CANCER 2000 MODULE

SECTION B - HISPANIC ACCULTURATION

Check item NABCCO1: Refer to Household Composition, Basic Module.
    ORIGIN/HHC.170 "Does (person) consider (self) Hispanic/Latino?"

[If ORIGIN/HHC.170 is not = 1, then go to END_NAB.]

NAB.010 I am going to ask you about health concerns, such as smoking, diet, and disease. First, I would like to ask a few questions about which language you use most often.

FR: SHOW CARD CAN1.

In general, which language do you SPEAK?

>SPSPEAK< (1) Only Spanish
(2) Mostly Spanish
(3) Spanish and English about the same
(4) Mostly English
(5) Only English
(6) Other Language
(7) Refused
(9) Don’t know

NAB.020 FR: SHOW CARD CAN1.

Which language did you use as a child?

>SPCHILD< (1) Only Spanish
(2) Mostly Spanish
(3) Spanish and English about the same
(4) Mostly English
(5) Only English
(6) Other Language
(7) Refused
(9) Don’t know

[If SPSPEAK and SPCHILD = 6, then go to END_NAB]
In general, which language do you READ better?

1. Only Spanish
2. Spanish better than English
3. Spanish and English about the same
4. English better than Spanish
5. Only English
6. Don’t read
7. Refused
8. Don’t know

Which language do you usually speak at home? Would you say (READ CATEGORIES)?

1. Only Spanish
2. More Spanish than English
3. Spanish and English about the same
4. More English than Spanish
5. Only English
6. Refused
7. Don’t Know

Which language do you usually speak with your friends? Would you say (READ CATEGORIES)?

1. Only Spanish
2. More Spanish than English
3. Spanish and English about the same
4. More English than Spanish
5. Only English
6. Refused
7. Don’t Know

In which language do you usually think? Would you say (READ CATEGORIES)?

1. Only Spanish
2. More Spanish than English
3. Spanish and English about the same
4. More English than Spanish
5. Only English
6. Refused
7. Don’t know
In which language are the T.V. programs you usually watch? Would you say (READ CATEGORIES)?

(1) Only Spanish
(2) More Spanish than English
(3) Spanish and English about the same
(4) More English than Spanish
(5) Only English
(7) Refused
(9) Don’t know

In which language are the radio programs you usually listen to? Would you say (READ CATEGORIES)?

(1) Only Spanish
(2) More Spanish than English
(3) Spanish and English about the same
(4) More English than Spanish
(5) Only English
(7) Refused
(9) Don’t know

In what state or country was your father born?

(1) Alabama
(2) Alaska
(3) Arizona
(4) Arkansas
(5) California
(6) Colorado
(7) Connecticut
(8) Delaware
(9) Dist. Of Columbia
(10) Florida
(11) Georgia
(12) Hawaii
(13) Idaho
(14) Illinois
(15) Indiana
(16) Iowa
(17) Kansas
(18) Kentucky
(19) Louisiana
(20) Maine
(21) Maryland
(22) Massachusetts
(23) Michigan
(24) Minnesota
(25) Mississippi
(26) Missouri
(27) Montana
(28) Nebraska
(29) Nevada
(30) New Hampshire
(31) New Jersey
(32) New Mexico
(33) New York
(34) North Carolina
(35) North Dakota
(36) Ohio
(37) Oklahoma
(38) Oregon
(39) Pennsylvania
(40) Rhode Island
(41) South Carolina
(42) South Dakota
(43) Tennessee
(44) Texas
(45) Utah
(46) Vermont
(47) Virginia
(48) Washington
(49) West Virginia
(50) Wisconsin
(51) Wyoming
(57) U.S.(state unknown)
(60-696) Other listed
location
(995) Not in U.S.,
country unknown
(996) Not in U.S.,
country not listed
(997) Refused
(999) Don’t Know
NAB.100 In what state or country was your mother born?

> BIRMOTH <

<p>| | | | | |</p>
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<td>(40)</td>
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<td>(999)</td>
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Check item END_NAB: Go to next section — Diet and Nutrition
These questions are about the different kinds of foods you USUALLY ate or drank during the PAST MONTH, that is, the past 30 days. How many times per day, week, or month did you USUALLY eat cold cereals?

**FR:** IF RESPONDENT ANSWERS "EVERY DAY", PROBE FOR HOW MANY TIMES PER DAY.

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<thead>
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<th>COLDCNO</th>
<th>NUMBER times per</th>
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<tbody>
<tr>
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<tr>
<td>01-94</td>
<td>1-94</td>
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<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
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<tr>
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<td>2</td>
<td>Week</td>
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<td>Month</td>
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<tr>
<td>4</td>
<td>Year</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

How many times per day, week, or month did you use milk, either to drink or on cold cereal?

**FR:** READ IF NECESSARY:

Do NOT include small amounts of milk in coffee or tea. DO include chocolate or other flavored milks.

<table>
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<tr>
<td>01-94</td>
<td>1-94</td>
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<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>97</td>
<td>Refused (MILKTP = 7; go to NAC.021)</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know (MILKTP = 9; go to NAC.021)</td>
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<table>
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<td>Week</td>
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<td>Month</td>
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<td>Year</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
What kind of milk did you usually use?

Pick the one you use most often.

(1) Whole milk
(2) 2% milk
(3) 1% milk
(4) 1/2 % milk
(5) Non-fat or skim milk
(6) Other
(7) Refused
(9) Don't know

How many times per day, week, or month did you usually eat bacon or sausage, not including low-fat, light, or turkey varieties?

HELP: Bacon and sausage are meat products. Do NOT include vegetarian substitutes here.

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

(1) Day
(2) Week
(3) Month
(4) Year
(7) Refused
(9) Don’t know
NAC.040  How many times per day, week, or month did you USUALLY eat hotdogs made of beef or pork?

>HTDOGNO<  [ ] NUMBER times per

(0)  Never
(01-94)  1-94
(95)  95+
(97)  Refused
(99)  Don’t know

>HTDOGTP<  [ ] TIME PERIOD

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

NAC.050  How many times per day, week, or month did you USUALLY eat whole grain bread including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel.

FR: READ IF NECESSARY:

Include cracked wheat, multi-grain, and bran breads.

>BREADNO<  [ ] NUMBER times per

(0)  Never
(01-94)  1-94
(95)  95+
(97)  Refused
(99)  Don’t know

>BREADTP<  [ ] TIME PERIOD

(1)  Day
(2)  Week
(3)  Month
(4)  Year
(7)  Refused
(9)  Don’t know
NAC.060  How often did you DRINK 100% fruit juice, such as orange, grapefruit, apple, and grape juices? Do NOT count fruit drinks such as Kool-Aid, lemonade, cranberry juice cocktail, Hi-C, and Tang.

> JUICENO<  [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

> JUCETP<  [ ] TIME PERIOD

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

NAC.070  How often did you eat FRUIT? COUNT fresh, frozen, or canned fruit. Do NOT count juices.

> FRUITNO<  [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

> FRUITTP<  [ ] TIME PERIOD

(1) Day
(2) Week
(3) Month
(4) Year
(7) Refused
(9) Don’t know
**NAC.080** How often did you use regular fat salad dressing or mayonnaise, including on salad and sandwiches?

**FR:** READ IF NECESSARY:

Do NOT include low-fat, light, or diet dressings. Include salad dressing used as dip.

<table>
<thead>
<tr>
<th>&lt;DRESSNO&gt;</th>
<th>NUMBER times per</th>
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<tbody>
<tr>
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<tr>
<td>(01-94)</td>
<td>1-94</td>
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<tr>
<td>(95)</td>
<td>95+</td>
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<tr>
<td>(97)</td>
<td>Refused</td>
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<tr>
<td>(99)</td>
<td>Don’t know</td>
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<td>(1)</td>
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<td>Year</td>
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<tr>
<td>(7)</td>
<td>Refused</td>
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<tr>
<td>(9)</td>
<td>Don’t know</td>
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</table>

**NAC.090** How often did you eat lettuce or green leafy SALAD, with or without other vegetables?

<table>
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<tr>
<th>&lt;SALADNO&gt;</th>
<th>NUMBER times per</th>
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<tr>
<td>(0)</td>
<td>Never</td>
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<td>(01-94)</td>
<td>1-94</td>
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<tr>
<td>(95)</td>
<td>95+</td>
</tr>
<tr>
<td>(97)</td>
<td>Refused</td>
</tr>
<tr>
<td>(99)</td>
<td>Don’t know</td>
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<thead>
<tr>
<th>&lt;SALADTP&gt;</th>
<th>TIME PERIOD</th>
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<td>(1)</td>
<td>Day</td>
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<td>Month</td>
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<td>(4)</td>
<td>Year</td>
</tr>
<tr>
<td>(7)</td>
<td>Refused</td>
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<tr>
<td>(9)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
NAC.100  How often did you EAT french fries, home fries, or hash brown potatoes?

>FRIESNO<  [ ] NUMBER times per

(0)  Never
(01–94) 1–94
(95)  95+
(97)  Refused
(99)  Don’t know

>FRIESTP<  [ ] TIME PERIOD

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

NAC.110  How often did you EAT other WHITE potatoes? COUNT baked potatoes, boiled potatoes, mashed potatoes and potato salad.

FR:  READ IF NECESSARY:

Do NOT include yams or sweet potatoes. Include red-skinned and Yukon Gold potatoes.

>POTATNO<  [ ] NUMBER times per

(0)  Never
(01–94) 1–94
(95)  95+
(97)  Refused
(99)  Don’t know

>POTATTP<  [ ] TIME PERIOD

(1)  Day
(2)  Week
(3)  Month
(4)  Year
(7)  Refused
(9)  Don’t know
NAC.120 How often did you EAT cooked dried beans, such as refried beans, baked beans, bean soup, and pork and beans?

>BEANSNO< [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

>BEANSTP< [ ] TIME PERIOD

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

NAC.130 Not counting what you just told me about (lettuce salads, white potatoes, cooked dried beans), and not counting rice, how often did you usually eat OTHER vegetables?

FR: READ IF NECESSARY:

Examples of other vegetables include tomatoes, string beans, carrots, corn, sweet potatoes, cabbage, bean sprouts, collard greens, and broccoli.

HELP: COUNT any form of the vegetables (raw, cooked, canned, or frozen).

>OVEGNO< [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

>OVEGTP< [ ] TIME PERIOD

(1) Day
(2) Week
(3) Month
(4) Year
(7) Refused
(9) Don’t know
How many times per day, week, or month did you USUALLY eat any kind of pasta? COUNT spaghetti, noodles, macaroni and cheese, pasta salad, and any other kind of pasta.

HELP: Include tortellini, manicotti, lasagna, rice noodles, soba, etc.

>PASTANO< [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

>PASTATP< [ ] TIME PERIOD

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

How many times per day, week, or month did you USUALLY eat peanuts, walnuts, seeds, or other nuts, not including nut butters?

HELP: DO NOT include peanut butter, other nut butters, soy nuts, or nuts in cakes, cookies, and pastries.

>PNUTNO< [ ] NUMBER times per

(0) Never
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

>PNUTTP< [ ] TIME PERIOD

(1) Day
(2) Week
(3) Month
(4) Year
(7) Refused
(9) Don’t know
NAC.160  How many times per day, week, or month did you USUALLY eat regular fat potato chips, tortilla chips, or corn chips? Do NOT include low-fat chips.

HELP: Do NOT include non-fat baked chips. Salt content does not matter.

>CHIPSNO<  [ ] NUMBER times per

(0)  Never  
(01-94)  1-94  
(95)  95+  
(97)  Refused  
(99)  Don’t know

>CHIPSTP<  [ ] TIME PERIOD

(1)  Day  
(2)  Week  
(3)  Month  
(4)  Year  
(?)  Refused  
(9)  Don’t know

NAC.170  These next questions are about dietary supplements.

During the PAST 12 MONTHS, did you take any vitamin or mineral supplements of ANY kind?

FR: READ IF NECESSARY:

Include vitamin or mineral pills, liquids, or tinctures. Do NOT include vitamin-fortified foods.

