed off cigarettes?</p>	<p>00 <input type="checkbox"/> Less than one year _____ Years 99 <input type="checkbox"/> DK</p>

Notes

Section FF — OTHER TOBACCO USE

3-4

5

These next questions are about the use of other tobacco products.

1 a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?

- 1 Yes
- 2 No (6)
- 9 DK Chewing tobacco (6)

b. Have you used chewing tobacco at least 20 times?

- 1 Yes
- 2 No } (6)
- 9 DK }

8

2. How old were you when you first used chewing tobacco?

_____ Age
99 DK

7-8

3. Do you use chewing tobacco now?

- 1 Yes
- 2 No

9

4. Altogether, about how long [did you use/have you used] chewing tobacco?

- 000 Less than one month
- _____ { 1 Months
2 Years
- 999 DK

10-12

5 a. On the average, how many days per month [did/do] you use chewing tobacco?

- 00 Less than one day a month
- 97 Never used regularly (6)
- 98 Everyday
- _____ Days per month
- 99 DK

13-14

b. On the days that you use(d) chewing tobacco, how many times [did/do] you use it?

_____ Times per day
99 DK

15-16

6 a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?

- 1 Yes
- 2 No (12)
- 9 DK Snuff (12)

17

b. Have you used snuff at least 20 times?

- 1 Yes
- 2 No } (12)
- 9 DK }

18

7. How old were you when you first used snuff?

_____ Age
99 DK

19-20

8. Do you use snuff now?

- 1 Yes
- 2 No

21

9. Altogether, about how long [did you use/have you used] snuff?

- 000 Less than one month
- _____ { 1 Months
2 Years
- 999 DK

22-24

10 a. On the average, how many days per month [did/do] you use snuff?

- 00 Less than one day a month
- 97 Never used regularly (12)
- 98 Everyday
- _____ Days per month
- 99 DK

25-26

b. On the days you use(d) snuff, how many times [did/do] you use it?

_____ Times per day
99 DK

27-28

11. [Did/Do] you use snuff by sniffing it or by placing it in your mouth?

- 1 Sniffing
- 2 Mouth
- 3 Both

29

12 a. Have you ever smoked a pipe?

- 1 Yes
- 2 No (17)

30

b. Have you smoked a pipe at least 50 times?

- 1 Yes
- 2 No } (17)
- 9 DK }

31

13. How old were you when you first smoked a pipe?

_____ Age
99 DK

32-33

Section GG — REPRODUCTION AND HORMONE USE

GG1	<i>Refer to sex</i>	1 <input type="checkbox"/> Male (section HH) 2 <input type="checkbox"/> Female (1)	54
These next questions are about pregnancy and reproduction.		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)	55
1 a. Have you ever given birth to a liveborn infant?			
b. How many live births have you had?		_____ Number	56-57
c. How old were you when your (first) child was born?		_____ Age (2) 99 <input type="checkbox"/> DK (1d)	58-59
d. Were you 20 or younger, or older than 20?		1 <input type="checkbox"/> 20 or younger (2) 2 <input type="checkbox"/> Older than 20 (1e) 9 <input type="checkbox"/> DK (2)	60
e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older?		1 <input type="checkbox"/> 21-24 4 <input type="checkbox"/> 35+ 2 <input type="checkbox"/> 25-29 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 30-34	61
2 a. (Besides [that pregnancy/those pregnancies], Have you ever had any (other) pregnancies that lasted six months or more?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GG2)	62
b. How many of those (other) pregnancies have you had?		_____ Number	63-64
c. How old were you at the end of [that pregnancy/ the first of those pregnancies]?		_____ Age (GG2) 99 <input type="checkbox"/> DK (2d)	65-66
d. Were you 20 or younger, or older than 20?		1 <input type="checkbox"/> 20 or younger (GG2) 2 <input type="checkbox"/> Older than 20 9 <input type="checkbox"/> DK (GG2)	67
e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older?		1 <input type="checkbox"/> 21-24 4 <input type="checkbox"/> 35+ 2 <input type="checkbox"/> 25-29 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 30-34	68
GG2	<i>Refer to 1a</i>	1 <input type="checkbox"/> "Yes" in 1a (3) 8 <input type="checkbox"/> Other (4)	69
3. Did you breastfeed any of your children?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	70
4 a. How old were you when your menstrual cycles began?		_____ Age (5) 00 <input type="checkbox"/> Never menstruated (7) 99 <input type="checkbox"/> DK (4b)	71-72
b. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older?		1 <input type="checkbox"/> Younger than 10 2 <input type="checkbox"/> 10-12 3 <input type="checkbox"/> 13-15 4 <input type="checkbox"/> 16+ 9 <input type="checkbox"/> DK	73
5. Have your menstrual cycles stopped permanently?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	74
6 a. How old were you when they completely stopped?		_____ Age (7) 99 <input type="checkbox"/> DK (6b)	75-76
b. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?		1 <input type="checkbox"/> Younger than 20 2 <input type="checkbox"/> 20-29 3 <input type="checkbox"/> 30-39 4 <input type="checkbox"/> 40-44 5 <input type="checkbox"/> 45-49 6 <input type="checkbox"/> 50-54 7 <input type="checkbox"/> 55+ 9 <input type="checkbox"/> DK	77
7. [Did they stop/Was this] due to surgery?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	78

