

## CHRONIC CONDITIONS (CC)

*CC1.	YES (1)	NO (5)	DK (8)	RF (9)
*CC1a. The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: arthritis or rheumatism?  (KEY PHRASE: arthritis or rheumatism)	1	5	8	9
*CC1b. Chronic back or neck problems?  (KEY PHRASE: back or neck problems)	1	5	8	9
*CC1c. Frequent or severe headaches?  (KEY PHRASE: frequent or severe headaches)	1	5	8	9
*CC1d. Any other chronic pain?  [KEY PHRASE: (any other) chronic pain]	1	5	8	9
*CC1e. Seasonal allergies like hay fever?  (KEY PHRASE: seasonal allergies)	1	5	8	9
*CC1f. A stroke?  (KEY PHRASE: stroke)	1	5	8	9
*CC1g. A heart attack?  (KEY PHRASE: heart attack)	1	5	8	9
*CC1h. Did a doctor or other health professional ever tell you that you had any of the following illnesses: heart disease?  (KEY PHRASE: heart disease)	1	5	8	9
*CC1i. High blood pressure?  (KEY PHRASE: high blood pressure)	1	5	8	9
*CC1j. Asthma?  (KEY PHRASE: asthma)	1	5	8	9
*CC1k. Tuberculosis?  (KEY PHRASE: tuberculosis)	1	5	8	9
*CC1l. Any other chronic lung disease, like COPD or emphysema?  (KEY PHRASE: chronic lung disease)	1	5	8	9
*CC1n. Diabetes or high blood sugar?  (KEY PHRASE: diabetes or high blood sugar)	1	5	8	9
*CC1o. An ulcer in your stomach or intestine?  (KEY PHRASE: ulcer)	1	5	8	9
*CC1r. HIV infection or AIDS?  (KEY PHRASE: HIV infection)	1	5	8	9
*CC1s. Epilepsy or seizures?  (KEY PHRASE: epilepsy or seizure disorder)	1	5	8	9
*CC1t. Cancer?  (KEY PHRASE: cancer)	1	5	8	9

**\*CC2. INTERVIEWER INSTRUCTION: (SEE \*CC1a - \*CC1t SERIES)**  
**CIRCLE ALL ENDORSED CONDITIONS IN \*CC1a - \*CC1t SERIES IN LEFT COLUMN BELOW AND ON THE FOLLOWING TWO PAGES. THEN ASK FOLLOW-UP QUESTIONS TO THE RIGHT IN SEQUENCE ONE ITEM AT A TIME. IF NO CONDITIONS WERE ENDORSED, GO TO \*CC6.1.**

	<b>*CC3. How old were you the first time you had (DX)?</b>	<b>*CC4. During the past 12 months, did you still have (DX)?</b>	<b>*CC5. Did you receive any treatment for (DX) at any time during the <u>past 12 months</u>?</b>
ARTHRITIS OR RHEUMATISM	*CC3a.  _____ YEARS DK ..... 998 RF ..... 999		
BACK OR NECK PROBLEMS	*CC3b.  _____ YEARS DK ..... 998 RF ..... 999	*CC4b.  YES.....1 GO TO *CC5b NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1	*CC5b.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1
FREQUENT OR SEVERE HEADACHES	*CC3c.  _____ YEARS DK ..... 998 RF ..... 999	*CC4c.  YES.....1 GO TO *CC5c NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1	*CC5c.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1
(ANY OTHER) CHRONIC PAIN	*CC3d.  _____ YEARS DK ..... 998 RF ..... 999	*CC4d.  YES.....1 GO TO *CC5d NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1	*CC5d.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1
SEASONAL ALLERGIES	*CC3e.  _____ YEARS DK ..... 998 RF ..... 999	*CC4e.  YES.....1 GO TO *CC5e NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1	*CC5e.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  GO TO *CC3 FOR NEXT DX OR *CC6.1
STROKE	*CC3f.  _____ YEARS DK ..... 998 RF ..... 999  GO TO *CC3 FOR NEXT DX OR *CC6.1		

	<b>*CC3. How old were you when you were first diagnosed with (DX)?</b>	<b>*CC4. During the past 12 months, did you still have (DX)?</b>	<b>*CC5. Did you receive any treatment for (DX) at any time during the <u>past 12 months</u>?</b>
HEART ATTACK	*CC3g.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
HEART DISEASE	*CC3h.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
HIGH BLOOD PRESSURE	*CC3i.  _____ YEARS DK ..... 998 RF ..... 999	*CC4i. YES.....1 <b>GO TO *CC5i</b> NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	*CC5i. YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>
ASTHMA	*CC3j.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
TUBERCULOSIS	*CC3k.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
		*CC4k. YES.....1 <b>GO TO *CC5k</b> NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	*CC5k. YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>
CHRONIC LUNG DISEASE	*CC3l.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		