>VITANY<  (1) Yes (NAC.180)  
(2) No (NAC.330)  
(?) Refused (NAC.330)  
(9) Don’t know (NAC.330)
During the PAST 12 MONTHS, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum, etc.?

If MULTI-VITAMINS WERE ALREADY MENTIONED, ENTER "1" FOR YES WITHOUT ASKING.

READ IF NECESSARY:

There are a number of vitamin and mineral combinations now available. The ways in which nutrients can be combined into pill form is almost infinite. Any combination of 3 or more vitamins and minerals should be included in the MULTI-vitamin category. Combinations labeled as "stress" or "antioxidant" supplements are common and should be included as MULTI-vitamins. Do NOT include combinations of herbal or botanical substances, or combinations of just 2 nutrients (e.g., calcium with vitamin D, etc.) in this question.

How many months of the PAST 12 did you take MULTI-vitamins?

How many {DAYS/DAYS PER MONTH} did you take MULTI-vitamins?

[ ] TIME PERIOD

Days per week
Days per month
Other
Refused
Don’t know

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NAC.210 The next questions are about any INDIVIDUAL vitamin or mineral supplements you may take.

During the PAST 12 MONTHS, did you take any vitamin A?

FR: READ IF NECESSARY:

Do NOT include any Vitamin A in the MULTI-vitamins you told me about.

>VITA<
(1) Yes (NAC.220)
(2) No (NAC.240)
(7) Refused (NAC.240)
(9) Don’t know (NAC.240)

NAC.220 How many months of the PAST 12 MONTHS did you take vitamin A?

>VITAM<
(12) All of them (NAC.230)
(01-12) Number of months (NAC.230)
(97) Refused (NAC.240)
(99) Don’t know (NAC.240)

NAC.230 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take vitamin A?

>VITADNO< [ ] NUMBER

(01-30) 01-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don’t know

>VITADTP< [ ] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don’t know

NAC.240 During the PAST 12 MONTHS, did you take any vitamin C?

FR: READ IF NECESSARY:

Do NOT include any vitamin C in the MULTI-vitamins you told me about.

Do NOT include vitamin C fortified drinks.

>VITC<
(1) Yes (NAC.250)
(2) No (NAC.270)
(7) Refused (NAC.270)
(9) Don’t know (NAC.270)
NAC.250  How many months of the PAST 12 did you take vitamin C?

> VITCM <
(12)   All of them (NAC.260)
(01-12) Number of months (NAC.260)
(97)   Refused (NAC.270)
(99)   Don’t know (NAC.270)

NAC.260  During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take vitamin C?

> VITCDNO <  [ ] NUMBER
(01-30) 01-30 days
(30)    All of them
(96)    Other
(97)    Refused
(99)    Don’t know

> VITCDTP <  [ ] TIME PERIOD
(1)     Days per week
(2)     Days per month
(6)     Other
(7)     Refused
(9)     Don’t know

NAC.270  During the PAST 12 MONTHS, did you take any vitamin E?

FR:  READ IF NECESSARY:

Do NOT include any vitamin E in the MULT-vitamins you told me about.

> VITE <  (1)   Yes (NAC.280)
(2)   No (NAC.300)
(7)   Refused (NAC.300)
(9)   Don’t know (NAC.300)

NAC.280  How many months of the PAST 12 did you take vitamin E?

> VITEM <  (12)   All of them (NAC.290)
(01-12) Number of months (NAC.290)
(97)   Refused (NAC.300)
(99)   Don’t know (NAC.300)
NAC.290  During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take vitamin E?

>VITEDNO<  [ ] NUMBER

(01-30) 1-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don’t know

>VITEDTP<  [ ] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don’t know

NAC.300  During the PAST 12 MONTHS, did you take calcium?

FR:  READ IF NECESSARY:

Do NOT include any calcium in the MULTI-vitamins you told me about.

Include Tums. Do NOT include milk or calcium-fortified orange juice.

>CALC<  (1) Yes (NAC.310)
(2) No (NAC.330)
(7) Refused (NAC.330)
(9) Don’t know (NAC.330)

NAC.310  How many months of the PAST 12 did you take calcium?

>CALCM<  (12) All of them (NAC.320)
(01-12) Number of months (NAC.320)
(97) Refused (NAC.330)
(99) Don’t know (NAC.330)
NAC.320  During (the/those) month(s), about how many (DAYS/DAYS PER MONTH) did you take calcium?

>CALCDNO<  [ ] NUMBER

(01-30) 1-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don’t know

CALDTP<  [ ] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don’t know

NAC.330  These next questions are about herbal supplements.

During the PAST 12 MONTHS, did you take any MIXED or single herbal or botanical supplements.

FR: READ IF NECESSARY:

Include pills, capsules, liquid tinctures and extracts. Do NOT include teas or food. Do NOT include garlic or ginger used in cooking.

>HERBSUPP<  (1) Yes (NAC.340)
(2) No (NAC.370)
(7) Refused (NAC.370)
(9) Don’t know (NAC.370)
NAC.340
FR: SHOW CARD CAN5.
Which ones?
FR: MARK ALL THAT APPLY. ENTER THE NUMBER OF EACH ITEM MENTIONED. ENTER (N) FOR NO MORE.

>HERB_ALO< (1) Aloe
>HERB_AST< (2) Astragalus
>HERB_BIL< (3) Bilberry
>HERB_CAS< (4) Cascara Sagrada
>HERB_CAT< (5) Cat’s Claw
>HERB_CAY< (6) Cayenne
>HERB_CRA< (7) Cranberry
>HERB_DON< (8) Dong Quai
>HERB_ECH< (9) Echinacea
>HERB_EVE< (10) Evening primrose oil
>HERB_FEV< (11) Feverfew
>HERB_GAR< (12) Garlic pills
>HERB_GIG< (13) Ginger pills
>HERB_GIA< (15) Ginseng (Amer, Asian)
>HERB_GIS< (16) Ginseng (Siberian)
>HERB_GOL< (17) Goldenseal
>HERB_GRA< (18) Grapeseed extract
>HERB_KAV< (19) Kava Kava
>HERB_LEC< (20) Lecithin
>HERB_MEL< (21) Melatonin
>HERB_MIL< (22) Milk Thistle
>HERB_SAW< (23) Saw Palmetto
>HERB_VAL< (25) Valerian
>HERB_OTH< (26) Another herbal supplement

NAC.350 How many months of the PAST 12 did you take herbal supplements?

>HERBM< (12) All of them (NAC.360)
(01-12) Number of months (NAC.360)
(97) Refused (NAC.370)
(99) Don’t know (NAC.370)

NAC.360 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take herbal supplements?

>HERBDNO< [ ] NUMBER

(01-30) 1-30 days
(30) All of them
(96) Other
(97) Refused
(99) Don’t know

>HERBDTP< [ ] TIME PERIOD

(1) Days per week
(2) Days per month
(6) Other
(7) Refused
(9) Don’t know
During the PAST 12 MONTHS, has a doctor or other health professional talked with you about your diet and eating habits?

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<td>&gt;MDTALK&lt;</td>
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<td>(1) Yes</td>
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<td>(2) No</td>
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<tr>
<td>(3) Did not see a doctor in the PAST 12 MONTHS</td>
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<tr>
<td>(7) Refused</td>
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<tr>
<td>(9) Don’t know</td>
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**Check item END NAC:** Go to the next section -- Section D: Physical Activity.
SECTION D - PHYSICAL ACTIVITY

Refer to Adult Core, Basic Module.

FLWALK/AHS.091, "By yourself, and without using any special equipment, how difficult is it for you to...Walk a quarter of a mile - about 3 city blocks?"

(0) Not at all difficult (NAD.010)
(1) Only a little difficult (NAD.010)
(2) Somewhat difficult (NAD.010)
(3) Very difficult (NAD.010)
(4) Can’t do at all (NAD.020)
(6) Do not do this activity (NAD.020)
(7) Refused (NAD.010)
(9) Don’t know (NAD.010)

NAD.010 These next questions are about physical activity.

Do you usually walk or bike to work, school, or to do errands?

>WALK<

(1) Yes
(2) No
(3) Unable to walk or bike
(7) Refused
(9) Don’t know


Which one of the following BEST describes your usual daily activities related to moving around? Do NOT include exercises, sports, or physically active hobbies done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed.

LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

FR: IF RESPONDENT IS BEDRIDDEN, ENTER ‘1’.

FR: READ IF NECESSARY:

Pick the one you do MOST often.

Do you (READ CATEGORIES BELOW)...

>MOVE1<

(1) ... SIT during MOST of the day?
(2) ... STAND during MOST of the day?
(3) ... WALK AROUND MOST of the day?
(7) Refused
(9) Don’t know
FR: SHOW CARD CAN7.

Which one of the following BEST describes your usual daily activities related to lifting or carrying things? Do NOT include activities done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed. LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

FR: READ IF NECESSARY:

Pick the one you do MOST often.

Do you (READ CATEGORIES 1-4 BELOW).

LIFT
(1) ... NOT lift or carry things very often?
(2) ... LIFT or carry LIGHT loads?
(3) ... LIFT or carry MODERATE loads?
(4) ... LIFT or carry HEAVY loads?
(5) ... Unable to lift or carry loads?
(6) Other
(7) Refused
(9) Don’t know

Refer to Family Core, Basic Module.

DOINGLW/FSD.050 “Which of the following were you doing LAST WEEK:”

(1) Working at a job or business
(2) With a job or business but not at work.
(3) Looking for work
(4) Not working at a job or business
(7) Refused
(9) Don’t know

[For the next two questions, if DOINGLW = 1 or 2 fill {Outside of work, how}; Else fill {How}.

NAD.040 (Outside of work, how/How) many hours do you spend per day during the WEEKDAYS sitting?

SITWDAY
(00-24) 0-24 hours per day
(97) Refused
(99) Don’t know
NAD.050 (Outside of work, how/How) many hours do you spend per day during the WEEKEND sitting?

FR: **READ IF NECESSARY:**

Include watching television or videos, working on the computer, playing video games, using the Internet, knitting, sewing, reading, fishing, taking long drives, watching ball games or doing other sitting activities. Weekend means any days off, not necessarily Saturday and Sunday.

FR: **IF PERSON IS BEDRIDDEN, INCLUDE ONLY WAKING HOURS LYING DOWN.**

>SITWEND< (00-24) 0-24 hours per day
(97) Refused
(99) Don’t know

Refer to Adult Core, Basic Module.
AMDLONGR/AAU.305 "About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?"
(0) Never
(1) 6 months or less
(2) More than 6 months but not more than 1 year ago
(3,4,5) More than 1 year
(7) Refused
(9) Don’t know

[If AMDLONGR is not = 1 or 2, then store '3' in MDEXER and go to END_NAD.]

NAD.060 During the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you BEGIN or CONTINUE to do any type of exercise or physical activity?

>MDEXER< (1) Yes
(2) No
(3) Did not see a doctor in the PAST 12 MONTHS
(7) Refused
(9) Don’t know

Check item END_NAD: Go to the next section – Section E: Tobacco
Check item NAECCI01:  Refer to Adult Core, Basic Module.
SMKEV/AHB.010, "Have you smoked at least 100 cigarettes in your ENTIRE LIFE?"

[If SMKEV is not = 1, then go to Check Item NAECCI11]

Check item NAECCI03:  Refer to Adult Core, Basic Module.
SMKNOW/AHB.030, "Do you now smoke cigarettes every day, some days, or not at all?"

[If SMKNOW is not = 3, then go to NAE.050]

NAE.010 Earlier you said that you used to smoke cigarettes.

Did you ever USE or SWITCH to a lower tar and nicotine cigarette to reduce your health risk?

>FSSWITC<
(1) Yes
(2) No
(7) Refused
(9) Don’t know


When you stopped smoking completely, which of these methods did you use?

FR:  MARK ALL THAT APPLY. ENTER THE NUMBER ’1’ FOR EACH ITEM MENTIONED. ENTER (N) FOR NO MORE.

PROBE:  “Anything else?”

