

Section MC: Medical Conditions

In the next set of questions I am going to ask you about some medical conditions, and about the medications you may have taken for these conditions. When reporting medications, please do not include vitamins or herbal supplements.

<IF INT21 = 6 (R DOES NOT TAKE ANY MEDS), GO TO MC2.>

MC1. Do you have your current medications in front of you? YES 1
NO 2

<IF INT16, INT19 OR INT20 = NO, GO TO MC3>

MC2. Do you have the medications booklet from your Sister Study kit in front of you? YES 1
NO 2

MC3. Has a doctor or other health care provider ever told you that you had diabetes or high blood sugar, or that you had borderline diabetes other than during pregnancy? YES 1
NO [MC13] 2
BORDERLINE 3
REF [MC13] 7
DK [MC13] 8

MC4. How old were you when a doctor or other health care provider first told you that you had diabetes (other than during pregnancy)? [IF LESS THAN ONE YEAR OLD, ENTER AS "00".] | |
AGE

MC5. Have you ever taken insulin by injection for your diabetes? YES 1
NO [MC7] 2

MC6. Do you currently take insulin by injection? YES 1
NO 2

MC7. Have you ever taken insulin through an indwelling pump? YES 1
NO [*] 2

<* IF MC5 = YES, GO TO MC9; IF MC5 = NO, GO TO MC12a>

MC8. Do you currently take insulin through an indwelling pump? YES 1
NO 2

<ASK MC9—MC11 ONLY IF MC5 = YES OR MC7 = YES:>

MC9. How old were you when you first started taking insulin | |
AGE
[by injection] [or] [through an indwelling pump]?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

<ASK MC10 IF MC6 = YES OR MC8 = YES; ELSE GO TO MC11>

MC10. Have you taken insulin without stopping since you first started? YES [MC12a] 1
NO 2

MC11. How many years, months, and/or weeks in total have you taken insulin [by injection] [or] [through an indwelling pump]? | | | | | |
YEARS MONTHS WEEKS

MC12a. Have you ever taken oral medication for your diabetes? YES 1
NO.....[MC13]..... 2

MC12b. At what age did you first take oral medication for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

<BEGIN REPEATING RECORDS: CURRENT DIABETES MEDS:>

MC12c. Are you currently taking [any other] oral medication at least once a week for your diabetes? YES 1
NO..... [MC12j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC12d. [Please look at List B on page 2 of your medications booklet.] What is the [code number or] name of the [first/next] oral medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.] _____
MEDICATION NAME

<ASK MC12e ONLY IF MED NAME FROM MC12d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR; ELSE, GO TO MC12f>

MC12e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR]? YES [MC12i] 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC12f. At what age did you first take [MEDICATION NAME] for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

MC12g. How many days per week do you take this medication?
DAYS/WEEK

MC12h. On the days you take this medication, how many times per day do you take it?
TIMES/DAY

MC12i. How many years and/or months in total have you taken this medication for [CONDITION]?
YEARS MONTHS
<GO TO MC12c>

<END REPEATING RECORDS: CURRENT DIABETES MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS:>

MC12j. Have you taken any [other] oral medication at least once a week for your diabetes in the past 12 months? YES 1
NO.....[MC12q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC12k. [Please look at List B on page 2 of your medications booklet.] What is the [code number or] name of the [first/next] oral medication you have taken **at least once a week** for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC12l ONLY IF MED NAME FROM MC12k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC12m>

MC12l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC12p]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC12m. At what age did you first take [MEDICATION NAME] for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC12n. How many days per week did you take this medication?

DAYS/WEEK

MC12o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC12p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC12j>

<END REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS>

<FILL IF MC12c = YES AND MC12j = YES:>

MC12q. [Including all the times you have just told me about,] how many years and/or months in total have you taken oral medications for your diabetes?

YEARS MONTHS

<ASK MC12r—MC12s IF BOTH OF THE DURATIONS FROM MC12i AND MC12p ARE LESS THAN HALF THE DURATION FROM MC12q, OR IF MC12c AND MC12j BOTH = NO; ELSE GO TO MC13>

MC12r. [Other than [MEDICATIONS FROM MC12d AND MC12k,] what is the name of the oral medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC12s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC13. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?

YES..... 1
NO.....[MC19]..... 2

- | | | |
|-------|--|-----|
| | | Y N |
| MC14. | Have you ever been told (by a doctor or other health professional) that you had... | |
| | a. hyperthyroidism, that is, an overactive thyroid | 1 2 |
| | b. hypothyroidism, that is, an under active thyroid | 1 2 |
| | c. an enlarged thyroid or goiter ... | 1 2 |
| | d. CATEGORY COMBINED WITH C | |
| | e. thyroid nodules | 1 2 |
| | f. adenoma | 1 2 |
| | g. thyroid cancer | 1 2 |

<BEGIN REPEATING RECORDS>

<IF MC14a-g ARE ALL = NO, REF, OR DK, ASK MC15 ONCE AND FILL “a thyroid disease or thyroid condition”>

- | | | |
|-------|---|-----|
| MC15. | How old were you when you were <u>first</u> told you had [CONDITION FROM 14a-g/a thyroid disease or thyroid condition]? | |
| | [IF LESS THAN ONE YEAR OLD, ENTER “00”.] | AGE |

<END REPEATING RECORDS>

- | | | |
|-------|--|-----|
| | | Y N |
| MC16. | Was your thyroid disease due to... | |
| | a. Graves' disease | 1 2 |
| | b. Hashimoto’s or autoimmune thyroiditis | 1 2 |
| | c. postpartum thyroiditis | 1 2 |
| | d. thyroiditis | 1 2 |
| | e. thyrotoxicosis | 1 2 |
| | f. goiter (unspecified) | 1 2 |
| | g. toxic nodular goiter, toxic adenoma, or Plummer’s disease | 1 2 |

- | | | |
|-------|--|-----|
| | | Y N |
| MC17. | Have you received any of the following treatments for your thyroid condition[s]? | |
| | a. radioactive iodine | 1 2 |
| | b. surgery | 1 2 |
| | c. any other treatment, not including medications or biopsies | 1 2 |
| | SPECIFY: _____ | |

- | | | | |
|--------|---|-----------|---------------|
| MC18a. | Have you ever taken medication for your thyroid condition[s]? | YES | 1 |
| | | NO | [MC19]..... 2 |

- | | | |
|--------|--|-----|
| MC18b. | At what age did you first take medication for your thyroid condition[s]? | |
| | [IF LESS THAN ONE YEAR OLD, ENTER “00”.] | AGE |

<BEGIN REPEATING RECORDS: CURRENT THYROID MEDS:>

- | | | | |
|--------|---|-----------|----------------|
| MC18c. | Are you currently taking [any other] medication at least once a week for your thyroid condition[s]? | YES | 1 |
| | | NO | [MC18j]..... 2 |

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC18d. [Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC18e ONLY IF MED NAME FROM MC18d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18f>

MC18e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES [MC18i] 1
NO 2

MC18f. At what age did you first take [MEDICATION NAME] for your thyroid condition[s]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC18g. How many days per week do you take this medication?

DAYS/WEEK

MC18h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC18i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC18c>

<END REPEATING RECORDS: CURRENT THYROID MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS:>

MC18j. Have you taken any [other] medication at least once a week for your thyroid condition[s] in the past 12 months? YES 1
NO [MC18q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC18k. [Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC18i ONLY IF MED NAME FROM MC18k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18m>

MC18l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC18p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC18m. At what age did you first take [MEDICATION NAME] for your thyroid condition[s]? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC18n. How many days per week did you take this medication? # DAYS/WEEK

MC18o. On the days you took this medication, how many times per day did you take it? # TIMES/DAY

MC18p. How many years and/or months in total have you taken this medication? YEARS MONTHS

<GO TO MC18j>

<END REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS>

<FILL IF MC18c = YES AND MC18j = YES:>

MC18q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for your thyroid condition[s]? YEARS MONTHS

<ASK MC18r—MC18s IF BOTH OF THE DURATIONS FROM MC18i AND MC18p ARE LESS THAN HALF THE DURATION FROM MC18q, OR IF MC18c AND MC18j BOTH = NO; ELSE GO TO MC19>

MC18r. [Other than [MEDICATIONS FROM MC18d AND MC18k], what is the name of the medication you have taken for this condition for the longest time? _____ MEDICATION NAME

MC18s. How many years and/or months in all have you taken this medication? YEARS MONTHS

MC19. Has a doctor or other health professional ever told you that you had high blood pressure or hypertension, or that you had borderline high blood pressure other than during pregnancy? YES.....1
NO.....[MC21].....2
BORDERLINE.....3
REF.....[MC21].....7
DK.....[MC21].....8

MC20. How old were you when you were first told you had this condition (high blood pressure or hypertension)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC20a. Have you ever taken medication for your high blood pressure or hypertension? YES 1
NO [MC21] 2

MC20b. At what age did you first take medication for your high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

<BEGIN REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS:>

MC20c. Are you currently taking [any other] medication at least once a week for your high blood pressure or hypertension? YES 1
NO [MC20j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC20d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC20e ONLY IF MED NAME FROM MC20d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20f>

MC20e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC20i] 1
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO 2

MC20f. At what age did you first take [MEDICATION NAME] for high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

MC20g. How many days per week do you take this medication?
DAYS/WEEK

MC20h. On the days you take this medication, how many times per day do you take it?
TIMES/DAY

MC20i. How many years and/or months in total have you taken this medication for [CONDITION]?
YEARS MONTHS
<GO TO MC20c>

<END REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS:>

MC20j. Have you taken any [other] medication at least once a week for high blood pressure or hypertension in the past 12 months? YES 1
NO [MC20q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC20k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken **at least once a week** for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC20i ONLY IF MED NAME FROM MC20k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20m>

MC20i. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC20p] 1
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO 2

MC20m. At what age did you first take [MEDICATION NAME] for high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC20n. How many days per week did you take this medication?

