

**CANCER 2000 MODULE**

**SECTION B - HISPANIC ACCULTURATION**

**Check item NABCCI01:** 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]

NAB.030 **FR: SHOW CARD CAN2.**

In general, which language do you READ better?

- >SPREAD<
- (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
  - (9) Don't know

NAB.040 **FR: SHOW CARD CAN3.**

Which language do you usually speak at home?

Would you say (READ CATEGORIES)?

- >SP1\_HOME<
- (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

NAB.050 **FR: SHOW CARD CAN3.**

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

- >SP1\_FRND<
- (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

NAB.060 **FR: SHOW CARD CAN3.**

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

- >SP2\_THNK<
- (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

NAB.070      **FR:    SHOW CARD CAN3.**

In which language are the T.V. programs you usually watch? Would you say (READ CATEGORIES)?

- >SP2\_TV<
- (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

NAB.080      **FR:    SHOW CARD CAN3.**

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

- >SP2\_RDIO<
- (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

NAB.090      In what state or country was your father born?

>BIRFATH<

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

NAB.100 In what state or country was your mother born?

>BIRMOTH<

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

**Check item END NAB:** Go to next section - Diet and Nutrition

CANCER 2000 MODULE

SECTION C - DIET AND NUTRITION

NAC.010 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.**

>COLDCNO< [ ] NUMBER times per

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

>COLDCTP< [ ] TIME PERIOD

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

NAC.020 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.

>MILKNO< [ ] NUMBER times per

- (0) Never (MILKTP = 1; go to NAC.030)
- (01-94) 1-94
- (95) 95+
- (97) Refused (MILKTP = 7; go to NAC.021)
- (99) Don't know (MILKTP = 9; go to NAC.021)

>MILKTP< [ ] TIME PERIOD

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

NAC.021      **FR:    SHOW CARD CAN4**

What kind of milk did you usually use?

**FR:    READ IF NECESSARY:**

Pick the one you use most often.

>MILKKND<    (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

NAC.030      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.

>BACONNO<    [ ] NUMBER times per

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

>BACONTP<    [ ] TIME PERIOD

(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 time 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

>JUICETP< [ ] 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.

>DRESSNO< [ ] NUMBER times per

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

>DRESSTP< [ ] TIME PERIOD

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

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

>SALADNO< [ ] NUMBER times per

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

>SALADTP< [ ] TIME PERIOD

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

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

NAC.140 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

NAC.150 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
- (7) 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)  
(7) Refused (NAC.330)  
(9) Don't know (NAC.330)

NAC.180 During the PAST 12 MONTHS, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum, etc.?

**FR: IF MULTI-VITAMINS WERE ALREADY MENTIONED, ENTER "1" FOR YES WITHOUT ASKING.**

**FR: 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.

>VITMUL< (1) Yes (NAC.190)  
(2) No (NAC.210)  
(7) Refused (NAC.210)  
(9) Don't know (NAC.210)

NAC.190 How many months of the PAST 12 did you take MULTI-vitamins?

>VITMULM< (12) All of them (NAC.200)  
(01-12) Number of months (NAC.200)  
(97) Refused (NAC.210)  
(99) Don't know (NAC.210)

NAC.200 During {the/those} month(s), about how many {DAYS/DAYS PER MONTH} did you take MULTI-vitamins?