NAE.020  >FSQSTOP<  Stopped all at once ("cold turkey")
NAE.021  >FSQDECR<  Gradually decreased the number of cigarettes smoked in a day
NAE.022  >FSQBOOK<  Instructions in a pamphlet or book
NAE.023  >FSQCOUN<  One-on-one counseling
NAE.024  >FSQCLIN<  Stop-smoking clinic or program
NAE.025  >FSQPATC<  Nicotine patch
NAE.026  >FSQGUM<  Nicotine containing gum (such as "Nicorette")
NAE.027  >FSQSPRY<  Nicotine nasal spray
NAE.028  >FSQINHA<  Nicotine inhaler
NAE.029  >FSQZYB<  Zyban/Buproprion/Wellbutrin medication
NAE.030  >FSQSWIT<  Switched to chewing tobacco or snuff
NAE.031  >FSQOTH<  Any other method
NAE.040  In your WHOLE LIFE, including the last time, how many times did you stop smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>FSQUITN<  (001-994) 1-994 times  
          (995)  995+ times  
          (997)  Refused  
          (999)  Don’t know

[Go to Check Item NAECCI11]

NAE.050  Did you EVER USE or SWITCH to a lower tar and nicotine cigarette to reduce your health risk?

>CSSWITC<  (1) Yes  
          (2) No  
          (7) Refused  
          (9) Don’t know

NAE.060  Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CSQEV<  (1) Yes (NAE.070)  
          (2) No (NAE.100)  
          (7) Refused (NAE.070)  
          (9) Don’t know (NAE.070)

NAE.070  In your WHOLE LIFE, how many times have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CSQ12<  (001-994) 1-994 times  
          (995)  995+ times  
          (997)  Refused  
          (999)  Don’t know
The LAST TIME you stopped smoking, which of these methods did you use?

FR:  MARK ALL THAT APPLY. ENTER THE NUMBER ‘1’ FOR EACH ITEM MENTIONED.
ENTER (N) FOR NO MORE.
PROBE: “Anything else?”

NAE.080  >CSQSTOP<  Stopped all at once (“cold turkey”)
NAE.081  >CSQDECR<  Gradually decreased the number of cigarettes smoked in a day
NAE.082  >CSQBOOK<  Instructions in a pamphlet or book
NAE.083  >CSQOUN<  One-on-one counseling
NAE.084  >CSQCLIN<  Stop-smoking clinic or program
NAE.085  >CSQPATC<  Nicotine patch
NAE.086  >CSQGUM<  Nicotine containing gum (such as “Nicorette”)
NAE.087  >CSQSPRY<  Nicotine nasal spray
NAE.088  >CSQINHA<  Nicotine inhaler
NAE.089  >CSQZYB<  Zyban /Buproprion/Wellbutrin medication
NAE.090  >CSQSWIT<  Switched to chewing tobacco or snuff
NAE.091  >CSQOTH<  Any other method

NAE.100  Would you like to completely quit smoking cigarettes?

>QWANT<  (1) Yes (NAE.110)
(2) No (NAE.150)
(7) Refused (NAE.110)
(9) Don’t know (NAE.110)

NAE.110  Are you seriously considering quitting smoking within the NEXT 6 MONTHS?

>CSQ6M<  (1) Yes (NAE.120)
(2) No (NAE.150)
(7) Refused (NAE.150)
(9) Don’t know (NAE.150)

NAE.120  Are you planning to quit smoking within the NEXT 30 DAYS?

>CSQ30D<  (1) Yes
(2) No
(7) Refused
(9) Don’t know

Check Item NAECC11: Refer to Adult Core, Basic Module.
AMDLONGR/AAU.305, “Time since last saw/talked to health professional”
IF AMDLONGR is not = 1 or 2, then store ’5’ in NAE.130 and go to NAE.140.
The following questions are about cigarette smoking.

In the PAST 12 MONTHS has a medical doctor or other health professional ASKED you about whether you smoke cigarettes or use other kinds of tobacco?

>MDTOB1<
1. Yes (Check item NAECCI12)
2. No (Check item NAECCI12)
3. My doctor doesn’t ask as (he/she) knows I DO smoke or use tobacco (Check item NAECCI12)
4. My doctor doesn’t ask as (he/she) knows I DON’T use tobacco (NAE.140)
5. Did not see a doctor in the past 12 months (NAE.140)
7. Refused (Check item NAECCI12)
9. Don’t know (Check item NAECCI12)

Check item NAECCI12: If never smoked or if quit more than a year ago, then go to NAE.140.

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

>MDTOB2<
1. Yes
2. No
7. Refused
9. Don’t know

Have you EVER smoked . . .

1. Yes
2. No
7. Refused
9. Don’t know

>EVPIPE< ... A pipe?

>EVCIGAR< ... A cigar?

HELP: Include small, thin, cigars called 'cigarillos', 'puritos' or 'chicos', that are wrapped in tobacco leaf rather than paper, and are made by machine or handrolled.

>EVBIDI< ... A bidi?

HELP: A bidi is a flavored cigarette from India.

Have you EVER used . . .

1. Yes
2. No
7. Refused
9. Don’t know

>EVSNUFF< ... Snuff?

>EVCHEW< ... Chewing tobacco?

[If EVEPIPE is not = 1, then go to Check item NAECCI13]
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<th>Item</th>
<th>Question</th>
<th>Options</th>
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<tr>
<td>NAE.150</td>
<td>Have you smoked a pipe at least 50 times in your ENTIRE LIFE?</td>
<td>(1) Yes</td>
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<td>(2) No</td>
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<td>(7) Refused</td>
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<td>(9) Don’t know</td>
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<td>NAE.151</td>
<td>Do you NOW smoke a pipe every day, some days, or not at all?</td>
<td>(1) Every day</td>
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<td>(2) Some days</td>
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<td></td>
<td>(3) Not at all</td>
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<td>(7) Refused</td>
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<td></td>
<td>(9) Don’t know</td>
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<td>Check item NAECCI13: If EVCIGAR is not = 1, then go to Check item NAECCI14.</td>
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<td>NAE.160</td>
<td>Have you smoked at least 50 cigars in your ENTIRE LIFE?</td>
<td>(1) Yes</td>
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<td></td>
<td>(2) No</td>
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<td>(7) Refused</td>
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<td>(9) Don’t know</td>
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<td>NAE.161</td>
<td>Do you NOW smoke cigars every day, some days, or not at all?</td>
<td>(1) Every day (Check item NAECCI14)</td>
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<td>(2) Some days (NAE.162)</td>
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<td>(3) Not at all (Check item NAECCI14)</td>
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<td>(7) Refused (NAE.162)</td>
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<td>(9) Don’t know (NAE.162)</td>
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<td>NAE.162</td>
<td>On how many of the PAST 30 DAYS have you smoked a cigar?</td>
<td>(0) None</td>
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<td>(01-30) 1-30 days</td>
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<td></td>
<td></td>
<td>(97) Refused</td>
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<td></td>
<td>(99) Don’t know</td>
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<td>Check item NAECCI14: If EVBIDI is not = 1, then go to Check item NAECCI15.</td>
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<td>NAE.170</td>
<td>Have you smoked bidis least 20 times in your ENTIRE LIFE?</td>
<td>(1) Yes</td>
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<td></td>
<td>(2) No</td>
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<td></td>
<td></td>
<td>(7) Refused</td>
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<td>(9) Don’t know</td>
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NAE.171 Do you NOW smoke bidis every day, some days, or not at all?

> BIDIED <
(1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don’t know

Check item NAECCI15: If EVSNUFF is not = 1, then go to Check item NAECCI16.

NAE.180 Have you used snuff, (such as Skoal, Skoal Bandits, or Copenhagen) at least 20 times in your ENTIRE LIFE?

>SNUFF20<
(1) Yes
(2) No
(7) Refused
(9) Don’t know

NAE.181 Do you now use snuff every day, some days, or not at all?

>SNUFFED<
(1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don’t know

Check item NAECCI16: If EVCHEW is not = 1, then go to NAE.200

NAE.190 Have you used chewing tobacco, (such as Redman, Levi Garrett, or Beechnut) at least 20 times in your ENTIRE LIFE?

>CHEW20<
(1) Yes
(2) No
(7) Refused
(9) Don’t know

NAE.191 Do you NOW use chewing tobacco every day, some days, or not at all?

>CHEWED<
(1) Every day
(2) Some days
(3) Not at all
(7) Refused
(9) Don’t know

NAE.200 During the PAST WEEK, how many days did ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE your home?

>SMHOME<
(00) Less than 1 day per week/Rarely/None
(01-07) 1-7 days per week
(97) Refused
(99) Don’t know
**Check item NAECCI17:** Refer to Adult Core, Basic Module.

**DOINGLW/FSD.050** “Which of the following were you doing last week?”

1. Working at a job or business (Check item NAECCI18)
2. With a job or business but not at work (Check item NAECCI18)
3. Looking for work (NAE.260)
4. Not working at a job or business (NAE.260)
5. Refused (NAE.260)
6. Don’t Know (NAE.260)

**Check item NAECCI18:** Refer to Adult Core, Basic Module.

**WRKCAT/ASD.110** “Looking at the card, which of these best describes your current job or work situation?”

1. Private business (NAE.210)
2. Federal employee (NAE.210)
3. State government employee (NAE.210)
4. Local government employee (NAE.210)
5. Self employed in own business, professional practice, or farm (NAE.260)
6. Working without pay in family business or farm (NAE.260)
7. Refused (NAE.260)
8. Don’t Know (NAE.260)

**NAE.210**

**FR: SHOW CARD CAN9.**

The next questions are about smoking where you work.

Which of these BEST describes the area in which you work most of the time?

**>AREAWRK<**

1. Work mainly indoors (NAE.220)
2. Work mainly outdoors NAE.260)
3. Travel to different buildings or sites (NAE.260)
4. In a motor vehicle (NAE.260)
5. Some other area (NAE.260)
6. Refused (NAE.260)
7. Don’t know (NAE.260)

**NAE.220**

As far as you know, has anyone smoked in your work area in the LAST WEEK?

**>SMAREA<**

1. Yes
2. No
3. Refused
4. Don’t know
Does your employer have an official policy that restricts smoking in any way?

>SMPOL<
(1) Yes (NAE.240)
(2) No (NAE.260)
(7) Refused (NAE.260)
(9) Don’t know (NAE.260)

Which of these BEST describes your employer’s smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

>SMPOLP<
(1) Not allowed in ANY indoor public or common areas
(2) Allowed in SOME indoor public or common areas
(3) Allowed in ALL indoor public or common areas
(7) Refused
(9) Don’t Know

Which of these BEST describes your employer’s smoking policy for work areas?

>SMPOLW<
(1) Not allowed in ANY work areas
(2) Allowed in SOME work areas
(3) Allowed in ALL work areas
(7) Refused
(9) Don’t Know

Which BEST describes your opinion about smoking in indoor public places? Smoking should be...

>NOSMOK<
(1) NOT allowed in ANY indoor public places
(2) Allowed ONLY in smoking areas
(3) Allowed in ALL indoor public places
(7) Refused
(9) Don’t Know
Now, I am going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you agree, disagree or have no opinion.

The smoke from other people’s cigarettes is harmful to you.

>SMHARM<
(1) Agree
(2) Disagree
(3) Have no opinion
(7) Refused
(9) Don’t Know

To help prevent smoking in young people, the price of cigarettes should be increased by at least $1.50 per pack.

>INCR150<
(1) Agree
(2) Disagree
(3) Have no opinion
(7) Refused
(9) Don’t Know

Check item END_NAE: Go to the next section, Section F -- Cancer Screening
CANCER 2000 MODULE

SECTION F - CANCER SCREENING

Check item NAFCCI01: Refer to Household Composition, Basic Module.
SEX/HHC.110 "(Are/Is) (you/name) male or female?"
(1) Male
(2) Female

Check item NAFCCI02: Refer to Household Composition, Basic Module.
AGE/HHC.120 "What is (name/your) age...?"

Now, we are going to ask you about cancer prevention. The next few questions are about the time you spend in the sun.