DAYS/WEEK

MC20o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC20p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC20j>

<END REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS>

<FILL IF MC20c = YES AND MC20j = YES:>

MC20q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for high blood pressure or hypertension?

YEARS MONTHS

<ASK MC20r—MC20s IF BOTH OF THE DURATIONS FROM MC20i AND MC20p ARE LESS THAN HALF THE DURATION FROM MC20q, OR IF MC20c AND MC20j BOTH = NO; ELSE GO TO MC21>

MC20r. [Other than [MEDICATIONS FROM MC20d AND MC20k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC20s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC21. Has a doctor or other health professional ever told you that you had high cholesterol, or that you had borderline high cholesterol?

YES 1
 NO [MC23] 2
 BORDERLINE 3
 REF [MC23] 7
 DK [MC23] 8

MC22. How old were you when you were first told you had this condition (high cholesterol)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |
AGE

MC22a. Have you ever taken medication for your high cholesterol?

YES 1
 NO [MC23] 2

MC22b. At what age did you first take medication for your high cholesterol?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |
AGE

<BEGIN REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS:>

MC22c. Are you currently taking [*any other*] medication **at least once a week** for high cholesterol?

YES 1
 NO [MC22j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC22d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [*code number or*] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC22e ONLY IF MED NAME FROM MC22d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC22f>

MC22e. Was this the same medication use that you reported for [*CONDITION(S) FROM SECTION HR/MC*]?

YES [MC22i] 1
 NO 2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC22f. At what age did you first take [*MEDICATION NAME*] for high cholesterol?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |
AGE

MC22g. How many days per week do you take this medication?

| |
DAYS/WEEK

MC22h. On the days you take this medication, how many times per day do you take it?

| |
TIMES/DAY

MC22i. How many years and/or months in total have you taken this medication for [CONDITION]?

Y Y Y MONTHS MONTHS MONTHS MONTHS
YEARS MONTHS
<GO TO MC22c>

<END REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS:>

MC22j. Have you taken any [other] medication at least once a week for high cholesterol in the past 12 months? YES..... 1 NO.....[MC22q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC22k.[Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] MEDICATION NAME

<ASK MC22I ONLY IF MED NAME FROM MC22k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC22m>

MC22l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC22p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC22m. At what age did you first take [MEDICATION NAME] for high cholesterol? [IF LESS THAN ONE YEAR OLD, ENTER "00"]. AGE

MC22n. How many days per week did you take this medication? # DAYS/WEEK

MC22o. On the days you took this medication, how many times per day did you take it? # TIMES/DAY

MC22p. How many years and/or months in total have you taken this medication? YEARS MONTHS
<GO TO MC22j>

<END REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS>

<FILL IF MC22c = YES AND MC22j = YES:>

MC22q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for high cholesterol? YEARS MONTHS

<ASK MC22r—MC22s IF BOTH OF THE DURATIONS FROM MC22i AND MC22p ARE LESS THAN HALF THE DURATION FROM MC22q, OR IF MC22c AND MC22j BOTH = NO; ELSE GO TO MC23>

MC22r. [Other than [MEDICATIONS FROM MC22d AND MC22k], what is the name of the medication you have taken for this condition for the longest time? _____ MEDICATION NAME

MC22s. How many years and/or months in all have you taken this medication? YEARS MONTHS

MC23. (Has a doctor or other health professional ever told you that you had) angina, that is, heart-related chest pain usually related to exertion or stress? YES..... 1
NO.....[MC25]..... 2
REF[MC25]..... 7
DK.....[MC25]..... 8

MC24. How old were you when you were first told you had this condition (angina, that is, heart-related chest pain, usually related to exertion or stress)? AGE
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

MC24a. Have you ever taken medication for angina? YES..... 1
NO.....[MC25]..... 2

MC24b. At what age did you first take medication for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT ANGINA MEDS:>

MC24c. Are you currently taking [any other] medication at least once a week for angina? YES..... 1
NO..... [MC24j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC24d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC24e ONLY IF MED NAME FROM MC24d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC24f>

MC24e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC24i]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC24f. At what age did you first take [MEDICATION NAME] for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC24g. How many days per week do you take this medication?

□□

DAYS/WEEK

MC24h. On the days you take this medication, how many times per day do you take it?

□□

TIMES/DAY

MC24i. How many years and/or months in total have you taken this medication for [CONDITION]?

□□ □□

YEARS MONTHS

<GO TO MC24c>

<END REPEATING RECORDS: CURRENT ANGINA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS:>

MC24j. Have you taken any [other] medication at least once a week for angina in the past 12 months? YES 1 NO.....[MC24q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC24k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC24I ONLY IF MED NAME FROM MC24k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC24m>

MC24l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES[MC24p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC24m. At what age did you first take [MEDICATION NAME] for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□

AGE

MC24n. How many days per week did you take this medication?

□□

DAYS/WEEK

MC24o. On the days you took this medication, how many times per day did you take it?

□□

TIMES/DAY

MC24p. How many years and/or months in total have you taken this medication?

□□ □□

YEARS MONTHS

<GO TO MC24j>

<END REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS>

<FILL IF MC24c = YES AND MC24j = YES:>

MC24q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for angina?

Y Y MONTHS MONTHS
YEARS MONTHS

<ASK MC24r—MC24s IF BOTH OF THE DURATIONS FROM MC24i AND MC24p ARE LESS THAN HALF THE DURATION FROM MC24q, OR IF MC24c AND MC24j BOTH = NO; ELSE GO TO MC25>

MC24r. [Other than [MEDICATIONS FROM MC24d AND MC24k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC24s. How many years and/or months in all have you taken this medication?

Y Y MONTHS MONTHS
YEARS MONTHS

MC25. (Has a doctor or other health professional ever told you that you had) a heart attack? Please do not include congestive heart failure or stroke.

YES..... 1
NO.....[MC27]..... 2
REF.....[MC27]..... 7
DK.....[MC27]..... 8

MC26. How old were you when you were first told you had a heart attack? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y
AGE

MC26a. Have you ever taken medication as a result of a heart attack?

YES..... 1
NO.....[MC27]..... 2

MC26b. At what age did you first take medication as a result of a heart attack? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y
AGE

<BEGIN REPEATING RECORDS: CURRENT HEART ATTACK MEDS:>

MC26c. Are you currently taking [any other] medication at least once a week as a result of a heart attack?

YES..... 1
NO..... [MC26j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC26d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking as a result of a heart attack? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC26e ONLY IF MED NAME FROM MC26d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC26f>

MC26e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC26i] 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC26f. At what age did you first take [MEDICATION NAME] as a result of a heart attack? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC26g. How many days per week do you take this medication? # DAYS/WEEK

MC26h. On the days you take this medication, how many times per day do you take it? # TIMES/DAY

MC26i. How many years and/or months in total have you taken this medication as a result of a heart attack? YEARS MONTHS
<GO TO MC26c>

<END REPEATING RECORDS: CURRENT HEART ATTACK MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS:>

MC26j. Have you taken any [other] medication at least once a week as a result of a heart attack in the past 12 months? YES..... 1
NO..... [MC26q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC26k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the MEDICATION NAME
[code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

<ASK MC26l ONLY IF MED NAME FROM MC26k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC26m>

MC26l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC26p]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC26m. At what age did you first take [MEDICATION NAME] as a result of a heart attack?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26n. How many days per week did you take this medication?

DAYS/WEEK

MC26o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC26p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC26j>

<END REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS>

<FILL IF MC26c = YES AND MC26j = YES:>

MC26q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications as a result of a heart attack?

YEARS MONTHS

<ASK MC26r—MC26s IF BOTH OF THE DURATIONS FROM MC26i AND MC26p ARE LESS THAN HALF THE DURATION FROM MC26q, OR IF MC26c AND MC26j BOTH = NO; ELSE GO TO MC27>

MC26r. [Other than [MEDICATIONS FROM MC26d AND MC26k], what is the name of the medication you have taken as a result of a heart attack for the longest time?

_____ MEDICATION NAME

MC26s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC27. (Has a doctor or other health professional ever told you that you had) congestive heart failure?

YES 1
NO [MC29] 2
REF [MC29] 7
DK [MC29] 8

MC28. How old were you when you were first told you had this condition (congestive heart failure)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC28a. Have you ever taken medication for congestive heart failure?

YES 1
NO [MC29] 2

MC28b. At what age did you first take medication for congestive heart failure?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS:>

MC28c. Are you currently taking [any other] medication at least once a week for congestive heart failure?

YES 1
NO [MC28j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC28d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC28e ONLY IF MED NAME FROM MC28d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC28f>

MC28e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES..... [MC28i] 1 NO..... 2

MC28f. At what age did you first take [MEDICATION NAME] for congestive heart failure? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC28g. How many days per week do you take this medication?

DAYS/WEEK

MC28h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC28i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC28c>

<END REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CONGESTIVE HEART FAILURE MEDS:>

MC28j. Have you taken any [other] medication at least once a week for congestive heart failure in the past 12 months? YES..... 1 NO..... [MC28q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC28k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC28i ONLY IF MED NAME FROM MC28k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC28m>

MC28l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC28p].....1
 NO.....2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC28m. At what age did you first take [MEDICATION NAME] for congestive heart failure? [IF LESS THAN ONE YEAR OLD, ENTER "00"].

[] []
AGE

MC28n. How many days per week did you take this medication?

[] []
DAYS/WEEK

MC28o. On the days you took this medication, how many times per day did you take it?

[] []
TIMES/DAY

MC28p. How many years and/or months in total have you taken this medication?

[] [] [] []
YEARS MONTHS
<GO TO MC28j>

MC28q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for congestive heart failure?

[] [] [] []
YEARS MONTHS

<ASK MC28r—MC28s IF BOTH OF THE DURATIONS FROM MC28i AND MC28p ARE LESS THAN HALF THE DURATION FROM MC28q, OR IF MC28c AND MC28j BOTH = NO; ELSE GO TO MC29>

MC28r. [Other than [MEDICATIONS FROM MC28d AND MC28k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC28s. How many years and/or months in all have you taken this medication?