	<b>*CC3. How old were you when you were first diagnosed with (DX)?</b>	<b>*CC4. During the past 12 months, did you still have (DX)?</b>	<b>*CC5. Did you receive any treatment for (DX) at any time during the <u>past 12 months</u>?</b>
DIABETES OR HIGH BLOOD SUGAR	*CC3n.  _____ YEARS DK ..... 998 RF ..... 999	*CC4n.  YES.....1 <b>GO TO *CC5n</b> NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	*CC5n.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>
(AN/THE) ULCER	*CC3o.  _____ YEARS DK ..... 998 RF ..... 999	*CC4o.  YES.....1 <b>GO TO *CC5o</b> NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	*CC5o.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>
HIV (INFECTION)	*CC3r.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
EPILEPSY OR SEIZURES	*CC3s.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>		
CANCER	*CC3t.  _____ YEARS DK ..... 998 RF ..... 999  <b>GO TO *CC6</b>		

\*CC6. Are you currently in treatment for your cancer, in remission, or has it been cured?

TREATMENT.....1  
REMISSION .....2  
CURED.....3  
DON'T KNOW .....8  
REFUSED .....9

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\*CC6.1. In the past 12 months did you have an accident, injury or poisoning that required medical attention?

YES.....1  
NO.....2  
DON'T KNOW .....8  
REFUSED .....9

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\*CC7. INTERVIEWER CHECKPOINT: (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC5b, \*CC5c, \*CC5d, \*CC5e, \*CC5i, \*CC5k, \*CC5n, \*CC5o, \*CC6, \*CC6.1)

\*CC1a EQUALS '1' OR \*CC1f EQUALS '1' OR \*CC1g EQUALS '1' OR \*CC1h EQUALS '1'  
OR \*CC1j EQUALS '1' OR \*CC1l EQUALS '1' OR \*CC1r EQUALS '1' OR \*CC1s EQUALS '1'  
OR \*CC1t EQUALS '1' OR \*CC4b EQUALS '1' OR \*CC4c EQUALS '1' OR \*CC4d EQUALS '1'  
OR \*CC4e EQUALS '1' OR \*CC4i EQUALS '1' OR \*CC4k EQUALS '1' OR \*CC4n EQUALS '1'  
OR \*CC4o EQUALS '1' OR \*CC5b EQUALS '1' OR \*CC5c EQUALS '1' OR \*CC5d EQUALS '1'  
OR \*CC5e EQUALS '1' OR \*CC5i EQUALS '1' OR \*CC5k EQUALS '1' OR \*CC5n EQUALS '1'  
OR \*CC5o EQUALS '1' OR \*CC6 EQUALS '1' OR \*CC6.1 EQUALS '1' .....1  
ALL OTHERS .....2 GO TO \*CC13

**\*CC8.INTERVIEWER CHECKPOINT:** (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC5b, \*CC5c, \*CC5d, \*CC5e, \*CC5i, \*CC5k, \*CC5n, \*CC5o, \*CC6, \*CC6.1)

COUNT THE NUMBER OF R'S CONDITIONS.

**STEP 1.** CIRCLE THAT NUMBER IN LEFT-HAND COLUMN BELOW. THE RIGHT-HAND COLUMN BELOW GIVES NUMBER OF RANDOMLY ASSIGNED CONDITION.

TOTAL NUMBER OF CONDITION TYPES REPORTED	RANDOM CONDITION
1	1
2	(random b/w 1-2)
3	(random b/w 1-3)
4	(random b/w 1-4)
5	(random b/w 1-5)
6	(random b/w 1-6)
7	(random b/w 1-7)
8	(random b/w 1-8)
9	(random b/w 1-9)
10	(random b/w 1-10)
11	(random b/w 1-11)
12	(random b/w 1-12)
13	(random b/w 1-13)
14	(random b/w 1-14)
15	(random b/w 1-15)
16	(random b/w 1-16)
17	(random b/w 1-17)
18	(random b/w 1-18)
19	(random b/w 1-19)
20	(random b/w 1-20)
21	(random b/w 1-21)
22	(random b/w 1-22)

**STEP 2.** RECORD KEY PHRASE FOR RANDOMLY-ASSIGNED CONDITION: (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC5b, \*CC5c, \*CC5d, \*CC5e, \*CC5i, \*CC5k, \*CC5n, \*CC5o, \*CC6, \*CC6.1)

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\*CC9. The next questions are about (the condition/ one of the conditions) you reported, (RANDOM CONDITION). How many times did you see a doctor or other health professional in the past 12 months for treatment of your (RANDOM CONDITION)?

\_\_\_\_\_ TIMES

DON'T KNOW..... 998

REFUSED..... 999

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\*CC9a. INTERVIEWER CHECKPOINT (SEE \*CC9)

\*CC9 EQUALS 'DON'T KNOW'.....1

ALL OTHERS.....2 **GO TO \*CC10**

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\*CC9.1. In general terms, would you say it was...?