FR: SHOW CARD CAN14

After several months of not being in the sun, if you went out in the sun without sunscreen, a hat, or protective clothing, for an hour, which one of these would happen to your skin? (READ CATEGORIES 1-5)

FR: READ IF NECESSARY:

Even if you do not go out in the sun, what would happen if you did?

FR: READ IF NECESSARY:

By "sunburn" we mean your skin turns pink or red or hurts for 12 hours or more.

HELP: If asked how much skin needs to be burned, include: "a burn on even a small part of your body".

>SUN1HR<
(01) Get a severe sunburn with blisters
(02) Have a severe sunburn for a few days with peeling
(03) Burn mildly with some or no tanning
(04) Turn darker without sunburn
(05) Say that nothing would happen
(06) Do not go out in the sun
(07) Other
(97) Refused
(99) Don’t know
If you were out in the sun for a long time repeatedly (such as every day for two weeks), which one of these things would happen to your skin? Get...

Further clarification of question on long-term sun exposure:
- Even if you do not go out in the sun, what would happen if you did?
- By "sunburn", we mean your skin turns pink or red or hurts for 12 hours or more.
- If asked how much skin needs to be burned, include: "a burn on even a small part of your body".

>SUNTAN<
(01) Get very dark and deeply tanned
(02) Moderately tanned
(03) Mildly tanned
(04) Only freckled or no suntan at all
(05) Repeated sunburns
(06) Don’t go out in the sun
(07) Other
(97) Refused
(99) Don’t know

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

>sun1_sha<
(1) ALWAYS
(2) MOST OF THE TIME
(3) SOMETIMES
(4) RARELY
(5) NEVER
(6) DON’T GO OUT IN SUN
(7) Refused
(9) Don’t Know
NAF.022  ...Wear a hat that shades your face, ears AND neck? Would you say (READ CATEGORIES 1-5)?
HELP: Include any wide-brimmed hat that shades your face, ears and neck from the sun.

FR:  READ IF NECESSARY
Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

> SUN1_HAT< (1) ALWAYS (2) MOST OF THE TIME (3) SOMETIMES (4) RARELY (5) NEVER (6) DON'T GO OUT IN SUN (7) Refused (9) Don’t Know

NAF.023  ...Wear a long sleeved shirt? Would you say (READ CATEGORIES 1-5)?

> SUN2_LGS< (1) ALWAYS (2) MOST OF THE TIME (3) SOMETIMES (4) RARELY (5) NEVER (6) DON'T GO OUT IN SUN (7) Refused (9) Don’t Know

NAF.024  ...Use sunscreen? Would you say (READ CATEGORIES 1-5)?

> SUN2_SCR< (1) ALWAYS (2) MOST OF THE TIME (3) SOMETIMES (4) RARELY (5) NEVER (6) DON'T GO OUT IN SUN (7) Refused (9) Don’t Know

[If SUN2_SCR is = 5-9, then go to NAF.030]

NAF.025  What is the SPF number do you use most often?

> SPF< (1-50) SPF 1-50 (96) More than one, different ones, other (97) Refused (99) Don’t know

[If SUN1_SHA/NAF.021 and SUN1_HAT/NAF.022 and SUN2_LGS/NAF.023 and SUN2_SCR/NAF.024 are all = 6, then go to NAF.040]
NAF.030 How many times in the PAST YEAR have you had a sunburn?

>NBURN<  
(000) None  
(001-365) 1-365 times  
(997) Refused  
(999) Don’t know

NAF.040 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?

>SKNX<  
(1) Yes (NAF.050)  
(2) No (Check item NAFCCI03)  
(7) Refused (Check item NAFCCI03)  
(9) Don’t know (Check item NAFCCI03)

NAF.050-055 When did you have your MOST RECENT skin exam?

>RSKX1_MT<  
(01) January  
(02) February  
(03) March  
(04) April  
(05) May  
(06) June  
(07) July  
(08) August  
(09) September  
(10) October  
(11) November  
(12) December  
(T) Time Period

>RSKX1_YR<  
(9997) Don’t know (NAF.060)  
(9999) Refused (NAF.060)

NAF.055  
[ ] NUMBER

>RSKX1_NO<  
(01-94) 1-94 (RSKX1_TP/NAF.055)  
(95) 95+ (RSKX1_TP/NAF.055)  
(97) Refused (NAF.060)  
(99) Don’t know (NAF.060)

[ ] TIME PERIOD

>RSKX1_TP<  
(1) Days ago  
(2) Weeks ago  
(3) Months ago  
(4) Years ago  
(7) Refused  
(9) Don’t know

[Go to NAF.070]
Was it: (READ CATEGORIES BELOW)

(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

What was the MAIN reason you had this skin exam?

(1) Part of a routine physical exam/screening test
(2) Because of a specific skin problem
(3) Followup to a previous skin problem
(4) Family history
(5) Other
(7) Refused
(9) Don’t know

Check item NAFCCCIO3: Refer to Household Composition, Basic Module.
SEX/HHC.110 and AGE/HHC.120.
(1) Male 18-39 (under 30) (END_NAF)
(2) Male 40+ (Check Item NAFCCI09)
(3) Female (NAF.080)

The following questions are about women's health.

How old were you when your periods or menstrual cycles started?

(00) Haven’t started
(08-60) 8-60 years
(7) Refused
(9) Don’t know

Have you EVER used birth control pills?

(1) Yes (NAF.100)
(2) No (NAF.110)
(7) Refused (NAF.110)
(9) Don’t know (NAF.110)
NAF.100  Altogether, about how long did you take birth control pills?

>BC_NO<  [ ] Number
(01-94) 1-94
(95)  95+
(97)  Refused
(99)  Don’t know

>BC_TP<  [ ] Time Period
(1) Days
(2) Weeks
(3) Months
(4) Years
(7) Refused
(9) Don’t know

NAF.110  FR:  IF THE RESPONDENT MENTIONED HAVING A BIOLOGICAL CHILD IN THE CORE, ENTER (1) FOR YES.

Have you EVER given birth to a live born infant?

FR:  READ IF NECESSARY:

A live born infant is an infant born alive.

>BIRTHEV<  (1) Yes (NAF.111)
(2) No  (NAF.130)
(7) Refused (NAF.130)
(9) Don’t know (NAF.130)

NAF.111  What is the total number of live births (live born children) you have had?

>BIRTHNUM<  (01-25) 1-25 Live births
(97)  Refused
(99)  Don’t know

NAF.120  How old were you when your {child/first child} was born?

>BIRTHAGE<  (08-60) 8-60 years (NAF.130)
(97)  Refused (NAF.130)
(99)  Don’t know (NAF.121)

NAF.121  What year was your first child born?

>BIRTHAG2<  (1890-2000) 1890-2000
(9997)  Refused
(9999)  Don’t know
NAF.130 Have you EVER HAD a Pap smear test?

A Pap smear 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.

> PAPHAD<  
(1) Yes (NAF.140)  
(2) No (NAF.220)  
(7) Refused (NAF.220)  
(9) Don’t know (NAF.220)

NAF.140 How many Pap smears have you had in the LAST 6 YEARS?

> PAP6YR<  
(0) None  
(01-94) 1-94 times  
(95) 95+ times  
(97) Refused  
(99) Don’t know

NAF.150 When did you have your MOST RECENT Pap smear test?

**FR: ENTER "T" TO USE TIME PERIOD FORMAT.**

Month:

> RPAP1_MT<  
(01) January  
(02) February  
(03) March  
(04) April  
(05) May  
(06) June  
(07) July  
(08) August  
(09) September  
(10) October  
(11) November  
(12) December  
(97) Don’t know  
(99) Refused

Year:

> RPAP1_YR<  
(9997) Don’t know (NAF.160)  
(9999) Refused (NAF.160)

When did you have your MOST RECENT Pap smear test?

**FR: IF GREATER THAN "95", ENTER "95".**

[ ] Number

> RPAP1_NO<  
(01-94) 1-94 (RPAP1_TP/NAF.150)  
(95) 95+ (RPAP1_TP/NAF.150)  
(97) Don’t know (NAF.160)  
(99) Refused (NAF.160)

[ ] Time Period

> RPAP1_TP<  
(1) Days ago  
(2) Weeks ago  
(3) Months ago  
(4) Years ago  
(7) Don’t know  
(9) Refused

[Go to NAF.170]
NAF.160  
FR:  SHOW CARD CAN19

Was it:  (READ CATEGORIES BELOW)

>RPAPCA<  
(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

NAF.170  
FR:  SHOW CARD CAN20.

What was the MAIN reason you had this Pap smear?

>PAPREAS<  
(1) Part of a routine physical or pregnancy exam  
(2) Because of a specific gynecological problem  
(3) Followup to a previous gynecological exam  
(4) Other  
(7) Refused  
(9) Don’t know

NAF.180  
Have you EVER had a Pap smear where the results were NOT normal?

>PAPABN<  
(1) Yes  (NAF.190)  
(2) No  (Check item NAFCCI04)  
(7) Refused  (Check item NAFCCI04)  
(9) Don’t know  (Check item NAFCCI04)

NAF.190  
Because of these results, did you have any additional exams or tests?

>PAPADDE<  
(1) Yes  
(2) No  
(7) Refused  
(9) Don’t know

NAF.200  
Because of these results, did you have surgery or other treatment?

>PAPTRT<  
(1) Yes  
(2) No  
(7) Refused  
(9) Don’t know

[If pap smear in last three years or Don’t know or Refused then go to NAF.220]
What is the most important reason you have (NEVER had a Pap smear / NOT had a Pap smear in the LAST 3 YEARS)?

>PAPNOT<
(01) No reason/never thought about it. (NAF.215)
(02) Didn't need/ didn’t know I needed this type of test (NAF.215)
(03) Doctor didn't order it/ didn’t say I needed it (NAF.220)
(04) Haven't had any problems (NAF.215)
(05) Put it off/ didn't get around to it (NAF.215)
(06) Too expensive/no insurance/cost (NAF.215)
(07) Too painful, unpleasant, or embarrassing (NAF.215)
(08) Had hysterectomy (NAF.221)
(09) Don't have doctor (NAF.220)
(10) Other (NAF.215)
(97) Refused (NAF.220)
(99) Don’t know (NAF.215)

In the PAST YEAR, has a doctor or other health professional RECOMMENDED that you have a Pap smear?

>MDRECPAP<
(1) Yes
(2) No
(7) Refused
(9) Don’t know

Have you had a hysterectomy?

>HYST<
(1) Yes (NAF.221)
(2) No (Check item NAFCCIO5)
(7) Refused (Check item NAFCCIO5)
(9) Don’t know (Check item NAFCCIO5)
NAF.221 When was your hysterectomy?

**FR: ENTER "T" TO USE TIME PERIOD FORMAT.**

**Month:**

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**FR: IF GREATER THAN "95", ENTER "95".**

**Number**

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**Time Period**

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**[Go to Check item NAFCCI05]**

NAF.223 **FR: SHOW CARD CAN22**

Was it: (READ CATEGORIES BELOW)

**RHYST2**

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**Check item NAFCCI05:** Refer to Household Composition, Basic Module. AGE/HHC.120 “What is (name/your) age...?”

(1) Female 18-29 (under 30) (Check item NAFCCI07)  
(2) Female 30+ (NAF.230)
NAF.230 Have you EVER HAD a mammogram?

FR: READ IF NECESSARY:
A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

>MAHAD<
(1) Yes (NAF.240)
(2) No (Check item NAFCCI06)
(7) Refused (Check item NAFCCI06)
(9) Don’t know (Check item NAFCCI06)

NAF.240 FR: SHOW CARD CAN23
About how old were you when you had your first mammogram?
Were you: (READ CATEGORIES BELOW)

>MAHAGE<
(1) Under 30 years
(2) 30 to 39
(3) 40 to 49
(4) 50 to 59
(5) 60 years or older
(7) Refused
(9) Don’t know

NAF.250 How many mammograms have you had in the LAST 6 YEARS?

>MAH6YR<
(00) None
(01-94) 1-94 times
(95) 95+
(97) Refused
(99) Don’t know
NAF.260 When did you have your MOST RECENT mammogram?