[] [] [] []
YEARS MONTHS

MC29. (Has a doctor or other health professional ever told you that you had) cardiac arrhythmia (irregular heart beat), also called atrial or ventricular fibrillation.

YES.....1
 NO.....[MC31].....2
 REF.....[MC31].....7
 DK.....[MC31].....8

MC30. How old were you when you were first told you had this condition (cardiac arrhythmia, irregular heart beat, or atrial or ventricular fibrillation)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

[] []
AGE

MC30a. Have you ever taken medication for cardiac arrhythmia? YES 1
NO [MC31] 2

MC30b. At what age did you first take medication for cardiac arrhythmia?
[IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS:>

MC30c. Are you currently taking [any other] medication at least once a week for cardiac arrhythmia? YES 1
NO [MC30j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC30d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC30e ONLY IF MED NAME FROM MC30d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC30f>

MC30e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC30i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC30f. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia?
[IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC30g. How many days per week do you take this medication?
DAYS/WEEK

MC30h. On the days you take this medication, how many times per day do you take it?
TIMES/DAY

MC30i. How many years and/or months in total have you taken this medication for [CONDITION]?
YEARS MONTHS

<GO TO MC30c>

<END REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS:>

MC30j. Have you taken any [other] medication at least once a week for cardiac arrhythmia in the past 12 months? YES 1
NO [MC30q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC30k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken **at least once a week** for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC30l ONLY IF MED NAME FROM MC30k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC30m>

MC30l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC30p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC30m. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC30n. How many days per week did you take this medication?

DAYS/WEEK

MC30o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC30p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC30j>

<END REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS>

<FILL IF MC30c = YES AND MC30j = YES:>

MC30q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for cardiac arrhythmia?

YEARS MONTHS

<ASK MC30r—MC30s IF BOTH OF THE DURATIONS FROM MC30i AND MC30p ARE LESS THAN HALF THE DURATION FROM MC30q, OR IF MC30c AND MC30j BOTH = NO; ELSE GO TO MC31>

MC30r. [Other than [MEDICATIONS FROM MC30d AND MC30k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC30s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC31. (Has a doctor or other health professional ever told you that you had) mitral valve prolapse (MVP) or a heart murmur? YES 1
 NO.....[MC33]..... 2
 REF[MC33]..... 7
 DK.....[MC33]..... 8

MC32. How old were you when you were first told you had this condition?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32a. Have you ever taken medication for mitral valve prolapse (MVP) or a heart murmur? YES 1
 NO.....[MC33]..... 2

MC32b. At what age did you first take medication for mitral valve prolapse (MVP) or a heart murmur?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS:>

MC32c. Are you currently taking [*any other*] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur? YES 1
 NO..... [MC32j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC32d. [*Please look at List D on pages 4 through 6 of your medications booklet.*] What is the _____
 [*code number or*] name of the [*first/next*] medication MEDICATION NAME
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

<ASK MC32e ONLY IF MED NAME FROM MC32d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC32f>

MC32e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC32i] 1
 NO..... 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC32f. At what age did you first take [*MEDICATION NAME*] for mitral valve prolapse (MVP) or a heart murmur?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32g. How many days per week do you take this medication?
 # DAYS/WEEK

MC32h. On the days you take this medication, how many times per day do you take it?
 # TIMES/DAY

MC32i. How many years and/or months in total have you taken this medication for mitral valve prolapse (MVP) or a heart murmur?

YEARS		MONTHS	

<GO TO MC32c>

<END REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS OTHER CORONARY ARTERY DISEASE MEDS:>

MC32j. Have you taken any [other] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur in the past 12 months? YES..... 1 NO.....[MC32q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC32k.[Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] _____ MEDICATION NAME

<ASK MC32I ONLY IF MED NAME FROM MC32k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC32m>

MC32l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES.....[MC32p]..... 1 NO..... 2

MC32m. At what age did you first take [MEDICATION NAME] for mitral valve prolapse (MVP) or a heart murmur? [IF LESS THAN ONE YEAR OLD, ENTER "00".] _____ AGE

MC32n. How many days per week did you take this medication? _____ # DAYS/WEEK

MC32o. On the days you took this medication, how many times per day did you take it? _____ # TIMES/DAY

MC32p. How many years and/or months in total have you taken this medication? _____ YEARS MONTHS <GO TO MC32j>

<END REPEATING RECORDS: PAST 12 MONTHS OTHER CORONARY ARTERY DISEASE MEDS>

<FILL IF MC32c = YES AND MC32j = YES:>

MC32q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for mitral valve prolapse (MVP) or heart murmur? _____ YEARS MONTHS

<ASK MC32r—MC32s IF BOTH OF THE DURATIONS FROM MC32i AND MC32p ARE LESS THAN HALF THE DURATION FROM MC32q, OR IF MC32c AND MC32j BOTH = NO; ELSE GO TO MC33>

MC32r. [Other than [MEDICATIONS FROM MC32d AND MC32k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC32s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC33. Have you ever had bypass surgery or a procedure to remove plaque in your arteries? YES 1
NO 2

MC34. Have you ever had angioplasty, that is, a procedure on an artery to increase blood flow to the heart? YES 1
NO 2

MC35. Do you have a pacemaker or an implanted defibrillator? YES 1
NO 2

MC36. Has a doctor or other health professional ever told you that you had a mini-stroke or transient ischemic attack, also called TIA? YES 1
NO [MC38] 2
REF [MC38] 7
DK [MC38] 8

MC37. How old were you when you were first told you had this condition (a mini-stroke or TIA (transient ischemic attack))?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC37a. Have you ever taken medication for a mini-stroke or TIA (transient ischemic attack)? YES 1
NO [MC38] 2

MC37b. At what age did you first take medication for a mini-stroke or TIA (transient ischemic attack)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MINI-STROKE, OR TIA MEDS:>

MC37c. Are you currently taking [any other] medication **at least once a week** for a mini-stroke or TIA (transient ischemic attack)? YES 1
NO [MC37j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC37d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC37e ONLY IF MED NAME FROM MC37d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC37f>

MC37e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC37i] 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC37f. At what age did you first take [MEDICATION NAME] for a mini-stroke or TIA (transient ischemic attack)? [IF LESS THAN ONE YEAR OLD, ENTER "00"].

[] []
AGE

MC37g. How many days per week do you take this medication?

[] []
DAYS/WEEK

MC37h. On the days you take this medication, how many times per day do you take it?

[] []
TIMES/DAY

MC37i. How many years and/or months in total have you taken this medication for [CONDITION]?

[] [] [] []
YEARS MONTHS
<GO TO MC37c>

<END REPEATING RECORDS: CURRENT MINI-STROKE, OR TIA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MINI-STROKE OR TIA MEDS:>

MC37j. Have you taken any [other] medication at least once a week for a mini-stroke or TIA (transient ischemic attack) in the past 12 months? YES..... 1
NO..... [MC37q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC37k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

<ASK MC37l ONLY IF MED NAME FROM MC37k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC37m>

MC37l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC37p]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC37m. At what age did you first take [MEDICATION NAME] for a mini-stroke or TIA (transient ischemic attack)? [IF LESS THAN ONE YEAR OLD, ENTER "00"].

[] []
AGE

MC37n. How many days per week did you take this medication?

□ □

DAYS/WEEK

MC37o. On the days you took this medication, how many times per day did you take it?

□ □

TIMES/DAY

MC37p. How many years and/or months in total have you taken this medication?

□ □ □ □

YEARS MONTHS

<GO TO MC37j>

<END REPEATING RECORDS: PAST 12 MONTHS MINI-STROKE OR TIA MEDS>

<FILL IF MC37c = YES AND MC37j = YES:>

MC37q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a mini-stroke or TIA (transient ischemic attack)?

□ □ □ □

YEARS MONTHS

<ASK MC37r—MC37s IF BOTH OF THE DURATIONS FROM MC37i AND MC37p ARE LESS THAN HALF THE DURATION FROM MC37q, OR IF MC37c AND MC37j BOTH = NO; ELSE GO TO MC38>

MC37r. [Other than [MEDICATIONS FROM MC37d AND MC37k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC37s. How many years and/or months in all have you taken this medication?

□ □ □ □

YEARS MONTHS

MC38. (Has a doctor or other health professional ever told you that you had) a stroke?

YES 1
NO [MC42] 2
REF [MC42] 7
DK [MC42] 8

MC39. How old were you when you were first told you had a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□ □

AGE

MC40. Was this stroke due to bleeding, called a hemorrhagic stroke, or was it due to a clot or embolism, called an occlusive or thrombotic stroke?

BLEEDING (HEMORRHAGIC) 1
CLOT OR EMBOLISM (OCCLUSIVE OR THROMBOTIC) 2

MC41a. Have you ever taken medication for a stroke?

YES 1
NO [MC42] 2

MC41b. At what age did you first take medication for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□
AGE

<BEGIN REPEATING RECORDS: CURRENT STROKE MEDS>

MC41c. Are you currently taking [any other] medication at least once a week for a stroke? YES..... 1
NO..... [MC41j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC41d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC41e ONLY IF MED NAME FROM MC41d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC41f>

MC41e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC41i]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC41f. At what age did you first take [MEDICATION NAME] for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□
AGE

MC41g. How many days per week do you take this medication?

□□
DAYS/WEEK

MC41h. On the days you take this medication, how many times per day do you take it?

□□
TIMES/DAY

MC41i. How many years and/or months in total have you taken this medication for [CONDITION]?

□□ □□
YEARS MONTHS

<GO TO MC41c>

<END REPEATING RECORDS: CURRENT STROKE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS:>

MC41j. Have you taken any [other] medication at least once a week for a stroke? YES..... 1
NO..... [MC41q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC41k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC41i ONLY IF MED NAME FROM MC41k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC41m>

MC41i. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC41p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC41m. At what age did you first take [MEDICATION NAME] for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC41n. How many days per week did you take this medication?