LESS THAN ONCE PER MONTH.....1

ONCE A MONTH.....2

2 OR 3 TIMES PER MONTH.....3

ONCE A WEEK.....4

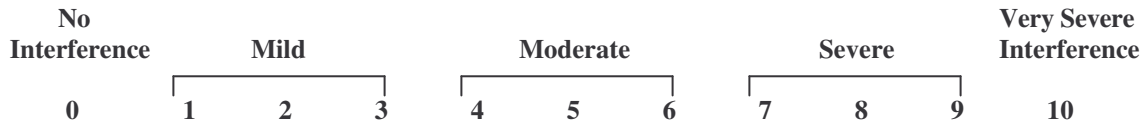
2 OR 3 TIMES A WEEK.....5

MORE THAN THREE TIMES PER WEEK...6

EVERYDAY.....7

DON'T KNOW.....8

REFUSED.....9



\*CC10. (RB, PG 9) Using a 0 to 10 scale on page 9 in your booklet, where 0 means no interference and 10 means very severe interference, think about the month or longer in the past 12 months when (RANDOM CONDITION) or its consequences were most severe. What number describes how much (RANDOM CONDITION) or its consequences interfered with each of the following activities during that month or longer?

(IF NEC: How much did (RANDOM CONDITION) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

\*CC10a. Your home management, like cleaning,  
Shopping, and taking care of the (house/ apartment)? \_\_\_\_\_

DOES NOT APPLY ..... 97  
DON'T KNOW..... 98  
REFUSED..... 99

\*CC10b. Your ability to work? \_\_\_\_\_

DOES NOT APPLY ..... 97  
DON'T KNOW..... 98  
REFUSED..... 99

\*CC10c. Your ability to form and maintain close  
relationships with other people? \_\_\_\_\_

DOES NOT APPLY ..... 97  
DON'T KNOW..... 98  
REFUSED..... 99

\*CC10d. Your social life? \_\_\_\_\_

DOES NOT APPLY ..... 97  
DON'T KNOW..... 98  
REFUSED..... 99

\*CC11. INTERVIEWER CHECKPOINT: (SEE \*CC10a - \*CC10d)

ALL FOUR RESPONSES TO \*CC10a - \*CC10d SERIES EQUAL '0' OR '97' .... 1 **GO TO \*CC13**  
ALL OTHERS..... 2

\*CC12. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of (RANDOM CONDITION)?

(IF NEC: You can use any number between 0 and 365 to answer.)

\_\_\_\_\_ DAYS

DON'T KNOW ..... 998  
REFUSED ..... 999



*CC13. The next few questions are about frequent or severe health problems you might have had at any time in your life that <u>have interfered with your life</u> . Have you ever had any of the following:	YES (1)	NO (5)	DK (8)	RF (9)
*CC13b. Frequent or severe stomach or belly pain? (KEY PHRASE: stomach or belly pain)	1	5	8	9
*CC13c. Frequent or severe diarrhea, loose bowels or constipation? (KEY PHRASE: constipation/diarrhea)	1	5	8	9
*CC13d. Frequent or severe pain in arms, legs or joints? (KEY PHRASE: joint or extremity pain)	1	5	8	9
*CC13e. Frequent or severe chest pain? (KEY PHRASE: chest pain)	1	5	8	9
*CC13f. Frequently feeling your heart pound or race? (KEY PHRASE: heart pounding or palpitations)	1	5	8	9
*CC13g. Frequent shortness of breath or trouble breathing? (KEY PHRASE: shortness of breath)	1	5	8	9
*CC13h. Frequent or severe back pain? (KEY PHRASE: back pain)	1	5	8	9
*CC13i. Frequent or severe nausea, gas or indigestion? (KEY PHRASE: nausea, gas, indigestion)	1	5	8	9
*CC19. INTERVIEWER CHECKPOINT: (R'S GENDER)  R IS MALE..... 1 <b>GO TO *CC13k</b> R IS FEMALE ..... 2				

Have you ever had any of the following health problems:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC13j. Frequent or severe pains or problems related to menstruation? (KEY PHRASE: menstrual problems)	1	5	8	9
*CC13k. Frequent or severe pains or problems during sex? (KEY PHRASE: sexual problems)	1	5	8	9
*CC13l. Frequent or severe dizziness? (KEY PHRASE: dizziness)	1	5	8	9
*CC13m. Frequent or severe fainting spells? (KEY PHRASE: fainting or passing out)	1	5	8	9
*CC13n. Frequent trouble swallowing/lump in throat? (KEY PHRASE: trouble swallowing/lump in throat)	1	5	8	9
*CC13o. Frequent or severe numbness or tingling in body or extremities? (KEY PHRASE: numbness/tingling)	1	5	8	9

**\*CC14. INTERVIEWER INSTRUCTION: (SEE \*CC13b - \*CC13o SERIES)**

CIRCLE ALL ENDORSED CONDITIONS IN \*CC13b - \*CC13o SERIES IN LEFT COLUMN BELOW AND ON THE FOLLOWING TWO PAGES. THEN ASK FOLLOW-UP QUESTIONS TO THE RIGHT IN SEQUENCE ONE ITEM AT A TIME. IF NO CONDITIONS WERE ENDORSED, GO TO \*CC28.1