**FR:** ENTER "T" TO USE TIME PERIOD FORMAT.

**Month:**

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**Year:**

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When did you have your MOST RECENT mammogram?

**FR:** IF GREATER THAN "95", ENTER "95".

[ ] Number

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[Go to NAF.280]

NAF.270 **FR:** SHOW CARD CAN24

Was it: (READ CATEGORIES BELOW)

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[Go to NAF.280]
Where was this mammogram done? Was it a (READ CATEGORIES 1-5 BELOW):

> MAMWHER <
1. Mammogram van?
2. Independent X-ray or radiology center?
3. Clinic/health center, not in a hospital?
4. Private doctor’s office?
5. Hospital?
6. Other place?
7. Refused
8. Don’t know

How much did you pay for this mammogram. Was it NONE, PART, or ALL of the cost?

> MAMPAY <
1. I paid NONE of the cost (NAF.300)
2. I paid PART of the cost (NAF.300)
3. I paid ALL of the cost (NAF.305)
4. Refused (NAF.300)
5. Don’t know (NAF.300)

Which of the following sources paid for (some/all) of the cost of this mammogram?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER OF EACH ITEM MENTIONED; ENTER (N) FOR NO MORE.

NAF.300  > MAMP_PRI <  (1) Private health insurance
NAF.301  > MAMP_CAR <  (2) Medicare
NAF.302  > MAMP_AID <  (3) Medicaid
NAF.303  > MAMP_FRE <  (4) Free Clinic
NAF.304  > MAMP_OTH <  (5) Other source

Was this mammogram provided through a special low-cost program?

> MAMLOCST <
1. Yes
2. No
3. Refused
4. Don’t know

What was the MAIN reason you had this mammogram?

> MAMREAS <
1. Part of a routine physical exam/screening test
2. Because of a specific breast problem
3. Followup to a previously identified breast problem
4. Baseline or initial mammogram
5. Family history
6. Other
7. Refused
8. Don’t know
Have you EVER had a mammogram where the results were not normal?

1. Yes (NAF.330)
2. No (NAF.350)
3. Refused (NAF.350)
4. Don’t know (NAF.350)

Because of these results, what additional tests or surgery did you have?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER FOR EACH ITEM MENTIONED. TYPE N FOR “NO MORE”.

PROBE: “Anything else?”

0. None
1. Another mammogram
2. Ultrasound
3. Clinical breast exam
4. Needle biopsy
5. Tumor/ lump removed/ lumpectomy
6. Breast removed/ mastectomy

[If no additional tests or surgery, then go to NAF.350]

Did the surgery or additional tests indicate that you had cancer?

1. Yes
2. No
3. Refused
4. Don’t know

Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?

1. Yes (NAF.351)
2. No (Check item NAFCCIO6)
3. Lump removed was cancerous (Check item NAFCCIO6)
4. Refused (Check item NAFCCIO6)
5. Don’t know (Check item NAFCCIO6)

How many of these operations have you had?

0-20 Operations
3. Refused
4. Don’t know
**Check item NAFCCI06:** Refer to:

- MAMHAD/NAF.230, Have had a mammogram.
- RMAM1/NAF.260, Date of last mammogram in month, year or time ago
- RMAM2/NAF.270, Date of last mammogram in time categories.
  1. Have NEVER had a mammogram (NAF.360)
  2. Have NOT had a mammogram in the last 2 years (NAF.360)
  3. HAVE HAD a mammogram in the last 2 years (Check item NAFCCI07)
  7. Refused (NAF.370)
  9. Don’t Know (NAF.370)

NAF.360  
**FR:** SHOW CARD CAN26

What is the most important reason why you have (NEVER had/ NOT had) a mammogram in the PAST 2 YEARS)?

> MAMNOT <
  01. No reason/never thought of it. (NAF.370)
  02. Didn't need it/ didn’t know I needed this type of test (NAF.370)
  03. Doctor didn't order it/ didn’t say I needed it  (Check item NAFCCI07)
  04. Haven’t had any problems (NAF.370)
  05. Put it off/ Didn't get around to it (NAF.370)
  06. Too expensive/no insurance/cost (NAF.370)
  07. Too painful, unpleasant or embarrassing (NAF.370)
  08. I’m too young (NAF.370)
  09. Don't have doctor (Check item NAFCCI07)
  10. Other reason (NAF.370)
  97. Refused (NAF.370)
  99. Don’t know (NAF.370)

NAF.370  
In the PAST YEAR, has a doctor or other health professional RECOMMENDED that you have a mammogram?

> MDRECMAM <
  1. Yes
  2. No
  7. Refused
  9. Don’t

**Check item NAFCCI07:** Refer to Household Composition, Basic Module.

AGE/HHC.120 “What is [name/your] age...?”
  1. Female 18-39 (under 40) (Check item NAFCCI08)
  2. Female 40+ (NAF.380)

NAF.380-383 Are you currently taking any of the following medications?

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

NAF.380  > MED_HRT <  (1) Hormone replacement therapy
NAF.381  > MED_TAMX <  (2) Tamoxifen
NAF.382  > MED_RALX <  (3) Raloxifen
NAF.383  > MED_BC <  (4) Birth control implants, pills, or shots
Check item NAFCCI08: Refer to Household Composition, Basic Module.
    AGE, HHC.120 "What is (name/your) age...?"
    (1) Female 18-29 (under 30) (END_NAF)
    (2) Female 30+ (NAF.390)

NAF.390 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?

FR: READ IF NECESSARY:

A clinical 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.

> CBEHAD <
    (1) Yes (NAF.400)
    (2) No (Check item NAFCCI09)
    (7) Refused (Check item NAFCCI09)
    (9) Don’t know (Check item NAFCCI09)

NAF.400 When did you have your MOST RECENT breast exam?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

> RCBE1_MT <
    (01) January (05) May (09) September (97) Don’t know
    (02) February (06) June (10) October (99) Refused
    (03) March (07) July (11) November (T) Time Period
    (04) April (08) August (12) December (RCBE1_NO)

Year:

> RCBE1_YR <
    (1950-2000) 1950-2000 (Check item NAFCCI09)
    (9997) Don’t know (NAF.410)
    (9999) Refused (NAF.410)

When did you have your MOST RECENT breast exam?

FR: IF GREATER THAN "95", ENTER "95".

[ ] Number

> RCBE1_NO <
    (01-94) 1-94 (RCBE1_TP/NAF.400)
    (95) 95+ (RCBE1_TP/NAF.400)
    (97) Refused (NAF.410)
    (99) Don’t know (NAF.410)

[ ] Time Period

> RCBE1_TP <
    (1) Days ago
    (2) Weeks ago
    (3) Months ago
    (4) Years ago
    (7) Refused
    (9) Don’t know

[Go to Check item NAFCCI09]
NAF.410  

FR:  SHOW CARD CAN27

Was it: (READ CATEGORIES BELOW)

>RCBE2<  

(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

Check item NAFCCI09: Refer to Household Composition, Basic Module.  
SEX/HHC.110 “(Are/Is) (you/name) male or female?”  
and AGE/HHC.120 “What is (name/your) age...?”  
(1) Male, 18-39 (under 40) (END_NAF)  
(2) Male, 40+ (NAF.420)  
(3) Female (Check item NAFCCI10)

NAF.420  

The following questions are about men's health.

Have you EVER HEARD OF a PSA or prostate-specific antigen test?

FR:  READ IF NECESSARY:

A PSA test is a blood test to detect prostate cancer.

>PSAHRD<  

(1) Yes (NAF.430)  
(2) No (Check item NAFCCI10)  
(7) Refused (NAF.430)  
(9) Don’t know (Check item NAFCCI10)

NAF.430  

Have you EVER HAD a PSA test?

>PSAHad<  

(1) Yes (NAF.440)  
(2) No (Check item NAFCCI10)  
(7) Refused (Check item NAFCCI10)  
(9) Don’t know (Check item NAFCCI10)

NAF.440  


How old were you when you had your first PSA test? Were you...

Were you (READ CATEGORIES BELOW):

>PSAAGE1<  

(01) Under 40 years?  
(02) 40 - 44?  
(03) 45 - 49?  
(04) 50 - 54?  
(05) 55 - 59?  
(06) 60 - 64?  
(07) 65 - 69?  
(08) 70 years or older?  
(97) Refused  
(99) Don’t know
NAF.450 How many PSA tests have you had in the LAST 5 YEARS?

>PSA5YR<
(00) None
(01-94) 1-94
(95) 95+
(97) Refused
(99) Don’t know

NAF.460 When did you have your MOST RECENT PSA test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RPSA1_MT<
(01) January
(02) February
(03) March
(04) April
(05) May
(06) June
(07) July
(08) August
(09) September
(10) October
(11) November
(12) December
(97) Don’t know
(99) Refused

Year:

>RPSA1_YR<
(9997) Don’t know (NAF.470)
(9999) Refused (NAF.470)

When did you have your MOST RECENT PSA test?

FR: IF GREATER THAN "95", ENTER "95".

[ ] Number

>RPSA1_NO<
(01-94) 1-94 (RPSA1_TP/NAF.460)
(95) 95+ (RPSA1_TP/NAF.460)
(97) Refused (NAF.470)
(99) Don’t know (NAF.470)

[ ] Time Period

>RPSA1_TP<
(1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don’t know

[Go to NAF.480]
NAF.470  **FR:**  **SHOW CARD CAN29.**

Was it:  **(READ CATEGORIES BELOW)**

>**RPSA2**<

(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

NAF.480  What was the MAIN reason you had this PSA test?

**FR:**  **SHOW CARD CAN30.**

>**PSAREAS**<

(1) Part of a routine physical exam/screening test  
(2) Because of a specific problem  
(3) Followup test for an earlier exam  
(4) Family history  
(5) Other  
(7) Refused  
(9) Don’t know

NAF.490  Who first suggested the PSA test: you, your doctor, or someone else?

>**PSASUGG**<

(1) I did  
(2) My doctor  
(3) Someone else  
(7) Refused  
(9) Don’t know

NAF.500  Did the doctor discuss the advantages and disadvantages of this test with you before doing it?

>**PSADISC**<

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

NAF.510  Have you EVER had a PSA test where the results were NOT normal?

>**PSAABN**<

(1) Yes  **(NAF.520)**  
(2) No  **(Check item NAFCCI10)**  
(7) Refused  **(Check item NAFCCI10)**  
(9) Don’t know  **(Check item NAFCCI10)**
Because of these results, what additional tests or surgery did you have?

**FR:** MARK ALL THAT APPLY. ENTER THE NUMBER AT EACH ITEM MENTIONED. ENTER (N) FOR NO MORE.

**PROBE:** “Anything else?”

- NAF.520 >PSAT_NON< (0) None
- NAF.521 >PSAT_OTH< (1) Another PSA
- NAF.522 >PSAT_BIO< (2) Biopsy
- NAF.523 >PSAT_ULT< (3) Ultrasound
- NAF.524 >PSAT_MRI< (4) MRI

[If no additional tests or surgery, then go to Check item NAFCCI10]

Did the PSA test, surgery, or other test indicate that you had cancer?

>PSACAN<

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

**Check item NAFCCI10:** Refer to Household Composition, Basic Module.

AGE/HHC.120 “What is (name/your) age...?”

- (1) Age 18-39 (under 40) (END_NAF)
- (2) Age 40+ (NAF.540)

Have you EVER HAD a sigmoidoscopy, colonoscopy, or proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

**PRONUNCIATION GUIDE:**

sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

**FR:** READ IF NECESSARY:

A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and lower part of the colon to look for signs of cancer or other problems. A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an older exam that used a rigid tube.

>CREHAD<

- (1) Yes (NAF.550)
- (2) No (Check item NAFCCI11)
- (7) Refused (Check item NAFCCI11)
- (9) Don’t know (Check item NAFCCI11)
NAF.550 How many sigmoidoscopy, colonoscopy, or proctoscopy exams have you had in the LAST 10 YEARS?

>CRE10YR<
(0) None
(1-94) 1-94
(95) 95+ times
(97) Refused
(99) Don’t know

NAF.560 When did you have your MOST RECENT exam?