>VITMULD1< [ ] NUMBER  
  
(01-30) 1-30 days  
(30) All of them  
(96) Other  
(97) Refused  
(99) Don't Know

>VITMULD2< [ ] TIME PERIOD  
  
(1) Days per week  
(2) Days per month  
(6) Other  
(7) Refused  
(9) Don't know

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

CALCDTP< [ ] 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_GIA<	(15) Ginseng(Amer, Asian)
>HERB_AST<	(2) Astragalus	>HERB_GIS<	(16) Ginseng (Siberian)
>HERB_BIL<	(3) Bilberry	>HERB_GOL<	(17) Goldenseal
>HERB_CAS<	(4) Cascara Sagrada	>HERB_GRA<	(18) Grapeseed extract
>HERB_CAT<	(5) Cat's Claw	>HERB_KAV<	(19) Kava Kava
>HERB_CAY<	(6) Cayenne	>HERB_LEC<	(20) Lecithin
>HERB_CRA<	(7) Cranberry	>HERB_MEL<	(21) Melatonin
>HERB_DON<	(8) Dong Quai	>HERB_MIL<	(22) Milk Thistle
>HERB_ECH<	(9) Echinacea	>HERB_SAW<	(23) Saw Palmetto
>HERB_EVE<	(10) Evening primrose oil	>HERB_JOH<	(24) St. John's Wort
>HERB_FEV<	(11) Feverfew	>HERB_VAL<	(25) Valerian
>HERB_GAR<	(12) Garlic pills	>HERB_OTH<	(26) Another herbal supplement
>HERB_GIG<	(13) Ginger pills		(97) Refused
>HERB_GIK<	(14) Ginkgo (biloba)		(99) Don't know

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

NAC.370        During the PAST 12 MONTHS, has a doctor or other health professional talked with you about your diet and eating habits?

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

**Check item END NAC:** Go to the next section -- Section D: Physical Activity.

**CANCER 2000 MODULE**

**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

NAD.020 **FR: SHOW CARD CAN6.**

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

NAD.030      **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

CANCER 2000 MODULE

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

NAE.020 **FR: SHOW CARD CAN8.**

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/Bupropion/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



NAE.130 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.

NAE.135 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

NAE.140-142 Have you EVER smoked . . .

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

NAE.140 >EVPIPE< ... A pipe?

NAE.141 >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.

NAE.142 >EVBIDI< ... A bidi?

**HELP:** A bidi is a flavored cigarette from India.

NAE.143-144 Have you EVER used . . .

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

NAE.143 >EVSNUFF< ... Snuff?

NAE.144 >EVCHEW< ... Chewing tobacco?

[If EVEPIPE is not = 1, then go to Check item NAECCI13]

NAE.150 Have you smoked a pipe at least 50 times in your ENTIRE LIFE?

- >PIPE50< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

NAE.151 Do you NOW smoke a pipe every day, some days, or not at all?

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

**Check item NAECCI13:** If EVCIGAR is not = 1, then go to Check item NAECCI14.

NAE.160 Have you smoked at least 50 cigars in your ENTIRE LIFE?

- >CIGAR50< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

NAE.161 Do you NOW smoke cigars every day, some days, or not at all?

- >CIGARED< (1) Every day (Check item NAECCI14)  
(2) Some days (NAE.162)  
(3) Not at all (Check item NAECCI14)  
(7) Refused (NAE.162)  
(9) Don't know (NAE.162)

NAE.162 On how many of the PAST 30 DAYS have you smoked a cigar?

- >CIG30D< (0) None  
(01-30) 1-30 days  
(97) Refused  
(99) Don't know

**Check item NAECCI14:** If EVBIDI is not = 1, then go to Check item NAECCI15.

NAE.170 Have you smoked bidis least 20 times in your ENTIRE LIFE?

- >BIDI20< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

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)  
(7) Refused (NAE.260)  
(9) 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)  
(9) 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)  
(7) Refused (NAE.260)  
(9) 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  
(7) Refused  
(9) Don't know

NAE.230 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)

NAE.240 **FR: SHOW CARD CAN10.**

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

NAE.250 **FR: SHOW CARD CAN11.**

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

NAE.260 **FR: SHOW CARD CAN12**

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

NAE.270      **FR:    SHOW CARD CAN13**

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

NAE.280      **FR:    SHOW CARD CAN13**

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...?"