	*CC15. During the past 12 months did you talk to a medical doctor or other professional about the (DX)?	*CC16. What did the doctor say was the cause?  (Write in)	*CC17. Did you receive any treatment or take any medication for this condition at any time during the <u>past 12 months</u> ?
*CC14b. Stomach or belly pain?  (KEY PHRASE: stomach or belly pain)	*CC15b.  YES.....1 GO TO *CC16b  NO.....5 GO TO *CC17b DON'T KNOW.....8 GO TO *CC17b REFUSED.....9 GO TO *CC17b	*CC16b.  _____  DON'T KNOW.....998 REFUSED.....999  <b>GO TO *CC17b</b>	*CC17b.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO NEXT DX OR *CC28.1</b>
*CC14c. Diarrhea, loose bowels or constipation?  (KEY PHRASE: constipation/ diarrhea)	*CC15c.  YES.....1 GO TO *CC16c  NO.....5 GO TO *CC17c DON'T KNOW.....8 GO TO *CC17c REFUSED.....9 GO TO *CC17c	*CC16c.  _____  DON'T KNOW.....998 REFUSED.....999  <b>GO TO *CC17c</b>	*CC17c.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO NEXT DX OR *CC28.1</b>
*CC14d. Pain in arms, legs or joints?  (KEY PHRASE: joint or extremity pain)	*CC15d.  YES.....1 GO TO *CC16d  NO.....5 GO TO *CC17d DON'T KNOW.....8 GO TO *CC17d REFUSED.....9 GO TO *CC17d	*CC16d.  _____  DON'T KNOW.....998 REFUSED.....999  <b>GO TO *CC17d</b>	*CC17d.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO NEXT DX OR *CC28.1</b>
*CC14e. Chest pain?  (KEY PHRASE: chest pain)	*CC15e.  YES.....1 GO TO *CC16e  NO.....5 GO TO *CC17e DON'T KNOW.....8 GO TO *CC17e REFUSED.....9 GO TO *CC17e	*CC16e.  _____  DON'T KNOW.....998 REFUSED.....999  <b>GO TO *CC17e</b>	*CC17e.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO NEXT DX OR *CC28.1</b>
*CC14f. Feeling your heart pound or race?  (KEY PHRASE: heart pounding or palpitations)	*CC15f.  YES.....1 GO TO *CC16f  NO.....5 GO TO *CC17f DON'T KNOW.....8 GO TO *CC17f REFUSED.....9 GO TO *CC17f	*CC16f.  _____  DON'T KNOW.....998 REFUSED.....999  <b>GO TO *CC17f</b>	*CC17f.  YES.....1 NO.....5 DON'T KNOW.....8 REFUSED.....9  <b>GO TO NEXT DX OR *CC28.1</b>

<p>*CC14g. Shortness of breath or trouble breathing?</p> <p>(KEY PHRASE: shortness of breath)</p>	<p>*CC15g.</p> <p>YES.....1 <b>GO TO *CC16g</b></p> <p>NO.....5 <b>GO TO *CC17g</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17g</b></p> <p>REFUSED.....9 <b>GO TO *CC17g</b></p>	<p>*CC16g.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17g</b></p>	<p>*CC17g.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14h. Back pain?</p> <p>(KEY PHRASE: back pain)</p>	<p>*CC15h.</p> <p>YES.....1 <b>GO TO *CC16h</b></p> <p>NO.....5 <b>GO TO *CC17h</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17h</b></p> <p>REFUSED.....9 <b>GO TO *CC17h</b></p>	<p>*CC16h.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17h</b></p>	<p>*CC17h.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14i. Nausea, gas or indigestion?</p> <p>(KEY PHRASE: nausea, gas, indigestion)</p>	<p>*CC15i.</p> <p>YES.....1 <b>GO TO *CC16i</b></p> <p>NO.....5 <b>GO TO *CC17i</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17i</b></p> <p>REFUSED.....9 <b>GO TO *CC17i</b></p>	<p>*CC16i.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17i</b></p>	<p>*CC17i.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14j. Pain or problems related to menstruation?</p> <p>(KEY PHRASE: menstrual problems)</p>	<p>*CC15j.</p> <p>YES.....1 <b>GO TO *CC16j</b></p> <p>NO.....5 <b>GO TO *CC17j</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17j</b></p> <p>REFUSED.....9 <b>GO TO *CC17j</b></p>	<p>*CC16j.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17j</b></p>	<p>*CC17j.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14k. Pains or problems during sex?</p> <p>(KEY PHRASE: sexual problems)</p>	<p>*CC15k.</p> <p>YES.....1 <b>GO TO *CC16k</b></p> <p>NO.....5 <b>GO TO *CC17k</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17k</b></p> <p>REFUSED.....9 <b>GO TO *CC17k</b></p>	<p>*CC16k.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17k</b></p>	<p>*CC17k.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14l. Dizziness?</p> <p>(KEY PHRASE: Dizziness)</p>	<p>*CC15l.</p> <p>YES.....1 <b>GO TO *CC16l</b></p> <p>NO.....5 <b>GO TO *CC17l</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17l</b></p> <p>REFUSED.....9 <b>GO TO *CC17l</b></p>	<p>*CC16l.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17l</b></p>	<p>*CC17l.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>