FR: ENTER “T” TO USE TIME PERIOD FORMAT.

Month:

>RCRE1_MT<
(01) January (05) May (09) September (97) Don’t know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RCRE1_NO)

Year:

>RCRE1_YR<
(9997) Don’t know (NAF.570)
(9999) Refused (NAF.570)

When did you have your MOST RECENT exam?

FR: IF GREATER THAN "95", ENTER "95".

[ ] Number

>RCRE1_NO<
(01-94) 1-94 (RCRE1_TP/NAF.560)
(95) 95+ (RCRE1_TP/NAF.560)
(97) Refused (NAF.570)
(99) Don’t know (NAF.570)

[ ] Time Period

>RCRE1_TP<
(1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don’t know

[Go to NAF.580]
FR: SHOW CARD CAN31.

Was it: (READ CATEGORIES BELOW)

>RCRE2<
(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

NAF.580 What was this MOST RECENT exam called: sigmoidoscopy, colonoscopy, proctoscopy or something else?

PRONUNCIATION GUIDE:
sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

FR: READ IF NECESSARY

A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and lower part of the colon to look for signs of cancer or other problems. A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an older exam that used a rigid tube.

>CRENAM<
(1) Sigmoidoscopy
(2) Colonoscopy
(3) Proctoscopy
(4) Something else
(7) Refused
(9) Don’t know

NAF.590 FR: SHOW CARD CAN32.

What was the MAIN reason you had this exam?

>CREREAS<
(1) Part of a routine physical exam/screening test
(2) Because of a specific problem
(3) Followup test of an earlier test or screening exam (Fecal Occult Blood Test or sigmoidoscopy)
(4) Family history
(5) Other
(7) Refused
(9) Don’t know
Check item NAFCCI11: Refer to CREHAD, RCRE1, RCRE2.

CREHAD/NAF.540, Have had a colorectal exam,
RCRE1/NAF.560, Date of last colorectal exam in month, year or time ago
RCRE2/NAF.570, Date of last colorectal exam in time categories.

(1) Have NEVER had a sigmoidoscopy/colonoscopy (NAF.600)
(2) Have NOT had a sigmoidoscopy/colonoscopy in the last 10 years (NAF.600)
(3) HAVE HAD a sigmoidoscopy/colonoscopy 3 in the last 10 years (NAF.620)
(7) Refused (NAF.620)
(9) Don’t Know (NAF.620)

NAF.600 FR: SHOW CARD CAN33

What is the most important reason you have [NEVER had/NOT had] one of these exams in the LAST 10 YEARS? 

>CRENOT<
(01) No reason/never thought about it (Check item NAFCCI12)
(02) Didn't need it/didn’t know I needed this type of test (Check item NAFCCI12)
(03) Doctor didn't order it/ didn’t say I needed it (NAF.620)
(04) Haven’t had any problems (Check item NAFCCI12)
(05) Put it off/ didn’t get around to it (Check item NAFCCI12)
(06) Too expensive/no insurance/cost (Check item NAFCCI12)
(07) Too painful, unpleasant, or embarrassing (Check item NAFCCI12)
(08) Had another type of colorectal exam (Check item NAFCCI12)
(09) Don't have doctor (NAF.620)
(10) Other (Check item NAFCCI12)
(97) Refused (Check item NAFCCI12)
(99) Don’t know (Check item NAFCCI12)

Check item NAFCCI12: If AMDLONGR/AAU.305 is not = 1 or 2, then store ‘3' in CREREC and go to NAF.620

NAF.610 In the PAST YEAR has a doctor or other health professional RECOMMENDED that you have a sigmoidoscopy or colonoscopy?

>CREREC<
(1) Yes
(2) No
(3) No doctor visit in past twelve months
(7) Refused
(9) Don’t know
NAF.620 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement.

The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Have you EVER HAD a blood stool test, using a HOME test kit?

>HF0BHAD<  (1) Yes (NAF.630)  
(2) No (Check item NAFCCI13)  
(7) Refused (Check item NAFCCI13)  
(9) Don’t know (Check item NAFCCI13)

NAF.630 How many HOME blood stool tests have you had in the LAST 3 YEARS?

FR: IF GREATER THEN 95, ENTER `95'

>HF0B3YR<  (00) None  
(01-94) 1-94  
(95) 95+ times  
(97) Refused  
(99) Don’t know
NAF.640 When did you have your MOST RECENT HOME blood stool test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RHFOB1_M <
(01) January (05) May (09) September (97) Don’t know
(02) February (06) June (10) October (99) Refused
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (RHFOB1_N)

Year:

>RHFOB1_Y <
(9997) Don’t know (NAF.650)
(9999) Refused (NAF.650)

When did you have your MOST RECENT HOME blood stool test?

FR: IF GREATER THAN "95", ENTER "95".

[ ] Number

>RHFOB1_N <
(01-94) 1-94 (RHFOB1_T/NAF.640)
(95) 95+ (RHFOB1_T/NAF.640)
(97) Refused (NAF.650)
(99) Don’t know (NAF.650)

[ ] Time Period

>RHFOB1_T <
(1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don’t know

[Go to NAF.660]
NAF.650  FR:  SHOW CARD CAN34

Was it:  (READ CATEGORIES BELOW)

>RHFOB2<  
(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 

NAF.660  FR:  SHOW CARD CAN35.

What was the MAIN reason you had this exam?

>HFOBREAS<  
(1) Part of a routine physical exam/screening test 
(2) Because of a specific problem 
(3) Followup test of an earlier test or screening exam 
(4) Family history 
(5) Other 
(7) Refused 
(9) Don’t know 

NAF.670  Have you EVER had a HOME blood stool test where the results were NOT normal?

>HFOBABN<  
(1) Yes (NAF.680) 
(2) No (Check item NAFCCI13) 
(7) Refused (Check item NAFCCI13) 
(9) Don’t know (Check item NAFCC13) 

NAF.680  Because of these results, what additional tests or surgery did you have?

FR:  MARK ALL THAT APPLY. ENTER THE NUMBER AT EACH ITEM MENTIONED. ENTER (N) FOR NO MORE.

PROBE: “Anything else?”

NAF.680  >HFOB_NON<  (0) None 
NAF.681  >HFOB_OTH<  (1) Another Fecal Occult Blood Test 
NAF.682  >HFOB_SIG<  (2) Sigmoidoscopy 
NAF.683  >HFOB_COL<  (3) Colonoscopy 
NAF.684  >HFOB_BAR<  (4) Barium enema 
NAF.685  >HFOB_SUR<  (5) Surgery
Check item NAFCCI13: Refer to HFOBHAD, RHFOB1, RHFOB2.

Refer to HFOBHAD/NAF.620, Have had a home blood stool test.
RHFOB1/NAF.640, Date of last home blood stool test in month, year or time ago
RHFOB2/NAF.650, Date of last home blood stool test in time categories.

(1) Have NEVER had a home blood stool test (NAF.690)
(2) Have NOT had a home blood stool test in the last year (NAF.690)
(3) HAVE HAD a home blood stool test in the last year (NAF.710)
(7) Refused (NAF.710)
(9) Don’t Know (NAF.710)

NAF.690 FR: SHOW CARD CAN36.

What is the most important reason you have (NEVER had /NOT had a HOME blood stool test in the PAST YEAR)?

>HFOBNOT<

(01) No reason/never thought about it. (Check item NAFCCI14)
(02) Didn't need/ didn’t know I needed this type of test. (Check item NAFCCI14)
(03) Doctor didn't order it/didn’t say I needed it. (NAF.710)
(04) Haven’t had any problems (Check item NAFCCI14)
(05) Put it off/ didn't get around to it (Check item NAFCCI14)
(06) Too expensive/no insurance/cost (Check item NAFCCI14)
(07) Too painful, unpleasant, or embarrassing (Check item NAFCCI14)
(08) Had another type of colorectal exam (Check item NAFCCI14)
(09) Don't have doctor (NAF.710)
(10) Other (Check item NAFCCI14)
(97) Refused (Check item NAFCCI14)
(99) Don’t know (Check item NAFCCI14)

Check item NAFCCI14: Refer to Adult Core, Basic Module.

AMDLONGR/AAU.305 "About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?"

If AMDLONGR/AAU.305 is not = 1 or 2 then, store '3' in NAF.700 and go to NAF.710.

NAF.700 In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a HOME blood stool test?

MDHFOB<

(1) Yes
(2) No
(3) Did not go to doctor in past 12 months
(7) Refused
(9) Don’t know
Have you EVER HAD a blood stool test in which your doctor or other health care professional collected a stool sample during an office visit?

>FOBHAD<  
1) Yes (NAF.720)  
2) No (END_NAF)  
7) Refused (END_NAF)  
9) Don’t know (END_NAF)

When did you have your MOST recent OFFICE blood stool test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RFOB1_MT<  
01) January  
02) February  
03) March  
04) April  
05) May  
06) June  
07) July  
08) August  
09) September  
10) October  
11) November  
12) December  
97) Don’t know  
99) Refused

Year:

>RFOB1_YR<  
1950-2000  
9997) Don’t know  
9999) Refused

When did you have your MOST recent OFFICE blood stool test?

FR: IF GREATER THAN "95", ENTER "95".

[ ] Number

>RFOB1_NO<  
01-94) 1-94  
95) 95+  
97) Refused  
99) Don’t know

[ ] Time Period

>RFOB1_TP<  
1) Days ago  
2) Weeks ago  
3) Months ago  
4) Years ago  
7) Refused  
9) Don’t Know

[Go to END_NAF]
NAF.730  FR:  SHOW CARD CAN37

Was it:  *(READ CATEGORIES BELOW)*

>RFOB2<  
(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

*Check item END_NAF:*  Go to the next section – Section G: Genetic Testing
SECTION G - GENETIC TESTING

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.

NAG.010 Have you EVER HEARD of genetic testing to determine if a person is at greater risk of developing cancer?

>GTHEARD<
(1) Yes (NAG.020)
(2) No (NAG.160)
(7) Refused (NAG.160)
(9) Don’t know (NAG.160)

NAG.020 Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health professional?

>GTPOSS<
(1) Yes (NAG.025)
(2) No (NAG.030)
(7) Refused (NAG.030)
(9) Don’t know (NAG.030)

NAG.025 Did the doctor or other health professional ADVISE you to have such a test?

>GTADVISE<
(1) Yes
(2) No
(7) Refused
(9) Don’t know

NAG.030 Have you ever HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

FR: READ IF NECESSARY:

This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

>GTGRISK<
(1) Yes (Check item NAGCCI01)
(2) No (NAG.160)
(7) Refused (NAG.160)
(9) Don’t know (NAG.160)

Check item NAGCCI01: Refer to Household Composition, Basic Module.

SEX/HHC.110 "(Are/Is) (you/name) male or female?"
(1) Male
(2) Female
NAG.040 Please think about your MOST RECENT genetic test for cancer risk.
Which kinds of cancer was it for: (READ EACH CANCER TYPE LISTED BELOW)

NAG.040 Breast?
>GT_BRE< (1) Yes
(2) No
(3) Male, not applicable
(7) Refused
(9) Don’t know

NAG.041 Ovarian?
>GT_OVA< (1) Yes
(2) No
(3) Male, not applicable
(7) Refused
(9) Don’t know

NAG.042 Colon or rectal?
>GT_COL< (1) Yes
(2) No
(7) Refused
(9) Don’t know

NAG.043 Another cancer?
>GT_OTH< (1) Yes (NAG.044)
(2) No (NAG.050)
(7) Refused (NAG.050)
(9) Don’t know (NAG.050)

NAG.044 FR: SPECIFY OTHER TEST FOR GENETIC RISK OF CANCER:
>GT_RSKOTH< Other Specify:______________________________

NAG.050 When did you have this genetic test done?
FR: ENTER "96" TO USE TIME PERIOD FORMAT.
>GT_RSK_MT< MONTH: ________________________________

(01) January (07) July
(02) February (08) August (97) Refused
(03) March (09) September (96) Time period format
(04) April (10) October (NAG.055)
(05) May (11) November (99) Don’t Know
(06) June (12) December

>GT_RSK_YR< YEAR: ________________________________

(9996) Time period format (NAG.055)
(9997) Refused (NAG.060)
(9999) Don’t Know (NAG.060)
NAG.055 When did you have this genetic test done?