DAYS/WEEK

MC41o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC41p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC41j>

<END REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS>

<FILL IF MC41c = YES AND MC41j = YES:>

MC41q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a stroke?

YEARS MONTHS

<ASK MC41r—MC41s IF BOTH OF THE DURATIONS FROM MC41i AND MC41p ARE LESS THAN HALF THE DURATION FROM MC41q, OR IF MC41c AND MC41j BOTH = NO; ELSE GO TO MC42>

MC41r. [Other than [MEDICATIONS FROM MC41d AND MC41k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC41s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC42. (Has a doctor or other health professional ever told you that you had) Crohn's disease?

YES..... 1
NO.....[MC46]..... 2
REF.....[MC46]..... 7
DK.....[MC46]..... 8

MC43. How old were you when you were first told you had this condition (Crohn's disease)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC44. Did you ever have a colostomy or colectomy (partial removal of the colon) for this condition (Crohn's disease)? YES 1 NO 2

MC45a. Have you ever taken medication for Crohn's disease? YES 1 NO [MC46] 2

MC45b. At what age did you first take medication for Crohn's disease? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT CROHNS MEDS:>

MC45c. Are you currently taking [any other] medication at least once a week for Crohn's disease? YES 1 NO [MC45j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC45d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.] _____ MEDICATION NAME

<ASK MC45e ONLY IF MED NAME FROM MC45d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC45f>

MC45e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC45i] 1 NO 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC45f. At what age did you first take [MEDICATION NAME] for Crohn's disease? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC45g. How many days per week do you take this medication? # DAYS/WEEK

MC45h. On the days you take this medication, how many times per day do you take it? # TIMES/DAY

MC45i. How many years and/or months in total have you been taking this medication for [CONDITION]?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YEARS		MONTHS	

<GO TO MC45c>

<END REPEATING RECORDS: CURRENT CROHNS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS:>

MC45j. Have you taken any [other] medication at least once a week for Crohn's disease in the past 12 months? YES 1
NO.....[MC45q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC45k.[Please look at List E on page 7 of your medications booklet.] What is the _____
[code number or] name of the [first/next] medication MEDICATION NAME
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

<ASK MC45I ONLY IF MED NAME FROM MC45k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC45m>

MC45l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC45p]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC45m. At what age did you first take [MEDICATION NAME] for Crohn's disease?
[IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC45n. How many days per week did you take this medication?
DAYS/WEEK

MC45o. On the days you took this medication, how many times per day did you take it?
TIMES/DAY

MC45p. How many years and/or months in total have you taken this medication?
YEARS MONTHS
<GO TO MC45j>

<END REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS>

<FILL IF MC45c = YES AND MC45j = YES:>

MC45q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for Crohn's disease?
YEARS MONTHS

<ASK MC45r—MC45s IF BOTH OF THE DURATIONS FROM MC45i AND MC45p ARE LESS THAN HALF THE DURATION FROM MC45q, OR IF MC45c AND MC45j BOTH = NO; ELSE GO TO MC46>

MC45r. [Other than [MEDICATIONS FROM MC45d AND MC45k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC45s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC46. (Has a doctor or other health professional ever told you that you had) ulcerative colitis?

YES 1
NO [MC50] 2
REF [MC50] 7
DK [MC50] 8

MC47. How old were you when you were first told you had this condition (ulcerative colitis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC48. Did you ever have a colostomy or colectomy (partial removal of the colon) for this condition (ulcerative colitis)?

YES 1
NO 2

MC49a. Have you ever taken medication for ulcerative colitis?

YES 1
NO [MC50] 2

MC49b. At what age did you first take medication for this condition?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS:>

MC49c. Are you currently taking [any other] medication **at least once a week** for ulcerative colitis?

YES 1
NO [MC49j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC49d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC49e ONLY IF MED NAME FROM MC49d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49f>

MC49e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES [MC49i] 1
NO 2

MC49f. At what age did you first take [MEDICATION NAME] for ulcerative colitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□
AGE

MC49g. How many days per week do you take this medication?

□□
DAYS/WEEK

MC49h. On the days you take this medication, how many times per day do you take it?

□□
TIMES/DAY

MC49i. How many years and/or months in total have you been taking this medication for [CONDITION]?

□□ □□
YEARS MONTHS
<GO TO MC49c>

<END REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS:>

MC49j. Have you taken any [other] medication at least once a week for ulcerative colitis in the past 12 months? YES.....1 NO.....[MC49q].....2

<FIRST FILL ONLY IF MC2 = YES>

MC49k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC49I ONLY IF MED NAME FROM MC49k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49m>

MC49l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC49p].....1 NO.....2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC49m. At what age did you first take [MEDICATION NAME] for ulcerative colitis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC49n. How many days per week did you take this medication?

DAYS/WEEK

MC49o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC49p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC49j>

<END REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS>

<FILL IF MC49c = YES AND MC49j = YES:>

MC49q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for ulcerative colitis?

YEARS MONTHS

<ASK MC49r—MC49s IF BOTH OF THE DURATIONS FROM MC49i AND MC49p ARE LESS THAN HALF THE DURATION FROM MC49q, OR IF MC49c AND MC49j BOTH = NO; ELSE GO TO MC50>

MC49r. [Other than [MEDICATIONS FROM MC49d AND MC49k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC49s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC50. (Has a doctor or other health professional ever told you that you had) polyps in the colon or rectum?

- YES 1
- NO [MC52] 2
- REF [MC52] 7
- DK [MC52] 8

MC51. How old were you when you were first told you had this condition (polyps in the colon or rectum)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC52. (Has a doctor or other health professional ever told you that you had) gallstones or gallbladder disease?

- YES 1
- NO [MC56] 2
- REF [MC56] 7
- DK [MC56] 8

MC53. How old were you when you were first told you had this condition (gallstones or gallbladder disease)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC54. Did you have your gallbladder removed? YES 1
 NO [MC56] 2

MC55. At what age did you have your gallbladder removed? [IF LESS THAN ONE YEAR OLD, ENTER "00".] | |
AGE

MC56. (Has a doctor or other health professional ever told you that you had) hepatitis? YES 1
 NO [MC62] 2
 REF [MC62] 7
 DK [MC62] 8

MC57. How old were you when you were first told you had this condition (hepatitis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] | |
AGE

MC58. What type of hepatitis were you told that you had? a. type A 1 2
 b. type B 1 2
 c. type C 1 2
 d. type D 1 2
 e. type E 1 2

MC59. Do you have chronic hepatitis? YES 1
 NO [MC61a] 2

MC60. Was this hepatitis chronic persistent or chronic active? PERSISTENT 1
 ACTIVE 2

MC61a. Have you ever taken medication for hepatitis? YES 1
 NO [MC62] 2

MC61b. At what age did you first take medication for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".] | |
AGE

<BEGIN REPEATING RECORDS: CURRENT HEPATITIS MEDS:>

MC61c. Are you currently taking [any other] medication at least once a week for hepatitis? YES 1
 NO [MC61j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC61d. [Please look at List E on page 7 of your medications booklet.] What is the _____ MEDICATION NAME
 [code number or] name of the [first/next] medication
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

<ASK MC61e ONLY IF MED NAME FROM MC61d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61f>

MC61e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC61i]1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC61f. At what age did you first take [MEDICATION NAME] for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

MC61g. How many days per week do you take this medication?
DAYS/WEEK

MC61h. On the days you take this medication, how many times per day do you take it?
TIMES/DAY

MC61i. How many years and/or months in total have you been taking this medication for [CONDITION]?
YEARS MONTHS
<GO TO MC61c>

<END REPEATING RECORDS: CURRENT HEPATITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS:>

MC61j. Have you taken any [other] medication at least once a week for hepatitis in the past 12 months? YES..... 1
NO.....[MC61q].....2

<FIRST FILL ONLY IF MC2 = YES>

MC61k. [Please look at List E on page 7 of your medications booklet.] What is the _____
[code number or] name of the [first/next] medication MEDICATION NAME
you have taken **at least once a week** for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

<ASK MC61i ONLY IF MED NAME FROM MC61k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61m>

MC61l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC61p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC61m. At what age did you first take [MEDICATION NAME] for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]
AGE

MC61n. How many days per week did you take this medication?
DAYS/WEEK

MC61o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC61p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC61j>

<END REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS>

<FILL IF MC61c = YES AND MC61j = YES:>

MC61q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for hepatitis?

YEARS MONTHS

<ASK MC61r—MC61s IF BOTH OF THE DURATIONS FROM MC61i AND MC61p ARE LESS THAN HALF THE DURATION FROM MC61q, OR IF MC61c AND MC61j BOTH = NO; ELSE GO TO MC62>

MC61r. [Other than [MEDICATIONS FROM MC61d AND MC61k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC61s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC62. (Has a doctor or other health professional ever told you that you had) cirrhosis of the liver?

YES..... 1
NO.....[MC64]..... 2
REF[MC64]..... 7
DK.....[MC64]..... 8

MC63. How old were you when you were first told you had this condition (cirrhosis of the liver)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC64. (Has a doctor or other health professional ever told you that you had) shingles?

YES..... 1
NO.....[MC66]..... 2
REF[MC66]..... 7
DK.....[MC66]..... 8

MC65. How old were you when you were first told you had this condition (shingles)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC66. (Has a doctor or other health professional ever told you that you had) mononucleosis, also called "mono" or Epstein-Barr virus?

YES..... 1
NO.....[MC68]..... 2
REF[MC68]..... 7
DK.....[MC68]..... 8

MC67. How old were you when you were first told you had this condition (mononucleosis or "mono", or Epstein-Barr virus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC68. (Has a doctor or other health professional ever told you that you had) fibromyalgia?