<p>*CC14m. Fainting spells?</p> <p>(KEY PHRASE: fainting or passing out)</p>	<p>*CC15m.</p> <p>YES.....1 <b>GO TO *CC16m</b></p> <p>NO.....5 <b>GO TO *CC17m</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17m</b></p> <p>REFUSED.....9 <b>GO TO *CC17m</b></p>	<p>*CC16m.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17m</b></p>	<p>*CC17m.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14n. Trouble swallowing/lump in throat?</p> <p>(KEY PHRASE: trouble swallowing/lump in throat)</p>	<p>*CC15n.</p> <p>YES.....1 <b>GO TO *CC16n</b></p> <p>NO.....5 <b>GO TO *CC17n</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17n</b></p> <p>REFUSED.....9 <b>GO TO *CC17n</b></p>	<p>*CC16n.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17n</b></p>	<p>*CC17n.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO NEXT DX OR *CC28.1</b></p>
<p>*CC14o. Numbness or tingling in body or extremities?</p> <p>(KEY PHRASE: numbness/tingling)</p>	<p>*CC15o.</p> <p>YES.....1 <b>GO TO *CC16o</b></p> <p>NO.....5 <b>GO TO *CC17o</b></p> <p>DON'T KNOW.....8 <b>GO TO *CC17o</b></p> <p>REFUSED.....9 <b>GO TO *CC17o</b></p>	<p>*CC16o.</p> <p>_____</p> <p>DON'T KNOW.....998</p> <p>REFUSED.....999</p> <p><b>GO TO *CC17o</b></p>	<p>*CC17o.</p> <p>YES.....1</p> <p>NO.....5</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....9</p> <p><b>GO TO *CC28.1</b></p>

\*CC28.1. The next questions are about “medically unexplained chronic pain”. This is defined as pain lasting six months or longer that is (READ SLOWLY) severe enough either to interfere a lot with your normal activities or to cause a lot of emotional distress and that a doctor cannot find a physical cause to explain. With that definition in mind, did you ever have “medically unexplained chronic pain”?

YES..... 1

NO ..... 5 **GO TO \*CC37**

DON'T KNOW ..... 8 **GO TO \*CC37**

REFUSED ..... 9 **GO TO \*CC37**

\*CC28.1a. In what part of your body did the pain occur?

RECORD ALL MENTIONS

NECK OR BACK ..... 1

STOMACH OR ABDOMEN ..... 2

JOINTS LIKE ARMS, HANDS, LEGS, OR FEET ..... 3

FACE OR JAW OF THE JOING JUST BELOW THE EAR ..... 4

CHEST..... 5

ANY OTHER TYPE OF CHRONIC PAIN (SPECIFY)..... 6

---

DON'T KNOW..... 8

REFUSED..... 9

\*CC28.2. Thinking of a time in your life when the pain was most consistent and severe, how much emotional distress did you experience because of your pain – none, mild, moderate, severe, or very severe distress?

- NONE .....1
- MILD .....2
- MODERATE .....3
- SEVERE .....4
- VERY SEVERE .....5
- DON'T KNOW .....8
- REFUSED.....9

---

\*CC28.3. How much did your pain ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL..... 1 **GO TO \*CC37**
- A LITTLE..... 2
- SOME ..... 3
- A LOT..... 4
- EXTREMELY ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC28.3a. How often were you unable to carry out your daily activities because of your pain – often, sometimes, rarely, or never?

- OFTEN .....1
- SOMETIMES .....2
- RARELY .....3
- NEVER .....4
- DON'T KNOW .....8
- REFUSED .....9

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\*CC29.1. How old were you the first time you had “medically unexplained chronic pain”?

\_\_\_\_\_ YEARS OLD

- DON'T KNOW .....998
- REFUSED .....999

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\*CC37. INTERVIEWER CHECKPOINT: (R'S GENDER)

- R IS MALE .....1 **GO TO \*CC38 INTRO 1**
- R IS FEMALE .....2 **GO TO \*CC38 INTRO 2**

<p><b>*CC38 INTRO 1.</b></p> <p>Have you ever had abdominal surgery or intestinal surgery, such as an appendectomy?</p> <ul style="list-style-type: none"><li>YES .....1</li><li>NO .....5</li><li>DON'T KNOW .....8</li><li>REFUSED .....9</li></ul>	<p><b>*CC38 INTRO 2.</b></p> <p>Have you ever had abdominal or intestinal surgery, such as a hysterectomy, a cesarean section, or an appendectomy?</p> <ul style="list-style-type: none"><li>YES .....1</li><li>NO .....5</li><li>DON'T KNOW .....8</li><li>REFUSED .....9</li></ul>
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**\*CC48.** Do you have a regular medical doctor who you usually visit when you need routine medical care?

YES.....1 **GO TO \*CC49**  
 NO .....5  
 DON'T KNOW .....8  
 REFUSED .....9

\*CC48a. Do you have a regular place where you usually go when you need routine medical care – like a particular clinic or hospital?