FR: IF GREATER THAN "96", ENTER "96".

>GTSKBNO< [ ] Number

(01-95) 1-95
(96) 96+
(97) Refused
(99) Don’t know

>GTSKBTP< [ ] Time Period

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

NAG.060 Before the test was given, did you sign a consent form in which you agreed to take the test?

>GTCONSN< (1) Yes
(2) No
(7) Refused
(9) Don’t know

NAG.070 Was this genetic test done as part of a research study?

>GTSRCH< (1) Yes
(2) No
(7) Refused
(9) Don’t know

NAG.080 FR: SHOW CARD CAN38

Who ordered the genetic test for cancer?

>GTDOCT< (01) Surgeon
(02) Gastroenterologist
(03) Gynecologist
(04) Dermatologist
(05) Medical Geneticist
(06) Internal medicine or family practice physician
(07) Genetic counselor
(08) Oncologist
(09) Pediatrician
(10) Some other doctor
(97) Refused
(99) Don’t Know kind of doctor
This question refers to the confidentiality of genetic tests results in your medical records.

Do you believe that your test results will remain confidential?

>GTCONF<
  (1) Yes
  (2) No
  (7) Refused
  (9) Don’t know

Did you receive the results of the genetic test?

>GTRESULT<
  (1) Yes (NAG.110)
  (2) No (NAG.130)
  (7) Refused (NAG.130)
  (9) Don’t know (NAG.130)

How did you receive the results? Was it by telephone, in person, or by mail?

>GTRESHOW<
  (1) By telephone
  (2) In person
  (3) By mail
  (7) Refused
  (9) Don’t know

How confident are you that your test results are accurate? Would you say very confident, somewhat confident, not very confident, or not confident at all?

>GTACCURA<
  (1) Very confident
  (2) Somewhat confident
  (3) Not very confident
  (4) Not confident at all
  (7) Refused
  (9) Don’t know

Did you receive any genetic counseling about your test for cancer risk?

FR: READ IF NECESSARY:

By genetic counseling, I mean a thorough discussion of the advantages and disadvantages of testing that includes an explanation of what the test can and cannot tell you.

>GTCOUNC<
  (1) Yes (NAG.140)
  (2) No (NAG.150)
  (7) Refused (NAG.150)
  (9) Don’t know (NAG.150)
NAG.140 When did you receive this genetic counseling? Was it: (READ CATEGORIES BELOW)

GTCWHEN<
(1) Before or on the day you took the test
(2) After the day you took the test
(3) Both before and after you took the test
(7) Refused
(9) Don’t know

NAG.150 Do you believe that getting a genetic test for cancer risk has or will affect your health insurance coverage?

FR: READ IF NECESSARY:
Effects include losing your health insurance coverage or not being eligible for health insurance if you change jobs or move.

GTINSURE<
(1) Yes
(2) No
(7) Refused
(9) Don’t know

NAG.160 Would you say your risk of getting cancer in the future is low, medium, or high?

GTCRISK<
(1) Low
(2) Medium
(3) High
(7) Refused
(9) Don’t know

NAG.170 Thinking only of your blood relatives, do you feel that the amount of cancer in your family is low, medium, or high?

GTFRISK<
(1) Low
(2) Medium
(3) High
(7) Refused
(9) Don’t know

Check item END_NAG: Go to next section, Section H -- Family History.
CANCER 2000 MODULE

Section H — Family History

NAH.010 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?

> FHFCAN<
(1) Yes (NAH.020)
(2) No (NAH.040)
(3) Adopted or don’t know biological father (NAH.040)
(7) Refused (NAH.040)
(9) Don't know (NAH.040)

NAH.020 What kind of cancer did your father have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

> FHFTYP<
(1) Bladder (13) Liver (25) Stomach
(2) Blood (14) Lung (26) Testis
(3) Bone (15) Lymphoma (27) Throat -pharynx
(4) Brain (16) Melanoma (28) Thyroid
(5) Breast (17) Mouth/tongue/lip (30) Other
(7) Colon (19) Pancreas (96) More than 3 kinds
(8) Esophagus (20) Prostate (97) Refused
(9) Gallbladder (21) Rectum (99) Don’t know
(10) Kidney (22) Skin (non-melanoma)
(11) Larynx-windpipe (23) Skin (Don’t Know what kind)
(12) Leukemia (24) Soft Tissue (muscle/fat)

___ (Father Cancer Type 1) ___ (Father Cancer Type 2)
___ (Father Cancer Type 3) ___ (N or 96)

NAH.030 Was your biological father under 50 years of age when ...

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

> FHFAGE< ...
...<Father Cancer Type 1> was first diagnosed?
...<Father Cancer Type 2> was first diagnosed?
...<Father Cancer Type 3> was first diagnosed?

NAH.040 Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

> FHMCAN<
(1) Yes (NAH.050)
(2) No (NAH.070)
(3) Adopted or don’t know biological mother (NAH.070)
(7) Refused (NAH.070)
(9) Don't know (NAH.070)
What kind of cancer did your mother have?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

(1) Bladder  (12) Leukemia  (24) Soft Tissue
(2) Blood  (13) Liver  (25) Stomach
(3) Bone  (14) Lung  (26) Soft Tissue (muscle/fat)
(4) Brain  (15) Lymphoma  (27) Throat - pharynx
(5) Breast  (16) Melanoma  (28) Thyroid
(6) Cervix  (17) Mouth/tongue/lip  (29) Uterus
(7) Colon  (18) Ovary  (30) Other
(8) Esophagus  (19) Pancreas  (96) More than 3 kinds
(9) Gallbladder  (21) Rectum  (97) Refused
(10) Kidney  (22) Skin (non-melanoma)  (99) Don't know
(11) Larynx-windpipe  (23) Skin (Don’t Know what kind)

____ (Mother Cancer Type 1) ____ (Mother Cancer Type 2)
____ (Mother Cancer Type 3) ____ (N or 96)

Was your biological mother under 50 years of age when ...

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

... <Mother Cancer Type 1> was first diagnosed?
... <Mother Cancer Type 2> was first diagnosed?
... <Mother Cancer Type 3> was first diagnosed?

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.

(00) None (NAH.100)  (01-20) 1-20 brothers (NAH.080)
(21) 21+ brothers (NAH.080)  (97) Refused (NAH.100)
(99) Don’t know (NAH.100)
FR: IF ONLY ONE BROTHER, ASK:

Did your brother EVER have cancer of any kind?

(00) Brother has not had any kind of cancer (NAH.100)
(01) Brother has had cancer (NAH.090)
(97) Refused (NAH.100)
(99) Don’t know (NAH.100)

FR: IF MORE THAN ONE BROTHER, ASK:

How many of your BROTHERS have EVER had cancer of any kind?

>FHBCAN<

(00) None (NAH.100)
(01-20) 1-20 brothers (NAH.090)
(21) 21+ brothers (NAH.090)
(97) Refused (NAH.100)
(99) Don’t know (NAH.100)

NAH.090 What kinds of cancer did your brother(s) have?

FR: ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHBTYP<

(1) Bladder 
(2) Blood 
(3) Bone 
(4) Brain 
(5) Breast 
(7) Colon 
(8) Esophagus 
(9) 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/fat) 
(25) Stomach 
(26) Testis 
(27) Throat -pharynx 
(28) Thyroid 
(96) More than 3 kinds

____ (Brother Cancer Type 1) ____ (Brother Cancer Type 2) ____ (Brother Cancer Type 3) ____ (N or 96)

NAH.091 How many of your brothers have had {Brother Cancer Type 1} cancer?

>FHBMAN1<

(01-20) 1-20 brothers (NAH.092)
(21) 21+ brothers (NAH.092)
(97) Refused (NAH.093)
(99) Don’t know (NAH.093)
FR: IF ONE BROTHER HAD {BROTHER CANCER TYPE 1} CANCER, ASK:

Was your brother under 50 years of age when {Brother Cancer Type 1} cancer was first diagnosed?

(00) Brother not under 50 years of age (NAH.093)
(01) Brother was under 50 (NAH.093)
(97) Refused (NAH.093)
(99) Don’t know (NAH.093)

FR: IF TWO OR MORE BROTHERS HAD {BROTHER CANCER TYPE 1} CANCER, ASK:

How many of these brothers were under 50 years of age when {BROTHER CANCER TYPE 1} cancer was first diagnosed?

> FHBAGE1 <

(00) None diagnosed under 50 years
(01-20) 1-20 brothers
(21) 21+ brothers
(97) Refused
(99) Don’t know

NAH.093 How many of your brothers have had {Brother Cancer Type 2} cancer?

> FHBMAN2 <

(01-20) 1-20 brothers (NAH.094)
(21) 21+ brothers (NAH.094)
(97) Refused (NAH.095)
(99) Don’t know (NAH.095)

NAH.094 FR: IF ONE BROTHER HAD {BROTHER CANCER TYPE 2} CANCER, ASK:

Was your brother under 50 years of age when {Brother Cancer Type 2} cancer was first diagnosed?

(00) Brother not under 50 years of age (NAH.095)
(01) Brother was under 50 (NAH.095)
(97) Refused (NAH.095)
(99) Don’t know (NAH.095)

FR: IF TWO OR MORE BROTHERS HAD {BROTHER CANCER TYPE 2} CANCER, ASK:

How many of these brothers were under 50 years of age when {BROTHER CANCER TYPE 2} cancer was first diagnosed?

> FHBAGE2 <

(00) None diagnosed under 50 years
(01-20) 1-20 brothers
(21) 21+ brothers
(97) Refused
(99) Don’t know

NAH.095 How many of your brothers have had {Brother Cancer Type 3} cancer?

> FHBMAN3 <

(01-20) 1-20 brothers (NAH.096)
(21) 21+ brothers (NAH.096)
(97) Refused (NAH.100)
(99) Don’t know (NAH.100)
FR: IF ONE BROTHER HAD (BROTHER CANCER TYPE 3) CANCER, ASK:

Was your brother under 50 years of age when (Brother Cancer Type 3) cancer was first diagnosed?

- (00) Brother not under 50 years of age (NAH.100)
- (01) Brother was under 50 (NAH.100)
- (97) Refused (NAH.100)
- (99) Don’t know (NAH.100)

FR: IF TWO OR MORE BROTHERS HAD (BROTHER CANCER TYPE 3) CANCER, ASK:

How many of these brothers were under 50 years of age when (BROTHER CANCER TYPE 3) cancer was first diagnosed?

> FHBAGE3 <

- (00) None diagnosed under 50 years
- (01-20) 1-20 brothers
- (21) 21+ brothers
- (97) Refused
- (99) Don’t know

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.

> FHSNUM <

- (00) None (NAH.130)
- (1-20) 1-20 sisters (NAH.110)
- (21) 21+ sisters (NAH.110)
- (97) Refused (NAH.130)
- (99) Don’t know (NAH.130)

FR: IF ONLY ONE SISTER, ASK:

Did your sister EVER have cancer of any kind?

- (00) Sister has not had any kind of cancer (NAH.130)
- (01) Sister has had cancer (NAH.120)
- (97) Refused (NAH.130)
- (99) Don’t know (NAH.130)

FR: IF MORE THAN ONE SISTER, ASK:

How many of your SISTERS have EVER had cancer of any kind?

> FHSCAN <

- (00) None (NAH.130)
- (01-20) 1-20 sisters (NAH.120)
- (21) 21+ sisters (NAH.120)
- (97) Refused (NAH.130)
- (99) Don’t know (NAH.130)
NAH.120  What kinds of cancer did your sister(s) have?