Section GG – REPRODUCTION AND HORMONE USE – Continued

8a. Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?	1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Lumps removed that were cancerous } (9) 9 <input type="checkbox"/> DK	87
b. How many of these operations have you had?	_____ Number of operations 9 <input type="checkbox"/> DK	80
c. How old were you when you had the (first) operation?	_____ Age at first operation 99 <input type="checkbox"/> DK	81–82
We are interested in learning about the relationship between birth control pills and health .		83
9. Have you ever used birth control pills?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GG 3)	
10a. How old were you when you started using birth control pills?	_____ *Age (11) 99 <input type="checkbox"/> DK (10b)	84–85
b. Were you younger than 25, or 25 or older?	1 <input type="checkbox"/> Younger than 25 (10c) 2 <input type="checkbox"/> 25+ (10d) 9 <input type="checkbox"/> DK (11)	86
c. Were you 18 or younger, 19 to 21, or 22 to 24?	1 <input type="checkbox"/> 18 or younger 2 <input type="checkbox"/> 19–21 3 <input type="checkbox"/> 22–24 9 <input type="checkbox"/> DK } (11)	87
d. Were you 25 to 29, 30 to 34, or 35 or older?	1 <input type="checkbox"/> 25–29 2 <input type="checkbox"/> 30–34 3 <input type="checkbox"/> 35+ 9 <input type="checkbox"/> DK	88
11a. Altogether, about how long did you take birth control pills? Include any breaks in usage that lasted less than one month.	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years } (GG3) 000 <input type="checkbox"/> Less than one month (GG3) 888 <input type="checkbox"/> Other (Specify) _____ _____ (GG3) 999 <input type="checkbox"/> DK (11b)	89–91
b. Was it less than a year, or a year or more?	1 <input type="checkbox"/> Less than one year (GG3) 2 <input type="checkbox"/> One year or more (11c) 9 <input type="checkbox"/> DK (GG 3)	92
c. Was it 3 years or less, more than 3 but less than 5, or 5 or more years?	1 <input type="checkbox"/> 3 years or less 2 <input type="checkbox"/> More than 3, less than 5 years 3 <input type="checkbox"/> 5 or more years 9 <input type="checkbox"/> DK	93
GG3 Refer to age.	1 <input type="checkbox"/> Under 40 (section HH) 2 <input type="checkbox"/> 40 and over (12)	94
12. Estrogen is a female hormone that may be taken after a hysterectomy or during menopause. Have you ever taken estrogen pills for any reason?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (section HH) 9 <input type="checkbox"/> DK }	95
13a. How old were you when you started using estrogen pills?	_____ Age (14) 99 <input type="checkbox"/> DK (13b)	96–97
b. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?	1 <input type="checkbox"/> Younger than 20 2 <input type="checkbox"/> 20–29 3 <input type="checkbox"/> 30–39 4 <input type="checkbox"/> 40–44 5 <input type="checkbox"/> 45–49 6 <input type="checkbox"/> 50–54 7 <input type="checkbox"/> 55+ 9 <input type="checkbox"/> DK	98

Section GG – REPRODUCTION AND HORMONE USE – Continued

14a. Altogether, about how long did you take estrogen pills? Include any breaks in usage that lasted less than one month.

99-101

Number $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Days} \\ 2 \text{ } \square \text{ Months} \\ 3 \text{ } \square \text{ Years} \end{array} \right\} (15)$

000 Less than one month (15)
 888 Other (Specify) 7

____ (15)

999 DK (14b)

b. Was it less than a year, or a year or more?