YES.....1  
 NO.....5  
 DON'T KNOW .....8  
 REFUSED .....9

**\*CC49.** How many visits did you make to each of the following types of health professionals in the past 12 months:

<p>*CC49a. A doctor, hospital, or clinic for a routine physical check-up          (IF R IS A FEMALE: or gynecological exam)?</p>	<p>_____ VISITS IN PAST 12 MO.          DON'T KNOW .....998          REFUSED.....999</p>
<p>*CC49b. A dentist or optician for a routine check-up or exam?</p>	<p>_____ VISITS IN PAST 12 MO.          DON'T KNOW .....998          REFUSED.....999</p>
<p>*CC49c. A doctor, emergency room, or clinic for urgent care treatment – for example, because of new symptoms, an accident, or something else unexpected?</p>	<p>_____ VISITS IN PAST 12 MO.          DON'T KNOW .....998          REFUSED.....999</p>
<p>*CC49d. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery?</p>	<p>_____ VISITS IN PAST 12 MO.          DON'T KNOW .....998          REFUSED.....999</p>

\*CC49.1. INTERVIEWER CHECKPOINT: (SEE \*CC49a-d)

AT LEAST ONE RESPONSE IN THE RANGE  
 '1' - '997' IN \*CC49a - \*CC49d SERIES .....1  
 ALL OTHERS.....2 **GO TO \*CC50**

\*CC49.2. In the past 12 months, did a medical doctor do any of the following things either as part of a routine physical check-up or in a visit you made for a physical health problem: ask you about your use of alcohol or drugs?

YES ..... 1  
 NO.....5 **GO TO \*CC49.2b**  
 DON'T KNOW .....8 **GO TO \*CC49.2b**  
 REFUSED .....9 **GO TO \*CC49.2b**

\*CC49.2a. (In the past 12 months, did a medical doctor) Advise you to cut down or stop alcohol or drug use?

- YES..... 1
- NO.....5
- DON'T KNOW .....8
- REFUSED.....9

\*CC49.2b. (In the past 12 months, did a medical doctor) Ask you about your emotions, nerves, or mental health?

- YES..... 1     **GO TO \*CC49.2d**
- NO.....5
- DON'T KNOW .....8
- REFUSED.....9

\*CC49.2c. INTERVIEWER CHECKPOINT: (SEE \*CC49.2)

- \*CC49.2** EQUALS '1' ..... 1
- ALL OTHERS ..... 2     **GO TO \*CC50**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC49.2d. (In the past 12 months, did a medical doctor) Suggest that you see a specialist or go to a special program for emotional or substance problems?	1	5	8	9
*CC49.2e. (In the past 12 months, did a medical doctor) Suggest that you take medication for emotional or substance problems?	1	5	8	9
*CC49.2f. (In the past 12 months, did a medical doctor) Spend at least 5 minutes counseling you about your emotional or substance problems?	1	5	8	9

\*CC50. The next questions are about health insurance obtained through jobs, purchased directly, or obtained from government programs. In answering, do not include medical plans that only supplement your income if you are in the hospital or that only pay for one type of service, such as dental care or eye glasses, or nursing home care, or accidents.

Are you currently covered by some type of military health insurance, such as CHAMPUS, CHAMP- VA, TRICARE, or VA care?

- YES..... 1
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC50.1. (IF \*CC50 EQUALS '1': Other than military health insurance, are you covered by any other/ ALL OTHERS: Are you covered by a) health insurance plan obtained through a current or past employer or union — either your own employer or union or the employer or union of someone else?

- YES..... 1
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9



\*CC50.2. Are you covered by a health insurance plan purchased directly from an insurance company?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.3. Are you covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

(IF NEC: Include HMO plans as well as the traditional Medicare plan.)

YES ..... 1  
NO ..... 5 **GO TO \*CC50.4**  
DON'T KNOW ..... 8 **GO TO \*CC50.4**  
REFUSED..... 9 **GO TO \*CC50.4**

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\*CC50.3a. Are you covered by a Medicare supplemental or Medigap policy to cover the costs of health care that are not covered by Medicare?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

\*CC50.4. Are you covered by (STATE NAME FOR MEDICAID), the government assistance program for people in need?

STATE NAMES FOR MEDICAID TO INSERT INTO \*CC50.4:

- ALABAMA: Medicaid
- ARIZONA: AHCCS (Arizona Health Care Cost Containment System)
- ARKANSAS: Medicaid
- CALIFORNIA: MediCal
- COLORADO: Colorado Medicaid or the Colorado Indigent Care Program
- CONNECTICUT: Medicaid or the General Assistance Medical Aid Program
- DELAWARE: Medicaid
- DISTRICT OF COLUMBIA: Medicaid
- FLORIDA: Medicaid
- GEORGIA: Medicaid
- IDAHO: Medicaid
- ILLINOIS: Medical Assistance
- INDIANA: Medicaid
- IOWA: Medicaid or the Medically Needy Program
- KANSAS: Medicaid
- KENTUCKY: Medicaid
- LOUISIANA: Medicaid
- MAINE: Medicaid or the Medically Needy Program
- MARYLAND: Medicaid or the Health Choice Program
- MASSACHUSETTS: MassHealth
- MICHIGAN: Medicaid
- MINNESOTA: Medical Assistance (MA)
- MISSISSIPPI: Medicaid
- MISSOURI: Medicaid
- MONTANA: Medicaid
- NEBRASKA: Medicaid
- NEVADA: Medicaid
- NEW HAMPSHIRE: Medicaid or the In & Out Program
- NEW JERSEY: Medicaid or any other program
- NEW MEXICO: Medicaid
- NEW YORK: Medicaid or the Family Health Plus Program
- NORTH CAROLINA: Medicaid
- NORTH DAKOTA: Medicaid
- OHIO: Ohio Health Plans
- OKLAHOMA: Medicaid
- OREGON: Oregon Health Plan
- PENNSYLVANIA: Medicaid
- RHODE ISLAND: Medicaid
- SOUTH CAROLINA: Medicaid
- SOUTH DAKOTA: South Dakota Medical Assistance
- TENNESSEE: TennCare
- TEXAS: Medicaid
- UTAH: Medicaid or the HIP (Utah Comprehensive Health Insurance Pool)
- VERMONT: Medicaid or the VHAP (Vermont Health Access Plan)
- VIRGINIA: FAMIS (Family Access to Medical Insurance Security)
- WASHINGTON: Medicaid or the Medically Needy Program
- WEST VIRGINIA: Medicaid
- WISCONSIN: Medicaid
- WYOMING: Medicaid

- YES ..... 1
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC50.5. Are you covered by (STATE NAME FOR STATE PLAN), the state health insurance plan for uninsured people?

STATE NAMES FOR STATE PLANS TO INSERT INTO \*CC50.5

- ALABAMA: All Kids
- ARIZONA: Kids Care
- ARKANSAS: ARKids First
- CALIFORNIA: Healthy Families
- COLORADO: Child Health Plan Plus (CHP+)
- CONNECTICUT: The Husky Plan (Health Plan Healthcare for Uninsured Kids and Youth)
- DELAWARE: Delaware Healthy Children Program
- DISTRICT OF COLUMBIA: D.C. Healthy Families
- FLORIDA: Kid Care
- GEORGIA: Peach Care for Kids
- IDAHO: Brighton Futures Children’s Health Insurance Program
- ILLINOIS: Kid Care
- INDIANA: Hoosier Healthwise
- IOWA: HAWK-I
- KANSAS: Healthwave Program
- KENTUCKY: Kentucky Children’s Health Insurance Program (KCHIP)
- LOUISIANA: LA CHIP
- MAINE: Cub Care
- MARYLAND: Maryland Children’s Health Program
- MASSACHUSETTS: Mass Health
- MICHIGAN: MI Child
- MINNESOTA: Minnesota Care
- MISSISSIPPI: Children’s Health Insurance Program (CHIP)
- MISSOURI: MC+ For Kids
- MONTANA: Children’s Health Insurance Plan (CHIP)
- NEBRASKA: Kids Connection
- NEVADA: Nevada CheckUp
- NEW HAMPSHIRE: Healthy Kids (Healthy Kids Gold/Healthy Kids Silver)
- NEW JERSEY: NJ KidCare
- NEW MEXICO: New Mexikids
- NEW YORK: Child Health Plus
- NORTH CAROLINA: NC Health Choice for Children
- NORTH DAKOTA: Healthy Steps Program
- OHIO: Healthy Start
- OKLAHOMA: Sooner Care
- OREGON: Oregon Health PLaN
- PENNSYLVANIA: Children’s Health Insurance Plan (CHIP)
- RHODE ISLAND: RItE Care
- SOUTH CAROLINA: Child Health Insurance Plan (CHIP)
- SOUTH DAKOTA: Child Health Insurance Program (CHIP)
- TENNESSEE: TennCare for Children Program
- TEXAS: Tex Care Partnership
- UTAH: Children’s Health Insurance Program
- VERMONT: Dr. Dynasaur
- VIRGINIA: Children’s Medical Security Insurance Plan
- WASHINGTON: CHIP
- WEST VIRGINIA: West Virginia Children’s Health Insurance Program
- WISCONSIN: Badger Care
- WYOMING: Wyoming Kid Care

- YES ..... 1
- NO ..... 5
- DON’T KNOW ..... 8
- REFUSED..... 9

\*CC50.6. Are you covered by the Indian Health Service?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.7. Are you covered by any other type of health insurance that I have not mentioned?

YES (SPECIFY: \_\_\_\_\_)..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.8. INTERVIEWER CHECKPOINT: (SEE CC50-\*CC50.7)

IF \*CC50 EQUALS '1' OR \*CC50.1 EQUALS '1' OR  
\*CC50.2 EQUALS '1' OR \*CC50.3 EQUALS '1' OR  
\*CC50.4 EQUALS '1' OR \*CC50.5 EQUALS '1' OR  
\*CC50.6 EQUALS '1' OR \*CC50.7 EQUALS '1' ..... 1  
ALL OTHERS ..... 2    **GO TO \*CC51**

---

\*CC50.9. Does your health insurance plan require you to sign up with a certain primary care doctor, group of doctors, or clinic, which you must go to for all of your routine care?