YES 1
NO [MC72] 2
REF [MC72] 7
DK [MC72] 8

MC69. How old were you when you were first told you had this condition (fibromyalgia)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC70. Have you ever taken medicine for this condition (fibromyalgia)?

YES 1
NO [MC72] 2
REF [MC72] 7
DK [MC72] 8

MC71. Have you taken medications for this condition (fibromyalgia) in the past 12 months?

YES 1
NO 2

MC72. (Has a doctor or other health professional ever told you that you had) multiple sclerosis, also called MS?

YES 1
NO [MC75] 2
REF [MC75] 7
DK [MC75] 8

MC73. How old were you when you were first told you had this condition (multiple sclerosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC74a. Have you ever taken medication for multiple sclerosis?

YES 1
NO [MC75] 2

MC74b. At what age did you first take medication for multiple sclerosis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS:>

MC74c. Are you currently taking [*any other*] medication **at least once a week** for multiple sclerosis?

YES 1
NO [MC74j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC74d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC74e ONLY IF MED NAME FROM MC74d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74f>

MC74e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC74i] 1
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO 2

MC74f. At what age did you first take [MEDICATION NAME] for multiple sclerosis? AGE
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

MC74g. How many days per week do you take this medication? # DAYS/WEEK

MC74h. On the days you take this medication, how many times per day do you take it? # TIMES/DAY

MC74i. How many years and/or months in total have you been taking this medication for [CONDITION]? YEARS MONTHS
 <GO TO MC74c>

<END REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS:>

MC74j. Have you taken any [other] medication at least once a week for your multiple sclerosis in the past 12 months? YES 1
 NO [MC74q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC74k. [Please look at List E on page 7 of your medications booklet.] What is the _____ MEDICATION NAME
 [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

<ASK MC74I ONLY IF MED NAME FROM MC74k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74m>

MC74l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC74p] 1
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO 2

MC74m. At what age did you first take [MEDICATION NAME] for multiple sclerosis? AGE
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

MC74n. How many days per week did you take this medication? # DAYS/WEEK

MC74o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC74p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC12j>

<END REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS>

<FILL IF MC74c = YES AND MC74j = YES:>

MC74q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for multiple sclerosis?

YEARS MONTHS

<ASK MC74r—MC74s IF BOTH OF THE DURATIONS FROM MC74i AND MC74p ARE LESS THAN HALF THE DURATION FROM MC74q, OR IF MC74c AND MC74j BOTH = NO; ELSE GO TO MC75>

MC74r. [Other than [MEDICATIONS FROM MC74d AND MC74k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC74s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC75. (Has a doctor or other health professional ever told you that you had) rheumatoid arthritis?

YES..... 1
NO.....[MC82]..... 2
REF.....[MC82]..... 7
DK.....[MC82]..... 8

MC76. How old were you when you were first told you had this condition (rheumatoid arthritis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC77. Have you ever had swelling in your wrist, finger, elbow, or knee joints lasting six or more weeks?

YES..... 1
NO..... 2

MC78. Have you ever had symptoms on both sides of your body?

YES..... 1
NO..... 2

MC79. Have you ever had a rheumatoid factor test or an erythrocyte sedimentation test (or "sed test" or "ESR" test)?

YES..... 1
NO.....[MC81a]..... 2

MC80. Were any of the results positive?

YES..... 1
NO..... 2

MC81a. Have you ever taken medication for rheumatoid arthritis?

YES..... 1
NO.....[MC82]..... 2

MC81b. At what age did you first take medication for
rheumatoid arthritis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

<BEGIN REPEATING RECORDS: CURRENT ARTHRITIS MEDS:>

MC81c. Are you currently taking [any other] medication
at least once a week for rheumatoid arthritis? YES 1
NO [MC81j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC81d. [Please look at List E on page 7 of your
medications booklet.] What is the
[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

MEDICATION NAME

**<ASK MC81e ONLY IF MED NAME FROM MC81d MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81f>**

MC81e. Was this the same medication use that you reported for
[CONDITION(S) FROM SECTION HR/MC]? YES [MC81i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC81f. At what age did you first take [MEDICATION NAME]
for rheumatoid arthritis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

MC81g. How many days per week do you take this medication?

--	--

DAYS/WEEK

MC81h. On the days you take this medication, how many times
per day do you take it?

--	--

TIMES/DAY

MC81i. How many years and/or months in total have you been taking
this medication for [CONDITION]?

--	--	--	--

YEARS MONTHS

<GO TO MC81c>

<END REPEATING RECORDS: CURRENT ARTHRITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS:>

MC81j. Have you taken any [other] medication at least
once a week for rheumatoid arthritis in the past
12 months? YES 1
NO [MC81q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC81k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC81i ONLY IF MED NAME FROM MC81k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81m>

MC81l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC81p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC81m. At what age did you first take [MEDICATION NAME] for rheumatoid arthritis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC81n. How many days per week did you take this medication?

DAYS/WEEK

MC81o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC81p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC81j>

<END REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS>

<FILL IF MC81c = YES AND MC81j = YES:>

MC81q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for rheumatoid arthritis?

YEARS MONTHS

<ASK MC81r—MC81s IF BOTH OF THE DURATIONS FROM MC81i AND MC81p ARE LESS THAN HALF THE DURATION FROM MC81q, OR IF MC81c AND MC81j BOTH = NO; ELSE GO TO MC82>

MC81r. [Other than [MEDICATIONS FROM MC81d AND MC81k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC81s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC82. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis? YES 1
 NO.....[MC87]..... 2
 REF[MC87]..... 7
 DK.....[MC87]..... 8

MC83. How old were you when you were first told you had this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC84. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck, or trunk? YES 1
 NO..... 2

MC85. Have you ever had thickening or tightening of the skin on your fingers or toes? YES 1
 NO..... 2

MC86a. Have you ever taken medication for scleroderma or systemic sclerosis? YES 1
 NO.....[MC87]..... 2

MC86b. At what age did you first take medication for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT SCLERODERMA MEDS:>

MC86c. Are you currently taking [any other] medication at least once a week for this condition (scleroderma or systemic sclerosis)? YES 1
 NO..... [MC86j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC86d. [Please look at List E on page 7 of your medications booklet.] What is the _____ MEDICATION NAME
 [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC86e ONLY IF MED NAME FROM MC86d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86f>

MC86e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC86i] 1
 NO..... 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC86f. At what age did you first take [MEDICATION NAME] for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC86g. How many days per week do you take this medication? # DAYS/WEEK

MC86h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC86i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC86c>

<END REPEATING RECORDS: CURRENT SCLERODERMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS:>

MC86j. Have you taken any [other] medication at least once a week for this condition (scleroderma or systemic sclerosis) in the past 12 months? YES 1
NO [MC86q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC86k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] _____
MEDICATION NAME

<ASK MC86I ONLY IF MED NAME FROM MC86k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86m>

MC86l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC86p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC86m. At what age did you first take [MEDICATION NAME] for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC86n. How many days per week did you take this medication?

DAYS/WEEK

MC86o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC86p. How many years and/or months in total have you taken this medication?

YEARS MONTHS
<GO TO MC86j>

<END REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS>

<FILL IF MC86c = YES AND MC86j = YES:>

MC86q. [Including all the times you have just told me about,] how many years and/or months in total have you taken _____
YEARS MONTHS

medications for scleroderma or systemic sclerosis?

<ASK MC86r—MC86s IF BOTH OF THE DURATIONS FROM MC86i AND MC86p ARE LESS THAN HALF THE DURATION FROM MC86q, OR IF MC86c AND MC86j BOTH = NO; ELSE GO TO MC87>

MC86r. [Other than [MEDICATIONS FROM MC86d AND MC86k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC86s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC87. (Has a doctor or other health professional ever told you that you had) lupus?

YES 1
NO [MC94] 2
REF [MC94] 7
DK [MC94] 8

MC88. Was this systemic lupus erythematosus or discoid lupus erythematosus?

SYSTEMIC LUPUS 1
DISCOID LUPUS 2
BOTH 3

MC89. How old were you when you were first told you had this condition (lupus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC90. Have you ever had a rash on your face that lasted for more than one month?

YES 1
NO 2

MC91. Did you ever have any of the following tests: Erythrocyte Sedimentation Test (SED test or ESR), an antinuclear antibody (ANA, FANA, or LE), prep blood test, anti-DNA, anti-Sm, anti-RNP, anti-Ro (SSA) or anti-La (SSB)?

YES 1
NO [MC93a] 2

MC92. Were any results positive?

YES 1
NO 2

MC93a. Have you ever taken medication for lupus?

YES 1
NO [MC94] 2

MC93b. At what age did you first take medication for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT LUPUS MEDS:>

MC93c. Are you currently taking [any other] medication at least once a week for lupus?

YES 1
NO [MC93j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC93d.[Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC93e ONLY IF MED NAME FROM MC93d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93f>

MC93e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES..... [MC93i] 1 NO..... 2

MC93f. At what age did you first take [MEDICATION NAME] for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

__ __
AGE

MC93g. How many days per week do you take this medication?

__ __
DAYS/WEEK

MC93h. On the days you take this medication, how many times per day do you take it?

__ __
TIMES/DAY

MC93i. How many years and/or months in total have you been taking this medication for [CONDITION]?