NAF.010 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

NAF.015      **FR:    SHOW CARD CAN15**

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

NAF.021-024    **FR:    SHOW CARD CAN16.**

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

NAF.021      ...Stay in the shade? Would you say (**READ CATEGORIES 1-5**)?

- >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?

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

NAF.050 Month:

>RSKX1\_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 (NAF.055)

Year:

>RSKX1\_YR< (1950-2000) 1950-2000 (NAF.070)  
(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]**



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 (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 (RPAP1\_NO)

Year:

>RPAP1\_YR< (1950-2000) 1950-2000 (NAF.170)  
(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]**



NAF.210      **FR:    SHOW CARD CAN21.**

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.215)
  - (99) Don't know (NAF.215)

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

NAF.220      Have you had a hysterectomy?

- >HYST<**
- (1) Yes (NAF.221)
  - (2) No (Check item NAFCCI05)
  - (7) Refused (Check item NAFCCI05)
  - (9) Don't know (Check item NAFCCI05)

NAF.221 When was your hysterectomy?

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

Month:

>RHYST1\_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 (RHYST1\_N)

Year:

>RHYSTI\_Y< (1950-2000) 1950-2000 (Check item NAFCCI05)  
(9997) Don't know (NAF.223)  
(9999) Refused (NAF.223)

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

[ ] Number

>RHYST1\_N< (01-94) 1-94 (RHYST1\_T/NAF.221)  
(95) 95+ (RHYST1\_T/NAF.221)  
(97) Refused (NAF.223)  
(99) Don't know (NAF.223)

[ ] Time Period

>RHYST1\_T< (1) Days ago  
(2) Weeks ago  
(3) Months ago  
(4) Years ago  
(7) Refused  
(9) Don't know

[Go to Check item NAFCCI05]

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

Was it: (READ CATEGORIES BELOW)

>RHYST2< (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 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.

- >MAMHAD<
- (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)**

- >MAMAGE<
- (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?

- >MAM6YR<
- (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:

>RMAM1\_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 (RMAM1\_NO)

Year:

>RMAM1\_YR< (1950-2000) 1950-2000 (NAF.280)  
(9997) Don't know (NAF.270)  
(9999) Refused (NAF.270)

When did you have your MOST RECENT mammogram?

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

[ ] Number

>RMAM1\_NO< (01-94) 1-94 (RMAM1\_TP/NAF.260)  
(95) 95+ (RMAM1\_TP/NAF.260)  
(97) Refused (NAF.270)  
(99) Don't know (NAF.270)

[ ] Time Period

>RMAM1\_TP< (1) Days ago  
(2) Weeks ago  
(3) Months ago  
(4) Years ago  
(7) Refused  
(9) Don't know

[Go to NAF.280]

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

Was it: (READ CATEGORIES BELOW)

>RMAMCA< (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.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  
(9) Don't know

NAF.290 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)  
(7) Refused (NAF.300)  
(9) Don't know (NAF.300)

NAF.300-304 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

NAF.305 Was this mammogram provided through a special low-cost program?

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

NAF.310 **FR: SHOW CARD CAN25.**

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  
(9) Don't know

NAF.320 Have you EVER had a mammogram where the results were not normal?

- >MAMABN< (1) Yes (NAF.330)  
(2) No (NAF.350)  
(7) Refused (NAF.350)  
(9) Don't know (NAF.350)

NAF.331-337 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?"**

- NAF.331 >MAMT\_NON< (0) None  
NAF.332 >MAMT\_OTH< (1) Another mammogram  
NAF.333 >MAMT\_ULT< (2) Ultrasound  
NAF.334 >MAMT\_CBE< (3) Clinical breast exam  
NAF.335 >MAMT\_BIO< (4) Needle biopsy  
NAF.336 >MAMT\_TUM< (5) Tumor/ lump removed/ lumpectomy  
NAF.337 >MAMT\_BRE< (6) Breast removed/ mastectomy

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

NAF.340 Did the surgery or additional tests indicate that you had cancer?