(IF NEC: Do not include emergency care or care from a specialist you were referred to.)

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5    **GO TO \*CC50.11**  
DON'T KNOW ..... 8    **GO TO \*CC50.11**  
REFUSED..... 9    **GO TO \*CC50.11**

---

\*CC50.10. Are you able to communicate with your primary care provider in your language of preference?

YES ..... 1    **GO TO \*CC50.11**  
NO ..... 5  
DON'T KNOW ..... 8    **GO TO \*CC50.11**  
REFUSED..... 9    **GO TO \*CC50.11**

\*CC50.10a. Is there an on-staff medical interpreter available? That is, will they provide a medical interpreter for you?

YES..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

\*CC50.11. Does your health insurance plan require you to get approval or a referral to see a specialist or to get special care?

(IF NEC: Do not include emergency care.)

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC50.12. Can you go to any doctor or clinic who will accept your insurance, or do you have to choose from a list of doctors in a plan book or network directory?

CAN GO TO ANY DOCTOR ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3 **GO TO \*CC50.14**  
MUST CHOOSE FROM LIST ..... 5 **GO TO \*CC50.14**  
(IF VOL) HAS TO SEE A SPECIFIC DOCTOR ..... 6 **GO TO \*CC50.14**  
DON'T KNOW ..... 8 **GO TO \*CC50.14**  
REFUSED ..... 9 **GO TO \*CC50.14**

---

\*CC50.13. Do you have to pay a higher co-payment to see a doctor who is not in the network of your plan?

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC50.14. Is your health plan an HMO – that is, a Health Maintenance Organization?

(IF NEC: With an HMO, you have to receive care from HMO doctors to have the expense covered, unless there is an emergency or you are referred by the HMO to some other doctor.)

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC50.15. If you do not have a referral, will your health plan pay for any of the costs of visits to doctors who are not associated with the plan?

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

\*CC50.16.5 How much do you have to pay if you go to a plan doctor for a routine visit?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

%/ \$ \_\_\_\_\_

FULL PRICE..... 997 **GO TO \*CC50.17.5**  
 DON'T KNOW ..... 998 **GO TO \*CC50.17.5**  
 REFUSED..... 999 **GO TO \*CC50.17.5**

\*CC50.16a. Please indicate whether dollar or percentage.

DOLLARS ..... 1  
 PERCENTAGE..... 2  
 DON'T KNOW..... 8  
 REFUSED..... 9

\*CC50.17.5 How much do you have to pay for prescription medicines?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

%/ \$ \_\_\_\_\_

FULL PRICE..... 997 **GO TO \*CC50.18**  
 DON'T KNOW ..... 998 **GO TO \*CC50.18**  
 REFUSED..... 999 **GO TO \*CC50.18**

\*CC50.17a. Please indicate whether dollar or percentage.

DOLLARS ..... 1  
 PERCENTAGE..... 2  
 DON'T KNOW..... 8  
 REFUSED..... 9

*CC50.18. Have you ever experienced any of the following situations with your primary doctor in the last year?	YES (1)	NO (5)	N/A (7)	DON'T KNOW (8)	REFUSED (9)
*CC50.18a. Difficulty getting an appointment over the phone.	1	5	7	8	9
*CC50.18b. Difficulty getting referrals to specialist.	1	5	7	8	9
*CC50.18c. The provider spends limited time with you.	1	5	7	8	9
*CC50.18d. Long waits in waiting room (more than 1 hour).	1	5	7	8	9
*CC50.18e. Difficulty getting information or advise by phone.	1	5	7	8	9
*CC50.18f. Difficulty getting to the assigned clinic.	1	5	7	8	9
*CC50.18g. Difficulty getting prescribed medications.	1	5	7	8	9
*CC50.18h. Lack of continuity of care, high turn over of providers.	1	5	7	8	9

\*CC51. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help?

- WOULD DEFINITELY GO..... 1
  - WOULD PROBABLY GO..... 2
  - WOULD PROBABLY NOT GO ..... 3
  - WOULD DEFINITELY NOT GO ..... 4
  - DON'T KNOW ..... 8
  - REFUSED ..... 9
- 

\*CC52. How comfortable would you feel talking about personal problems with a professional – very comfortable, somewhat, not very, or not at all comfortable?

- VERY COMFORTABLE..... 1
  - SOMEWHAT COMFORTABLE ..... 2
  - NOT VERY COMFORTABLE ..... 3
  - NOT AT ALL COMFORTABLE ..... 4
  - DON'T KNOW ..... 8
  - REFUSED ..... 9
- 

\*CC53. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem – very embarrassed, somewhat, not very, or not at all embarrassed?

- VERY EMBARRASSED ..... 1
- SOMEWHAT EMBARRASSED..... 2
- NOT VERY EMBARRASSED..... 3
- NOT AT ALL EMBARRASSED ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

**GO TO \*FD1, NEXT SECTION**