102

1 Less than one year (15)
 2 One year or more (14c)
 9 DK (15)

c. Was it 3 years or less, more than 3 but less than 5, or 5 or more years?

103

1 3 years or less
 2 More than 3, less than 5 years
 3 5 or more years
 9 DK

15. What was the brand name of the estrogen pills?

104-119

 Brand name

DK

Notes

Section HH — FAMILY HISTORY OF CANCER

These next questions are about your natural or birth mother and father. Do not include step or adoptive parents.

Ask 1-2 for mother, then for father.		MOTHER	FATHER
		6-8	22-25
1 a. In what year was your natural [mother/father] born?	1 a.	____ Year 9999 <input type="checkbox"/> DK	____ Year 9999 <input type="checkbox"/> DK
b. Is your [mother/father] still living?	b.	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (1c) 9 <input type="checkbox"/> DK (2) 7 <input type="checkbox"/> Never knew natural mother (1 for father)	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (1c) 9 <input type="checkbox"/> DK (2) 7 <input type="checkbox"/> Never knew natural father (3)
c. At what age did your [mother/father] die?	c.	____ Age 99 <input type="checkbox"/> DK	____ Age 99 <input type="checkbox"/> DK
2 a. Was your [mother/father] ever diagnosed by a doctor as having cancer?	2 a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (1 for father) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }
b. What kind of cancer was it?	b.	____ (2d) 799 <input type="checkbox"/> DK (2c)	____ (2d) 799 <input type="checkbox"/> DK (2c)
c. What part of the body was affected?	c.	____ <input type="checkbox"/> DK	____ <input type="checkbox"/> DK
d. Did your [mother/father] have any other kind of cancer that was diagnosed by a doctor?	d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2g) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2g) 9 <input type="checkbox"/> DK }
e. The FIRST time [she/he] was diagnosed with cancer, what kind of cancer was it?	e.	000 <input type="checkbox"/> Same as 2b/c (2g) ____ (2g) 799 <input type="checkbox"/> DK (2f)	000 <input type="checkbox"/> Same as 2b/c (2g) ____ (2g) 799 <input type="checkbox"/> DK (2f)
f. What part of the body was affected?	f.	____ <input type="checkbox"/> DK	____ <input type="checkbox"/> DK
g. How old was your [mother/father] when cancer was first diagnosed by a doctor?	g.	____ Age } (1 for father) 99 <input type="checkbox"/> DK }	____ Age 99 <input type="checkbox"/> DK

Notes

Section HH — FAMILY HISTORY OF CANCER — Continued

Read to respondent: **Now I'm going to ask about your sisters and brothers who have the same natural or birth mother AND father as you. Do not include step, half, or adoptive sisters and brothers.**

3a. How many sisters do you have, including any that may have died?	3a.	00 <input type="checkbox"/> None _____ Sisters 99 <input type="checkbox"/> DK	39-40										
b. How many brothers do you have, including any that may have died?	b.	00 <input type="checkbox"/> None _____ Brothers 99 <input type="checkbox"/> DK	41-42										
<i>If "None" in 3a and 3b, skip to 9.</i>													
4. Have any of your [brothers/(or) sisters] ever been diagnosed by a doctor as having cancer?	4.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	43										
5. What are the first names of your [brothers/(or) sisters] who had cancer? <i>Record each person in a separate column</i> Anyone else?	5.	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">44</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table> </td> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">62</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table> </td> </tr> </table>	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">44</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table>	44	Name	Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">62</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table>	62	Name	Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	
<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">44</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table>	44	Name	Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">62</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border: none;">Sex:</td> <td style="border: none;"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK </td> </tr> </table>	62	Name	Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK				
44	Name												
Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK												
62	Name												
Sex:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK												
<i>Ask 6-8 for the first person listed in 5 before asking 6-8 for the next person.</i>													
6a. What kind of cancer did (name in 5) have?	6a.	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">45-47</td> <td style="border-bottom: 1px solid black;">(6c)</td> </tr> <tr> <td style="border: none;">799 <input type="checkbox"/> DK (6b)</td> <td style="border: none;"></td> </tr> </table>	45-47	(6c)	799 <input type="checkbox"/> DK (6b)		63-65						
45-47	(6c)												
799 <input type="checkbox"/> DK (6b)													
b. What part of the body was affected?	b.	_____ <input type="checkbox"/> DK											
c. Did (name in 5) have any other kind of cancer that was diagnosed by a doctor?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }	66										
d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?	d.	000 <input type="checkbox"/> Same as 6a/b (7) _____ (7) 799 <input type="checkbox"/> DK (6e)	67-69										
e. What part of the body was affected?	e.	_____ <input type="checkbox"/> DK											
7. How old was (name in 5) when cancer was first diagnosed by a doctor?	7.	_____ Age 99 <input type="checkbox"/> DK	70-71										
8a. In what year was (name in 5) born? <i>If known, mark without asking.</i>	8a.	_____ Year 9999 <input type="checkbox"/> DK	72-75										
b. Is (name in 5) still living?	b.	1 <input type="checkbox"/> Yes (HH1) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (HH1)	76										
c. At what age did (name in 5) die?	c.	_____ Age 99 <input type="checkbox"/> DK	77-78										
HH1	Refer to entries in 5.	HH1	1 <input type="checkbox"/> Additional siblings (6) 2 <input type="checkbox"/> No more siblings (9)										