__ __ __ __
YEARS MONTHS
<GO TO MC93c>

<END REPEATING RECORDS: CURRENT LUPUS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS:>

MC93j. Have you taken any [other] medication at least once a week for lupus in the past 12 months? YES..... 1 NO..... [MC93q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC93k.[Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC93i ONLY IF MED NAME FROM MC93k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93m>

MC93l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC93p].....1
NO.....2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC93m. At what age did you first take [MEDICATION NAME] for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00"]. AGE

MC93n. How many days per week did you take this medication? # DAYS/WEEK

MC93o. On the days you took this medication, how many times per day did you take it? # TIMES/DAY

MC93p. How many years and/or months in total have you taken this medication? YEARS MONTHS

<GO TO MC93j>

<END REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS>

<FILL IF MC93c = YES AND MC93j = YES:>

MC93q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for lupus? YEARS MONTHS

<ASK MC93r—MC93s IF BOTH OF THE DURATIONS FROM MC93i AND MC93p ARE LESS THAN HALF THE DURATION FROM MC93q, OR IF MC93c AND MC93j BOTH = NO; ELSE GO TO MC94>

MC93r. [Other than [MEDICATIONS FROM MC93d AND MC93k], what is the name of the medication you have taken for this condition for the longest time? _____ MEDICATION NAME

MC93s. How many years and/or months in all have you taken this medication? YEARS MONTHS

MC94. (Has a doctor or other health professional ever told you that you had) a seizure disorder, such as epilepsy? YES.....1
NO.....[MC97].....2
REF.....[MC97].....7
DK.....[MC97].....8

MC95. How old were you when you were first told you had this condition (a seizure disorder, such as epilepsy)? [IF LESS THAN ONE YEAR OLD, ENTER "00"]. AGE

MC96a. Have you ever taken medication for a seizure disorder? YES.....1
NO.....[MC97].....2

MC96b. At what age did you first take medication for a seizure disorder?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT SEIZURE MEDS:>

MC96c. Are you currently taking [any other] medication at least once a week for a seizure disorder? YES 1
NO [MC96j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC96d. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC96e ONLY IF MED NAME FROM MC96d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96f>

MC96e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC96i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC96f. At what age did you first take [MEDICATION NAME] for a seizure disorder?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC96g. How many days per week do you take this medication?

DAYS/WEEK

MC96h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC96i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC96c>

<END REPEATING RECORDS: CURRENT SEIZURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS:>

MC96j. Have you taken any [other] medication at least once a week for a seizure disorder in the past 12 months? YES 1
NO [MC96q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC96k. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC96l ONLY IF MED NAME FROM MC96k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96m>

MC96l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC96p].....1 NO.....2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC96m. At what age did you first take [MEDICATION NAME] for a seizure disorder? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC96n. How many days per week did you take this medication?

DAYS/WEEK

MC96o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC96p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC96j>

<END REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS>

<FILL IF MC96c = YES AND MC96j = YES:>

MC96q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a seizure disorder?

YEARS MONTHS

<ASK MC96r—MC96s IF BOTH OF THE DURATIONS FROM MC96i AND MC96p ARE LESS THAN HALF THE DURATION FROM MC96q, OR IF MC96c AND MC96j BOTH = NO; ELSE GO TO MC97>

MC96r. [Other than [MEDICATIONS FROM MC96d AND MC96k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC96s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC97. (Has a doctor or other health professional ever told you that you had) depression? YES..... 1
 NO.....[MC100]..... 2
 REF[MC100]..... 7
 DK.....[MC100]..... 8

MC98. How old were you when you were first told you had this condition (depression)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC99a. Have you ever taken medication for depression? YES..... 1
 NO.....[MC100]..... 2

MC99b. At what age did you first take medication for depression?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT DEPRESSION MEDS:>

MC99c. Are you currently taking [*any other*] medication at least once a week for depression? YES..... 1
 NO..... [MC99j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC99d. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the _____
 [code number or] name of the [first/next] medication MEDICATION NAME
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

<ASK MC99e ONLY IF MED NAME FROM MC99d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC99f>

MC99e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC99i]..... 1
 NO..... 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC99f. At what age did you first take [MEDICATION NAME] for depression?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC99g. How many days per week do you take this medication?
 # DAYS/WEEK

MC99h. On the days you take this medication, how many times per day do you take it?
 # TIMES/DAY

MC99i. How many years and/or months in total have you been taking this medication for [CONDITION]?
 YEARS MONTHS
<GO TO MC99c>

<END REPEATING RECORDS: CURRENT DEPRESSION MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS DEPRESSION MEDS:>

MC99j. Have you taken any [other] medication at least once a week for depression in the past 12 months? YES 1
NO[MC99q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC99k.[Please look at List F on page 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] _____
MEDICATION NAME

<ASK MC99I ONLY IF MED NAME FROM MC99k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC99m>

MC99l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES[MC99p]..... 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC99m. At what age did you first take [MEDICATION NAME] for depression? [IF LESS THAN ONE YEAR OLD, ENTER "00"].]
AGE

MC99n. How many days per week did you take this medication?
DAYS/WEEK

MC99o. On the days you took this medication, how many times per day did you take it?
TIMES/DAY

MC99p. How many years and/or months in total have you taken this medication?
YEARS MONTHS

<GO TO MC99j>

<END REPEATING RECORDS: PAST 12 MONTHS DEPRESSION MEDS>

<FILL IF MC99c = YES AND MC99j = YES:>

MC99q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for depression?
YEARS MONTHS

<ASK MC99r—MC99s IF BOTH OF THE DURATIONS FROM MC99i AND MC99p ARE LESS THAN HALF THE DURATION FROM MC99q, OR IF MC99c AND MC99j BOTH = NO; ELSE GO TO MC100>

MC99r. [Other than [MEDICATIONS FROM MC99d AND MC99k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC99s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC100. (Has a doctor or other health professional ever told you that you had) migraine headaches?

YES 1
NO [MC104] 2
REF [MC104] 7
DK [MC104] 8

MC101. How old were you when you were first told you had this condition (migraine headaches)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC102. Have you ever noticed a pattern where your migraine headaches got worse at certain times of your menstrual cycles?

YES 1
NO 2

MC103a. Have you ever taken medication for migraine headaches?

YES 1
NO [MC104] 2

MC103b. At what age did you first take medication for migraine headaches?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MIGRAINE MEDS:>

MC103c. Are you currently taking [any other] medication **at least once a week** for migraine headaches?

YES 1
NO [MC103j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC103d. [Please look at List G on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC103e ONLY IF MED NAME FROM MC103d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103f>

MC103e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES [MC103i] 1
NO 2

MC103f. At what age did you first take [MEDICATION NAME] for migraine headaches? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103g. How many days per week do you take this medication?

DAYS/WEEK

MC103h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC103i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC103c>

<END REPEATING RECORDS: CURRENT MIGRAINE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS:>

MC103j. Have you taken any [other] medication at least once a week for migraine headaches in the past 12 months? YES 1 NO [MC103q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC103k. [Please look at List G on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] _____ MEDICATION NAME

<ASK MC103I ONLY IF MED NAME FROM MC103k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103m>

MC103l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC103p] 1 NO 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC103m. At what age did you first take [MEDICATION NAME] for migraine headaches? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103n. How many days per week did you take this medication?

DAYS/WEEK

MC103o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC103p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC103j>

<END REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS>

<FILL IF MC103c = YES AND MC103j = YES:>

MC103q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for migraine headaches?

YEARS MONTHS

<ASK MC103r—MC103s IF BOTH OF THE DURATIONS FROM MC103i AND MC103p ARE LESS THAN HALF THE DURATION FROM MC103q, OR IF MC103c AND MC103j BOTH = NO; ELSE GO TO MC 104>

MC103r. [Other than [MEDICATIONS FROM MC103d AND MC103k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC103s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC104. (Has a doctor or other health professional ever told you that you had) chronic fatigue syndrome?

- YES 1
- NO [MC106] 2
- REF [MC106] 7
- DK [MC106] 8

MC105. How old were you when you were first told you had this condition (chronic fatigue syndrome)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC106. (Has a doctor or other health professional ever told you that you had) osteoporosis, osteopenia, or low bone density?

- YES 1
- NO [MC110] 2
- REF [MC110] 7
- DK [MC110] 8

MC107. How old were you when you were first told you had this condition (osteoporosis or low bone density)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC108. Did you have a bone density scan to diagnose your low bone density?

- YES 1
- NO 2

MC109a. Have you ever taken medication for osteoporosis?

- YES 1
- NO [MC110] 2

MC109b. At what age did you first take medication for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS:>

MC109c. Are you currently taking [any other] medication at least once a week for osteoporosis?

- YES 1
- NO [MC109j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC109d. [Please look at List H on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC109e ONLY IF MED NAME FROM MC109d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC109f>

MC109e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC109i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC109f. At what age did you first take [MEDICATION NAME] for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC109g. How many days per week do you take this medication?

DAYS/WEEK

MC109h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC109i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC109c>

<END REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS:>

MC109j. Have you taken any [other] medication at least once a week for osteoporosis in the past 12 months? YES 1
NO [MC109q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC109k. [Please look at List H on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC109i ONLY IF MED NAME FROM MC109k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC109m>

MC109l. Was this the same medication use that you reported for YES[MC109p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC109m. At what age did you first take [MEDICATION NAME] for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC109n. How many days per week did you take this medication?

DAYS/WEEK

MC109o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC109p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC109j>

<END REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS>

<FILL IF MC109c = YES AND MC109j = YES:>

MC109q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for osteoporosis?

YEARS MONTHS

<ASK MC109r—MC109s IF BOTH OF THE DURATIONS FROM MC109i AND MC109p ARE LESS THAN HALF THE DURATION FROM MC109q, OR IF MC109c AND MC109j BOTH = NO; ELSE GO TO MC110>

MC109r.[Other than [MEDICATIONS FROM MC109d AND MC109k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC109s.How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC110.(Has a doctor or other health professional ever told you that you had) scoliosis or abnormal curvature of the spine?

YES 1
NO [MC114] 2
REF [MC114] 7
DK [MC114] 8

MC111.How old were you when you were first told you had this condition (scoliosis or abnormal curvature of the spine)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC112.Did you ever have x-rays to diagnose or monitor your scoliosis?

YES 1
NO [MC114] 2

MC113.About how many x-rays in total did you have to diagnose or monitor your scoliosis?

X-RAYS

MC114.(Has a doctor or other health professional ever told you that you had) hemochromatosis, that is, an excess build up of iron in the body?