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

NAF.350 Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?

- >LUMPEV< (1) Yes (NAF.351)  
(2) No (Check item NAFCCI06)  
(3) Lump removed was cancerous (Check item NAFCCI06)  
(7) Refused (Check item NAFCCI06)  
(9) Don't know (Check item NAFCCCI06)

NAF.351 How many of these operations have you had?

- >LUMPNUM< (01-20) 1-20 Operations  
(97) Refused  
(99) 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       **FR:    SHOW CARD CAN28.**

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 (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 (RPSA1\_NO)

Year:

>RPSA1\_YR< (1950-2000) 1950-2000 (NAF.480)  
(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)

NAF.520-524 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]**

NAF.530 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)

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< (1950-2000) 1950-2000 (NAF.580)  
(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]

NAF.570 **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: a 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?

>HFOBHAD< (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'**

>HFOB3YR< (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 < (1950-2000) 1950-2000 (NAF.660)  
(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 NAFCCI13)

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

NAF.710 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)

NAF.720 When did you have your MOST recent OFFICE blood stool test?

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

Month:

>RFOB1\_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 (RFOB1\_NO)

Year:

>RFOB1\_YR< (1950-2000) 1950-2000 (END\_NAF)  
(9997) Don't know (NAF.730)  
(9999) Refused (NAF.730)

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 (RFOB1\_TP/NAF.720)  
(95) 95+ (RFOB1\_TP/NAF.720)  
(97) Refused (NAF.730)  
(99) Don't know (NAF.730)

[ ] 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

**CANCER 2000 MODULE**

**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:**

>GTRSKOTH< Other Specify: \_\_\_\_\_

NAG.050 When did you have this genetic test done?

**FR: ENTER "96" TO USE TIME PERIOD FORMAT.**

>GTRSK\_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  |                         |

>GTRSK\_YR< YEAR: \_\_\_\_\_

- (1950-2001) 1950-2001 (NAG.060)  
(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".**

>GTRSKBNO< [ ] Number

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

>GTRSKBTP< [ ] 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?

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

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

>GTRSRCH< (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



NAG.090 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

NAG.100 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)

NAG.110 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

NAG.120 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

NAG.130 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?

For a cancer survivor, this means getting another cancer in the future defined as a new cancer in a different organ. It can also mean a new cancer in another part of the same organ, such as another primary breast cancer in the opposite breast.

- >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?

DO NOT include family members related only through marriage such as stepfather, stepsister etc... or family members who were adopted.

- >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)

NAH.050 What kind of cancer did your mother 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.**

>FHMTYP< (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)

\_\_\_\_\_ (Mother Cancer Type 1) \_\_\_\_\_ (Mother Cancer Type 2)  
\_\_\_\_\_ (Mother Cancer Type 3) \_\_\_\_\_ (N or 96)

NAH.060 Was your biological mother under 50 years of age when ...

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

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

NAH.070 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.

>FHBNUM< (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)

NAH.080 **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          | (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)    |                        |

\_\_\_\_ (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)

NAH.092 **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)

NAH.096      **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

NAH.100      **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)

NAH.110      **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)



NAH.124      **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.

>FHNNUM< (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?

>FHNCAN< (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.**

>FHNTYP< (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?

>FHNMAN1< (01-20) 1-20 sons (NAH.152)  
(21) 21+ sons (NAH.152)  
(97) Refused (NAH.153)  
(99) Don't know (NAH.153)

NAH.152 **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

NAH.160 How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

- >FHDNUM< (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 (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 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)

NAH.191      **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

NAH.192      How many daughters have had {Daughter Cancer Type 2} cancer?

>FHDMAN2<    (01-20) 1-20 daughters (NAH.193)  
(21)    21+ daughters (NAH.193)  
(97)    Refused (Check item END\_NAH)  
(99)    Don't know (Check item END\_NAH)

NAH.193      **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.