Notes

Section HH – FAMILY HISTORY OF CANCER – Continued

Read to respondent: **These questions are about your natural or birth children. Do not include any children for whom you are an adoptive, step, or foster parent.**

<p>9a. How many daughters do you have, including any that may have died?</p>	9a.	<p>00 <input type="checkbox"/> None 23-24</p> <p>_____ Daughters</p> <p>99 <input type="checkbox"/> DK</p>			
<p>b. How many sons do you have, including any that may have died?</p>	b.	<p>00 <input type="checkbox"/> None 25-26</p> <p>_____ Sons</p> <p>99 <input type="checkbox"/> DK</p>			
<i>If "None" in 9a and 9b, skip to section II.</i>					
<p>10. Have any of your children ever been diagnosed by a doctor as having cancer?</p>	10.	<p>1 <input type="checkbox"/> Yes 27</p> <p>2 <input type="checkbox"/> No } (15)</p> <p>9 <input type="checkbox"/> DK }</p>			
<p>11. What are the first names of your children who had cancer?</p> <p><i>Record each person in a separate column</i></p> <p>Anyone else?</p>	11.	<p style="text-align: right;">28-35 54-61</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> </td> <td style="width:50%; border: none;"> <p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> </td> </tr> </table> <p style="text-align: right;">36 62</p>	<p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	
<p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>Sex: _____ Name _____</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>				
<i>Ask 12-14 for the first person listed in 11 before asking 12-14 for the next person.</i>					
<p>12a. What kind of cancer did (name in 11) have?</p>	12a.	<p style="text-align: right;">37-39 63-65</p> <p>_____ (12c)</p> <p>799 <input type="checkbox"/> DK (12b)</p>			
<p>b. What part of the body was affected?</p>	b.	<p>_____ (12c)</p> <p><input type="checkbox"/> DK</p>			
<p>c. Did (name in 11) have any other kind of cancer that was diagnosed by a doctor?</p>	c.	<p style="text-align: right;">40 66</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } (13)</p> <p>9 <input type="checkbox"/> DK }</p>			
<p>d. The FIRST time (he/she) was diagnosed with cancer, what kind of cancer was it?</p>	d.	<p style="text-align: right;">41-43 67-69</p> <p>000 <input type="checkbox"/> Same as 12a/b (13)</p> <p>_____ (13)</p> <p>799 <input type="checkbox"/> DK (12e)</p>			
<p>e. What part of the body was affected?</p>	e.	<p>_____ (13)</p> <p><input type="checkbox"/> DK</p>			
<p>13. How old was (name in 11) when cancer was first diagnosed by a doctor?</p>	13.	<p style="text-align: right;">44-45 70-71</p> <p>_____ Age</p> <p>99 <input type="checkbox"/> DK</p>			
<p>14a. In what year was (name in 11) born?</p>	14a.	<p style="text-align: right;">46-49 72-75</p> <p>_____ Year</p> <p>9999 <input type="checkbox"/> DK</p>			
<i>If this child in household, mark "Yes" box without asking.</i>					
<p>b. Is (name in 11) still living?</p>	b.	<p style="text-align: right;">50 76</p> <p>1 <input type="checkbox"/> Yes (HH2)</p> <p>2 <input type="checkbox"/> No (14c)</p> <p>9 <input type="checkbox"/> DK (HH2)</p>			
<p>c. At what age did (name in 11) die?</p>	c.	<p style="text-align: right;">51-52 77-78</p> <p>_____ Age</p> <p>99 <input type="checkbox"/> DK</p>			
<p>HH2</p>	HH2	<p style="text-align: right;">53 79</p> <p>1 <input type="checkbox"/> Additional children (12)</p> <p>2 <input type="checkbox"/> No more children (15)</p>			
<p>Refer to entries in 11.</p>					
<p>Notes</p>					