YES 1
NO [MC116] 2
REF [MC116] 7
DK [MC116] 8

MC115.How old were you when you were first told you had this condition (hemochromatosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC116.Has a doctor or other health professional ever told you that you had iron deficiency anemia, or that you were borderline other than during pregnancy?

YES 1
NO [MC118] 2
BORDERLINE 3
REF [MC118] 7
DK [MC118] 8

MC117.How old were you when you were first told you had this condition (iron deficiency anemia)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC118.(Has a doctor or other health professional ever told you that you had) tuberculosis?

YES 1
NO [MC120] 2
REF [MC120] 7
DK [MC120] 8

MC119. How old were you when you were first told you had this condition (tuberculosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC120. (Has a doctor or other health professional ever told you that you had) rheumatic fever?

YES 1
NO [MC122] 2
REF [MC122] 7
DK [MC122] 8

MC121. How old were you when you were first told you had this condition (rheumatic fever)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

These next questions deal with conditions that may affect your reproductive system, including some questions about sexually transmitted diseases. Please remember that all of your information is kept completely confidential. Should you wish to skip a question, just let me know and we'll move on to the next one.

MC122. Has a doctor or other health professional ever told you that you had cervical polyps?

YES 1
NO [MC124] 2
REF [MC124] 7
DK [MC124] 8

MC123. How old were you when you were first told you had this condition (cervical polyps)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC124. (Has a doctor or other health professional ever told you that you had) polyps in the endometrium or uterus?

YES 1
NO [MC126] 2
REF [MC126] 7
DK [MC126] 8

MC125. How old were you when you were first told you had this condition (polyps in the endometrium or uterus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC126. (Has a doctor or health professional ever told you that you had) fibroids, fibroid tumors, uterine fibroids, or other benign tumors of the uterus?

YES 1
NO [MC128] 2
REF [MC128] 7
DK [MC128] 8

MC127. How old were you when you were first told that you had fibroids, fibroid tumors, uterine fibroids, uterine polyps, or other benign tumors of the uterus?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC128. (Has a doctor or health professional ever told you that you had) endometriosis?

YES 1
NO [MC130] 2
REF [MC130] 7
DK [MC130] 8

MC129.How old were you when you were first told that you had endometriosis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC130.(Has a doctor or health professional ever told you that you had) polycystic ovaries or PCOS or Stein-Leventhal Syndrome?

YES 1
NO.....[MC132]..... 2
REF[MC132]..... 7
DK.....[MC132]..... 8

MC131.How old were you when you were first told that you had polycystic ovaries or PCOS or Stein-Leventhal Syndrome?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC131x1. (Has a doctor or other health professional ever told you that you had) ovarian cysts, or benign ovarian neoplasm?

YES 1
NO..... [MC132]..... 2

MC131x2. How old were you when you were first told that you had ovarian cysts or benign ovarian neoplasm?

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AGE

MC132.(Has a doctor or health professional ever told you that you had) pelvic inflammatory disease, or PID, or an infection in your uterus or fallopian tubes (or evidence of past infection in your tubes)?

YES 1
NO.....[MC134]..... 2
REF[MC134]..... 7
DK.....[MC134]..... 8

MC133.How old were you when you were first told that you had pelvic inflammatory disease or an infection in your uterus or fallopian tubes (or evidence of past infection in your tubes)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC134.(Has a doctor or other health professional ever told you that you had) genital herpes?

YES 1
NO.....[MC138]..... 2
REF[MC138]..... 7
DK.....[MC138]..... 8

MC135.How old were you when you were first told you had this condition (genital herpes)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC136.Have you ever taken medicine for this condition (genital herpes)?

YES 1
NO.....[MC138]..... 2
REF[MC138]..... 7
DK.....[MC138]..... 8

MC137.Have you taken medications for this condition (genital herpes) the past 12 months?

YES 1
NO..... 2

MC138.(Has a doctor or other health professional ever told you that you had) gonorrhea (drip)?

YES 1
NO.....[MC140]..... 2
REF[MC140]..... 7
DK.....[MC140]..... 8

MC139. How old were you when you were first told you had this condition (gonorrhea or drip)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC140. (Has a doctor or other health professional ever told you that you had) chlamydia?

- YES 1
- NO [MC142] 2
- REF [MC142] 7
- DK [MC142] 8

MC141. How old were you when you were first told you had this condition (chlamydia)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC142. (Has a doctor or other health professional ever told you that you had) genital warts (venereal warts, HPV, condyloma)?

- YES 1
- NO [MC144] 2
- REF [MC144] 7
- DK [MC144] 8

MC143. How old were you when you were first told you had this condition (genital warts, venereal warts, HPV, condyloma)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

Now I'd like to ask you a few questions about skin disorders.

MC144. Have you ever taken Accutane for acne?

- YES 1
- NO [MC147] 2
- REF [MC147] 7
- DK [MC147] 8

MC145. How old were you when you first took Accutane for acne?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC146. How many years and/or months in total have you taken Accutane for acne?

YEARS MONTHS

MC147. (Has a doctor or other health professional ever told you that you had) severe or cystic scarring acne?

- YES 1
- NO [MC149] 2
- REF [MC149] 7
- DK [MC149] 8

MC148. How old were you when you were first told you had this condition (cystic scarring acne)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC149. Have you ever had a condition for which you had radiation treatment, such as x-ray treatment, radium needles, or implants? Please do not include x-rays for a diagnosis, or radiation treatments you have already told me about.

- YES 1
- NO [MC173] 2

Did you ever have radiation to treat [CONDITION]?	How old were you when you first had radiation to treat [CONDITION]?	What was the total number of radiation treatments of any kind you had for [CONDITION]?	Did you have x-ray treatment, or another type of radiation treatment such as radium needles or implants for [CONDITION]?
MC150. spondylitis YES.....1 NO . [MC154].2 REF [MC154].7 DK . [MC154].8	MC151. <input type="text"/> <input type="text"/> <input type="text"/> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC152. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL # TREATMENTS	MC153. X-RAY..... 1 OTHER..... 2 BOTH 3
MC154. bursitis, arthritis, or other bone or joint problems YES.....1 NO . [MC158].2 REF [MC158].7 DK . [MC158].8	MC155. <input type="text"/> <input type="text"/> <input type="text"/> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC156. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL # TREATMENTS	MC157. X-RAY..... 1 OTHER..... 2 BOTH 3
MC158. skin conditions such as acne or ringworm YES.....1 NO . [MC162].2 REF [MC162].7 DK . [MC162].8	MC159. <input type="text"/> <input type="text"/> <input type="text"/> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC160. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL # TREATMENTS	MC161. X-RAY..... 1 OTHER..... 2 BOTH 3
MC162. enlarged tonsils or adenoids YES.....1 NO . [MC166].2 REF [MC166].7 DK . [MC166].8	MC163. <input type="text"/> <input type="text"/> <input type="text"/> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC164. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL # TREATMENTS	MC165. X-RAY..... 1 OTHER..... 2 BOTH 3
MC166. an enlarged thymus gland in infancy YES.....1 NO . [MC169].2 REF [MC169].7 DK . [MC169].8	MC167.	MC167. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL # TREATMENTS	MC168. X-RAY..... 1 OTHER..... 2 BOTH 3

<p>MC169.</p> <p>any other condition YES.....1 NO . [MC173].2 MC169sp. SPECIFY: REF [MC173].7 _____ DK . [MC173].8</p>	<p>MC170.</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]</p>	<p>MC171.</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL # TREATMENTS</p>	<p>MC172.</p> <p>X-RAY..... 1 OTHER.....2 BOTH3</p>
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MC173. Since the age of 30 have you broken any bones? YES 1
 NO[MC195]..... 2

Since the age of 30 have you ever broken...	How old were you when this happened (after the age of 30)?	Was this broken bone the result of ...	How many times have you broken [BONE] since age 30?
MC174. a hip? Y..... 1 N..... [MC178]2 DK.. [MC178]7 REF [MC178]8	MC175. <input type="text"/> <input type="text"/> AGE	MC176. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC177. <input type="text"/> <input type="text"/> #TIMES
MC178. a wrist? Y..... 1 N..... [MC182]2 DK.. [MC182]7 REF [MC182]8	MC179. <input type="text"/> <input type="text"/> AGE	MC180. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC181. <input type="text"/> <input type="text"/> #TIMES
MC182. a rib? Y..... 1 N..... [MC186]2 DK.. [MC186]7 REF [MC186]8	MC183. <input type="text"/> <input type="text"/> AGE	MC184. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC185. <input type="text"/> <input type="text"/> #TIMES
MC186. a spinal vertebra? Y..... 1 N..... [MC190]2 DK.. [MC190]7 REF [MC190]8	MC187. <input type="text"/> <input type="text"/> AGE	MC188. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC189. <input type="text"/> <input type="text"/> #TIMES

MC190. Have you broken any other bones (besides a hip, wrist, rib, or spinal vertebra) since the age of 30?
 YES 1
 NO[MC195]..... 2
 DK.....[MC195]..... 7
 REF[MC195]..... 8

**<BEGIN REPEATING RECORD - OTHER BONES>
 <FILL MC191 ONLY ON THE FIRST OCCURRENCE>**

MC191. Have you broken any [*of these*] other bones
 (besides a hip, wrist, rib or spinal vertebra,
 since the age of 30) while doing everyday
 activities such as bending, lifting an object,
 coughing, or as a result of slipping or tripping?

YES 1
 NO [MC195] 2
 DK [MC195] 7
 REF [MC195] 8

MC192. What other bone (besides a hip, wrist, rib or spinal
 vertebra) have you broken since the age of 30
 while doing everyday activities (such as bending,
 lifting an object, coughing, or a result of slipping
 or tripping)? [IF R REPORTS MORE THAN ONE
 BONE: Please tell me about each bone one at a time.]

_____ BONE

MC193. How many times have you broken your [*BONE*]
 while doing everyday activities (such as bending
 lifting an object, coughing, or as a result of
 slipping or tripping)?