FR:  ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3 KINDS, ENTER "96" IN THE FOURTH ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHSTYP<

(1) Bladder  (12) Leukemia  (24) Soft Tissue
(2) Blood  (13) Liver  (muscle/fat)
(3) Bone  (14) Lung  (25) Stomach
(4) Brain  (15) Lymphoma  (27) Throat -pharynx
(5) Breast  (16) Melanoma  (28) Thyroid
(6) Cervix  (17) Mouth/tongue/lip  (29) Uterus
(7) Colon  (18) Ovary  (30) Other
(8) Esophagus  (19) Pancreas  (96) More than 3 kinds
(9) Gallbladder  (21) Rectum  (97) Refused
(10) Kidney  (22) Skin (non-melanoma)(99) Don’t know
(11) Larynx-windpipe  (23) Skin (Don’t Know what kind)

____ (Sister Cancer Type 1) ____ (Sister Cancer Type 2)
____ (Sister Cancer Type 3) ____ (N or 96)

NAH.121  How many of your sisters have had (Sister Cancer Type 1) cancer?

>FHSMAN1<

(01-20) 1-20 sisters (NAH.122)
(21)  21+ sisters (NAH.122)
(97)  Refused (NAH.123)
(99)  Don’t know (NAH.123)

NAH.122  FR:  IF ONE SISTER HAD (SISTER CANCER TYPE 1) CANCER, ASK:

Was your sister under 50 years of age when (Sister Cancer Type 1) cancer was first diagnosed?

(00)  Sister not under 50 years of age (NAH.123)
(01)  Sister was under 50 (NAH.123)
(97)  Refused (NAH.123)
(99)  Don’t know (NAH.123)

FR:  IF TWO OR MORE SISTERS HAD (SISTER CANCER TYPE 1) CANCER, ASK:

How many of these sisters were under 50 years of age when (SISTER CANCER TYPE 1) cancer was first diagnosed?

>FHSAGE1<

(00)  None diagnosed under 50 years
(01-20) 1-20 sisters
(21)  21+ sisters
(97)  Refused
(99)  Don’t know

NAH.123  How many of your sisters have had (SISTER CANCER TYPE 2) cancer?

>FHSMAN2<

(01-20) 1-20 sisters (NAH.124)
(21)  21+ sisters (NAH.124)
(97)  Refused (NAH.125)
(99)  Don’t know (NAH.125)
FR: IF ONE SISTER HAD (SISTER CANCER TYPE 2) CANCER, ASK:

Was your sister under 50 years of age when (SISTER CANCER TYPE 2) cancer was first diagnosed?

(00) Sister not under 50 years of age (NAH.125)
(01) Sister was under 50 (NAH.125)
(97) Refused (NAH.125)
(99) Don’t know (NAH.125)

FR: IF TWO OR MORE SISTERS HAD (SISTER CANCER TYPE 2) CANCER, ASK:

How many of these sisters were under 50 years of age when (SISTER CANCER TYPE 2) cancer was first diagnosed?

> FHSAGE2 < (00) None diagnosed under 50 years
  (1-20) 1-20 sisters
  (21) 21+ sisters
  (97) Refused
  (99) Don’t know

NAH.125 How many of your sisters have had (SISTER CANCER TYPE 3) cancer?

> FHSMAN3 < (01-20) 1-20 sisters (NAH.126)
  (21) 21+ sisters (NAH.126)
  (97) Refused (NAH.130)
  (99) Don’t know (NAH.130)

NAH.126 FR: IF ONE SISTER HAD (SISTER CANCER TYPE 3) CANCER, ASK:

Was your sister under 50 years of age when (Sister Cancer Type 3) cancer was first diagnosed?

(00) Sister not under 50 years of age (NAH.130)
(01) Sister was under 50 (NAH.130)
(97) Refused (NAH.130)
(99) Don’t know (NAH.130)

FR: IF TWO OR MORE SISTERS HAD (SISTER CANCER TYPE 3) CANCER, ASK:

How many of these sisters were under 50 years of age when (SISTER CANCER TYPE 3) cancer was first diagnosed?

> FHSAGE3 < (00) None diagnosed under 50 years
  (01-20) 1-20 sisters
  (21) 21+ sisters
  (97) Refused
  (99) Don’t know
NAH.130 How many BIOLOGICAL SONS do you have? Please include any who are alive and those who may have died.

>FNNUM<
(00) No sons (NAH.160)
(01-20) 1-20 sons (NAH.140)
(21) 21+ sons (NAH.140)
(96) No biological children (Check item END_NAH)
(97) Refused (NAH.160)
(99) Don’t know (NAH.160)

NAH.140 FR: IF ONLY ONE SON, ASK:

Did your SON EVER have cancer of any kind?

(00) Son has not had any kind of cancer (NAH.160)
(01) Son has had cancer (NAH.150)
(97) Refused (NAH.160)
(99) Don’t know (NAH.160)

FR: IF TWO OR MORE SONS, ASK:

How many of your SONS have EVER had cancer of any kind?

>FNCAN<
(00) None (NAH.160)
(01-20) 1-20 sons (NAH.150)
(21) 21+ sons (NAH.150)
(97) Refused (NAH.160)
(99) Don’t know (NAH.160)

NAH.150 What kinds of cancer did your son(s) have?

FR: ENTER UP TO 2 KINDS. IF RESPONDENT OFFERS MORE THAN 2 KINDS, ENTER "96" IN THE THIRD ANSWER SPACE. ENTER (N) FOR NO MORE.

>FNHTYP<
(1) Bladder  (13) Liver  (25) Stomach
(2) Blood  (14) Lung  (26) Testis
(3) Bone  (15) Lymphoma  (27) Throat -pharynx
(4) Brain  (16) Melanoma  (28) Thyroid
(5) Breast  (17) Mouth/tongue/lip  (30) Other
(7) Colon  (19) Pancreas  (96) More than 2 kinds
(8) Esophagus  (20) Prostate  (97) Refused
(9) Gallbladder  (21) Rectum  (99) Don’t know
(10) Kidney  (22) Skin (non-melanoma)
(11) Larynx-windpipe  (23) Skin (Don’t Know what kind)
(12) Leukemia  (24) Soft Tissue (muscle/fat)

____ (Son Cancer Type 1) _____ (Son Cancer Type 2)

____ (N or 96)

NAH.151 How many of your sons have had {SON CANCER TYPE 1} cancer?

>FNMAN1<
(01-20) 1-20 sons (NAH.152)
(21) 21+ sons (NAH.152)
(97) Refused (NAH.153)
(99) Don’t know (NAH.153)
FR: IF ONE SON HAD (SON CANCER TYPE 1) CANCER, ASK:

Was your son under 50 years of age when (SON CANCER TYPE 1) cancer was first diagnosed?

(00) Son not under 50 years of age (NAH.153)
(01) Son was under 50 (NAH.153)
(97) Refused (NAH.153)
(99) Don’t know (NAH.153)

FR: IF TWO OR MORE SONS HAD (SON CANCER TYPE 1) CANCER, ASK:

How many of these sons were under 50 years of age when (SON CANCER TYPE 1) cancer was first diagnosed?

> FHNAGE1 <
(00) None diagnosed under 50 years
(01-20) 1-20 sons
(21) 21+ sons
(97) Refused
(99) Don’t know

NAH.153 How many of your sons have had (SON CANCER TYPE 2) cancer?

> FHNMAN2 <
(01-20) 1-20 sons (NAH.154)
(21) 21+ sons (NAH.154)
(97) Refused (NAH.160)
(99) Don’t know (NAH.160)

NAH.154 FR: IF ONE SON HAD (SON CANCER TYPE 2) CANCER, ASK:

Was your son under 50 years of age when (SON CANCER TYPE 2) cancer was first diagnosed?

(00) Son not under 50 years of age (NAH.160)
(01) Son was under 50 (NAH.160)
(97) Refused (NAH.160)
(99) Don’t know (NAH.160)

FR: IF TWO OR MORE SONS HAD (SON CANCER TYPE 2) CANCER, ASK:

How many of these sons were under 50 years of age when (SON CANCER TYPE 2) cancer was first diagnosed?

> FHNAGE2 <
(00) None diagnosed under 50 years
(01-20) 1-20 sons
(21) 21+ sons
(97) Refused
(99) Don’t know
How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

NAH.160

>FHDMIN<
(00) No daughters (Check item END_NAH)
(01-20) 1-20 daughters (NAH.170)
(21) 21+ daughters (NAH.170)
(96) No biological children (Check item END_NAH)
(97) Refused (Check item END_NAH)
(99) Don’t know (Check item END_NAH)

NAH.170

FR: IF ONLY ONE DAUGHTER, ASK:

Did your DAUGHTER EVER have cancer of any kind?

(00) Daughter has not had any kind of cancer (Check item END_NAH)
(01) Daughter has had cancer (NAH.180)
(97) Refused (Check item END_NAH)
(99) Don’t know (Check item END_NAH)

FR: IF TWO OR MORE DAUGHTERS, ASK:

How many of your DAUGHTERS have EVER had cancer of any kind?

>FHDCAN<
(00) None (Check item END_NAH)
(01-20) 1-20 daughters (NAH.180)
(21) 21+ daughters (NAH.180)
(97) Refused (Check item END_NAH)
(99) Don’t know (Check item END_NAH)

NAH.180

What kinds of cancer did your daughter(s) have?

FR: ENTER UP TO 2 KINDS. IF RESPONDENT OFFERS MORE THAN 2 KINDS, ENTER "96" IN THE THIRD ANSWER SPACE. ENTER (N) FOR NO MORE.

>FHDTYP<
(1) Bladder   (12) Leukemia   (24) Soft Tissue
(2) Blood    (13) Liver    (25) Stomach
(3) Bone     (14) Lung     (26) Thyroid
(4) Brain    (15) Lymphoma (27) Throat-pharynx
(5) Breast   (16) Melanoma (28) Thyroid
(6) Cervix   (17) Mouth/tongue/lip (29) Uterus
(7) Colon    (18) Ovary    (30) Other
(8) Esophagus (19) Pancreas (96) More than 2 kinds
(9) Gallbladder (21) Rectum (97) Refused
(10) Kidney  (22) Skin (non-melanoma) (99) Don’t know
(11) Larynx-windpipe (23) Skin (Don’t Know what kind)

_____ (Daughter Cancer Type 1) _____ (Daughter Cancer Type 2)
_____ (N or 96)

NAH.190

How many of your daughters have had {DAUGHTER CANCER TYPE 1} cancer?

>FHDMAN1<
(01-20) 1-20 daughters (NAH.191)
(21) 21+ daughters (NAH.191)
(97) Refused (NAH.192)
(99) Don’t know (NAH.192)
FR: IF ONE DAUGHTER HAD (DAUGHTER CANCER TYPE 1) CANCER, ASK:

Was your daughter under 50 years of age when (DAUGHTER CANCER TYPE 1) cancer was first diagnosed?

(00) Daughter not under 50 years of age (NAH.192)
(01) Daughter was under 50 (NAH.192)
(97) Refused (NAH.192)
(99) Don’t know (NAH.192)

FR: IF TWO OR MORE DAUGHTERS HAD (DAUGHTER CANCER TYPE 1) CANCER, ASK:

How many of these daughters were under 50 years of age when (DAUGHTER CANCER TYPE 1) cancer was first diagnosed?

>FHDAGE1< (00) None diagnosed under 50 years
(01-20) 1-20 daughters
(21) 21+ daughters
(97) Refused
(99) Don’t know

FR: IF ONE DAUGHTER HAD (DAUGHTER CANCER TYPE 2) CANCER, ASK:

Was your daughter under 50 years of age when (DAUGHTER CANCER TYPE 2) cancer was first diagnosed?

(00) Daughter not under 50 years of age (END_NAH)
(01) Daughter was under 50 (END_NAH)
(97) Refused (END_NAH)
(99) Don’t know (END_NAH)

FR: IF TWO OR MORE DAUGHTERS HAD (DAUGHTER CANCER TYPE 2) CANCER, ASK:

How many of your daughters were under 50 years of age when (DAUGHTER CANCER TYPE 2) cancer was first diagnosed?

>FHDAGE2< (00) None diagnosed under 50 years
(01-20) 1-20 daughters
(21) 21+ daughters
(97) Refused
(99) Don’t know

Check item END NAH: Go to the next section.