Section HH – FAMILY HISTORY OF CANCER – Continued

<p>15. Has the natural [father/mother] of [any of your (other) children/your child] ever been diagnosed by a doctor as having cancer?</p>	<p>15. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (section II) 9 <input type="checkbox"/> DK</p>	<p>5</p>
<p>16a. What is the [father's/mother's] name?</p> <p>_____</p> <p style="text-align: center;">Name</p>	<p>16a. _____</p>	
<p>b. Is <u>(name in 16a)</u> the [father/mother] of all your (other) children?</p>	<p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>6</p>
<p>17a. What kind of cancer did <u>(name in 16a)</u> have?</p> <p>_____</p>	<p>17a. _____ (17c) 799 <input type="checkbox"/> DK (17b)</p>	<p>7-9</p>
<p>b. What part of the body was affected?</p> <p>_____</p>	<p>b. _____ <input type="checkbox"/> DK</p>	
<p>c. Did <u>(name in 16a)</u> have any other kind of cancer that was diagnosed by a doctor?</p>	<p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK</p>	<p>10</p>
<p>d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?</p>	<p>d. 000 <input type="checkbox"/> Same as 17a/b (18) _____ (18) 799 <input type="checkbox"/> DK (17e)</p>	<p>11-13</p>
<p>e. What part of the body was affected?</p> <p>_____</p>	<p>e. _____ <input type="checkbox"/> DK</p>	
<p>18. How old was <u>(name in 16a)</u> when cancer was first diagnosed by a doctor?</p>	<p>18. _____ Age 99 <input type="checkbox"/> DK</p>	<p>14-15</p>
<p>19a. In what year was <u>(name in 16a)</u> born?</p> <p>_____</p> <p><i>If person in household, mark "Yes" without asking.</i></p>	<p>19a. _____ Year 9999 <input type="checkbox"/> DK</p>	<p>16-19</p>
<p>b. Is <u>(name in 16a)</u> still living?</p>	<p>b. 1 <input type="checkbox"/> Yes (20) 2 <input type="checkbox"/> No (19c) 9 <input type="checkbox"/> DK (20)</p>	<p>20</p>
<p>c. At what age did <u>(name in 16a)</u> die?</p>	<p>c. _____ Age 99 <input type="checkbox"/> DK</p>	<p>21-22</p>
<p>20a. How many children did you and <u>(name in 16a)</u> have together, including any that may have died?</p>	<p>20a. _____ No. of children</p>	<p>23-24</p>
<p>b. How many of these children are sons and how many are daughters?</p>	<p>b. _____ No. of sons _____ No. of daughters</p>	<p>25-26 27-28</p>
<p>c. What are the children's first names?</p>	<p>c. _____ First name _____ First name _____ First name _____ First name _____ First name _____ First name _____ First name</p>	<p>29-36 37-44 45-52 53-60 61-68 69-76 77-84 85-92</p>
<p>HH3 Refer to 16b.</p>	<p>HH3 1 <input type="checkbox"/> "No" in 16b (15) 8 <input type="checkbox"/> "Yes" in 16b (section II)</p>	<p>93</p>

Section II – CANCER SURVIVORSHIP

RT 91

3-4

5

1. Has a doctor or other health professional ever told you that you had cancer of any kind (including any cancer you have already mentioned)?

- 1 Yes
 2 No (section JJ)

2a. What kind of cancer was it?

6-8

_____ (3)

799 DK (2b)

b. What part of the body was affected?

DK

3. How old were you when this cancer was first diagnosed by a doctor?

9-10

_____ Age

99 DK

4. Besides this cancer, has a doctor ever told you that you had any other kind of cancer?

11

- 1 Yes
 2 No (section JJ)

5a. What kind of cancer was it?

12-14

_____ (6)

799 DK (5b)

b. What part of the body was affected?

DK

6. How old were you when THIS cancer was first diagnosed by a doctor?

15-16

_____ Age

99 DK

Notes