 # OF TIMES

MC194. How old were you when this happened (after the age of 30)?

 AGE

<GO TO MC191>

<END REPEATING RECORD - OTHER BONES>

<ASK ONLY IF ENROLLMENT COMPLETION = YES TO BLINDNESS; ELSE, GO TO MC199>

The next questions are about your ability to perceive light.

MC195. You reported in your enrollment that you are blind in
 both eyes. Is this correct? [IF R SAYS "NO", ENTER A
 REMARK TO VERIFY THAT SHE IS NOT BLIND.]

YES 1
 NO [MC199] 2

MC196. Were you blind at birth?

YES [MC198] 1
 NO 2

MC197. At what age did you become blind in both eyes?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC198. Are you able to perceive changes in light?

YES 1
 NO 2

MC199. Have you ever had asthma?

YES 1
 NO [MC208] 2

MC200. At what age did you first develop asthma symptoms?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC201. Was it confirmed by a doctor or other health
 professional?

YES 1
 NO [MC203] 2

MC202. At what age was it first diagnosed?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC203. Do you still have asthma? YES 1
 NO..... [MC205]..... 2

<ASK ONLY IF MC203 = YES OR DK; ELSE, GO TO MC205>

MC204. Have you had an attack of asthma in the past 12 months? YES 1
 NO..... 2

<ASK ONLY IF MC203 = NO; ELSE, GO TO MC206>

MC205. At what age did it stop? AGE

<DO NOT ASK MC206 IF CURRENT AGE – MC200 <10 OR CURRENT AGE – MC205 >10>

MC206. After your asthma began, have you ever had a period of 10 years or more when you did not have any asthma symptoms? YES 1
 NO..... 2

MC207a. Have you ever taken medication for asthma, including inhalers, pills, or sprays? YES 1
 NO..... [MC208]..... 2

MC207b. At what age did you first take medication for asthma? [IF LESS THAN ONE YEAR OLD, ENTER “00”.] AGE

MC207b1. When did you last use any medication for asthma? Was it...
 in the past week.....[MC207c]..... 1
 in the past month, but not in the past week [MC207c]..... 2
 in the past 12 months, but not in the past month [MC207j]..... 3
 more than 12 months ago 4

<ASK ONLY IF MC207b1 = 4 (MORE THAN 12 MONTHS AGO):>

MC207b2. At what age did you last use medication for asthma? AGE

<GO TO MC207q>

<BEGIN REPEATING RECORDS: CURRENT ASTHMA MEDS:>

MC207c. Are you currently taking [any other] medication at least once a week for asthma? YES 1
 NO..... [MC207j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC207d. [Please look at List I on page 11 of your medications booklet.] What is the _____ MEDICATION NAME
 [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC207e ONLY IF MED NAME FROM MC207d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207f>

MC207e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC207i]..... 1
 NO..... 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER “YES”. IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS “NO”.]

MC207f. At what age did you first take [MEDICATION NAME] for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC207g. How many days per week do you take this medication?

DAYS/WEEK

MC207h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC207i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC207c>

<END REPEATING RECORDS: CURRENT ASTHMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS:>

MC207j. Have you taken any [other] medication at least once a week for asthma in the past 12 months? YES 1
NO [MC207q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC207k. [Please look at List I on page 11 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC207I ONLY IF MED NAME FROM MC207k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207m>

MC207l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC207p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC207m. At what age did you first take [MEDICATION NAME] for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC207n. How many days per week did you take this medication?

DAYS/WEEK

MC207o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC207p. How many years and/or months in total have you taken this medication?

Y Y MONTHS MONTHS
YEARS MONTHS

<GO TO MC207j>

<END REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS>

<FILL IF MC207c = YES AND MC207j = YES:>

MC207q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for asthma?

Y Y MONTHS MONTHS
YEARS MONTHS

<ASK MC207r—MC207s IF BOTH OF THE DURATIONS FROM MC207i AND MC207p ARE LESS THAN HALF THE DURATION FROM MC207q, OR IF MC207c AND MC207j BOTH = NO; ELSE GO TO MC208>

MC207r. [Other than [MEDICATIONS FROM MC207d AND MC207k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC207s. How many years and/or months in all have you taken this medication?

Y Y MONTHS MONTHS
YEARS MONTHS

MC208. Have you had wheezing or whistling in your chest at any time in the past 12 months? YES 1
NO 2

<ASK ONLY IF MC208 = YES; ELSE GO TO MC210>

MC209. On about how many days or nights have you had wheezing in the past 12 months? most days or nights 1
a few days or nights a week 2
a few days or nights a month 3
a few days or nights a year 4

MC210. Prior to the last 12 months, have you ever had wheezing or whistling in your chest? YES 1
NO 2

MC211. Do you usually cough at all upon getting up, or first thing in the morning? YES 1
NO 2

MC212. Do you usually cough at all during the rest of the day or night? YES 1
NO 2

<IF BOTH MC211 = NO AND MC212 = NO, GO TO MC215; IF EITHER MC211 = YES OR MC212 = YES, ASK MC213-214>

MC213. During the past 12 months, have you had this cough on most days for three months or more? YES 1
NO 2

MC214. For how many years have you had this cough? [ENTER "1" IF ONE YEAR OR LESS.] # YEARS

MC215. Do you usually bring up phlegm at all upon getting up or first thing in the morning? (Do not count phlegm from the nose.) YES 1
NO 2

MC216. Do you usually bring up phlegm at all during the rest of the day or night? YES 1
NO 2

<IF BOTH MC215 = NO AND MC216 = NO, GO TO MC219; IF EITHER MC215 = YES OR MC216 = YES, ASK MC217-218>

MC217. During the past 12 months, have you brought up phlegm on most days for three months or more? YES 1
NO 2

MC218. For how many years have you brought up phlegm like this? # YEARS

MC219. Has a doctor or other health professional ever said that you had... Y N
a. chronic bronchitis 1 2
b. emphysema 1 2
c. chronic obstructive pulmonary disease or COPD 1 2

MC220. Have you ever had allergic rhinitis, hay fever, or seasonal allergies? YES 1
NO [MC230] 2

MC221. At what age did you first have allergic rhinitis, hay fever, or seasonal allergies? AGE

MC222. Have you ever been treated by a doctor for these conditions (allergic rhinitis, hay fever, or seasonal allergies)? YES 1
NO 2

MC223. In the past 12 months have you had hay fever, allergic rhinitis or seasonal allergies? YES 1
NO [MC225] 2

<ASK ONLY IF MC223 = YES; ELSE GO TO MC225>

MC224. How would you rate the severity of your allergic rhinitis, hay fever, or seasonal allergies in the past 12 months? the same as in recent years 1
worse than in recent years 2
better than in recent years 3

<ASK ONLY IF MC223 = NO:>

MC225. When did you last have allergic rhinitis, hay fever, or seasonal allergies? AGE

MC226. Have you ever had allergy shots? YES 1
NO [MC229a] 2

MC227. For how many years did you have allergy shots? # YEARS

MC228. Have you had allergy shots in the last 12 months? YES 1
NO 2

MC229a. Have you ever taken medication for allergic rhinitis, hay fever, or seasonal allergies? YES 1
NO [MC230] 2

MC229b. At what age did you first take medication for allergic rhinitis, hay fever, or seasonal allergies? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ALLERGY MEDS:>

MC229c. Are you currently taking [any other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies? YES 1 NO [MC229j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC229d. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the _____ MEDICATION NAME [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC229e ONLY IF MED NAME FROM MC229d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229f>

MC229e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC229i] 1 NO 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC229f. At what age did you first take [MEDICATION NAME] for allergic rhinitis, hay fever, or seasonal allergies? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC229g. How many days per week do you take this medication?

DAYS/WEEK

MC229h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC229i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC229c>

<END REPEATING RECORDS: CURRENT ALLERGY MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS:>

MC229j. Have you taken any [other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies in the past 12 months? YES 1 NO [MC229q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC229k. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken **at least once a week** for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC229I ONLY IF MED NAME FROM MC229k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229m>

MC229l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC229p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC229m. At what age did you first take [MEDICATION NAME] for allergic rhinitis, hay fever, or seasonal allergies? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC229n. How many days per week did you take this medication?

DAYS/WEEK

MC229o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC229p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC229j>

<END REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS>

<FILL IF MC229c = YES AND MC229j = YES:>

MC229q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for allergic rhinitis, hay fever, or seasonal allergies?

YEARS MONTHS

<ASK MC229r—MC229s IF BOTH OF THE DURATIONS FROM MC229i AND MC229p ARE LESS THAN HALF THE DURATION FROM MC229q, OR IF MC229c AND MC229j BOTH = NO; ELSE GO TO MC230>

MC229r. [Other than [MEDICATIONS FROM MC229d AND MC229k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC229s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC230. Have ever had an allergic reaction to...

Y N

- a. a food that gave you a rash or breathing problems; not just made you sick to your stomach..... 1 2
- b. a bee or wasp sting 1 2
- c. poison ivy, poison oak or poison sumac 1 2
- d. animals..... 1 2
- e. cosmetics or makeup 1 2
- f. perfumes 1 2
- g. penicillin..... 1 2
- h. sulfa drugs 1 2

MC231. Are you allergic to any other medications (other than penicillin or sulfa drugs)?

YES..... 1
SPECIFY _____
NO..... 2

MC232. Has a doctor or other health professional ever told you that you had eczema?

YES..... 1
NO.....[MC234]..... 2

MC233. Have you had eczema in the past 12 months?

YES..... 1
NO..... 2

MC234. Have you ever given blood?

YES..... 1
NO.....[NEXT SECTION] 2
REF[NEXT SECTION] 7
DK.....[NEXT SECTION] 8

MC235. About how many times have you given blood, or about how many gallons have you donated in total?

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OF

TIMES..... 1
GALLONS..... 2

MC236. Have you given blood in the past 12 months?

YES..... 1
NO..... 2