




REGARDS-CHARM (PID: 1494)

04/22/2026 2:41pm

Instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: Demographics (demographics)			[collapsed]								
Instrument: Recruitment Video (recruitment_video)  Enabled as survey			[collapsed]								
Instrument: Informed Consent (informed_consent)  Enabled as survey			[collapsed]								
Instrument: Informed Consent- Paper Copy (informed_consent_paper_copy)			[collapsed]								
Instrument: Physical Measures (physical_measures)			[collapsed]								
Instrument: Phlebotomy (phlebotomy)			[collapsed]								
Instrument: Urine Collection (urine_collection)			[collapsed]								
Instrument: ECG Form (ecg_form)			[collapsed]								
Instrument: Medical Release (medical_release)			[collapsed]								
Instrument: Participant's Social Security Number (participants_ssn)			[collapsed]								
Instrument: Blood Processing Form (blood_processing_form)			[collapsed]								
Instrument: Redraw Trigger (redraw_trigger)			[collapsed]								
Instrument: REGARDS CHARM REDRAW HOME HEALTH EXAMINATION (redraw_form)			[collapsed]								
Instrument: Medical History (medical_history)  Enabled as survey											
325	[med_history_date]	Section Header: <i>Stroke / TIA</i> Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW								
326	[med_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN								
327	[ch1_stroke_header]	The first set of questions asks about whether you have had a stroke or a mini stroke.	descriptive								
328	[ch1_stroke]	Were you ever told by a physician that you had a stroke?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
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329	<p>[ch1_num_strk]</p> <p>Show the field ONLY if: [ch1_stroke] = 1</p>	Do you know how many strokes have you had?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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330	<p>[ch1_strk_cnt]</p> <p>Show the field ONLY if: [ch1_num_strk] = 1</p>	Number of strokes?	text (integer, Min: 1, Max: 99), Required																										
331	<p>[ch1_strk_age1a]</p> <p>Show the field ONLY if: [ch1_strk_cnt] = 1</p>	Do you know how old you were when you had your stroke?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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332	<p>[ch1_strk_age]</p> <p>Show the field ONLY if: [ch1_strk_age1a] = 1</p>	Age at time of stroke?	text (integer, Min: 0, Max: [med_age]), Required																										
333	<p>[ch1_strk_age_guess]</p> <p>Show the field ONLY if: [ch1_strk_age1a] = 8</p>	If not sure, can you indicate the range that your stroke would fall into?	<p>radio, Required</p> <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/Not Sure	999	Prefer not to answer
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334	<p>[ch1_first_age]</p> <p>Show the field ONLY if: [ch1_strk_cnt] > 1</p>	Do you know how old you were when you had your first stroke?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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335	[ch1_strk_age_first]	Age at time of first stroke?	text (integer, Min: 0, Max: [med_age]), Required																										

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336	[ch1_first_strk_guess] Show the field ONLY if: [ch1_first_age] = 8	If not sure, can you indicate the range that your stroke would fall into?	radio, Required <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/Not Sure	999	Prefer not to answer
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337	[ch1_last_age] Show the field ONLY if: [ch1_strk_cnt] > 1	Do you know how old you were when you had your last stroke?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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338	[ch1_strk_age_last] Show the field ONLY if: [ch1_last_age] = 1	Age at time of last stroke?	text (integer, Min: [ch1_strk_age_first], Max: [med_age]), Required																										
339	[ch1_last_strk_guess] Show the field ONLY if: [ch1_last_age] = 8	If not sure, can you indicate the range that your stroke would fall into?	radio, Required <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/Not Sure		
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340	[ch1_tia]	Were you ever told by a physician that you had a mini stroke or TIA, also known as a transient ischemic attack?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
341	[ch1_pain]	Have you ever had sudden painless weakness on one side of your body?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
342	[ch1_numb]	Have you ever had sudden numbness or a dead feeling on one side of your body?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
343	[ch1_vision_loss]	Have you ever had sudden painless loss of vision in one or both eyes?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
344	[ch1_half_vision]	Have you ever suddenly lost one half of your vision?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
345	[ch1_understand]	Have you ever suddenly lost the ability to understand what people were saying?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
346	[ch1_express]	Have you ever suddenly lost the ability to express yourself verbally or in writing?	radio, Required	
			1	Yes
			2	No
			8	Don't Know/Not Sure
			9	Prefer not to answer
347	[ch1_diab]	Section Header: <i>Diabetes</i>	radio, Required	

		Has a doctor or other health professional ever told you that you had diabetes or high blood sugar?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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348	[ch1_diab_2a] Show the field ONLY if: [ch1_diab] = 1	Do you know how old you were when you were first told that you had diabetes?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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349	[ch1_diab_2b] Show the field ONLY if: [ch1_diab_2a] = 1	Age	text (integer, Min: 0, Max: [med_age]), Required																										
350	[ch1_diab_2c] Show the field ONLY if: [ch1_diab_2a] = 2 OR [ch1_diab_2a] = 8	If unsure, please select an age range.	radio, Required <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/ Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/ Not Sure	999	Prefer not to answer
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351	[ch1_diab3] Show the field ONLY if: [ch1_diab]= 1	Are you taking medicine for diabetes?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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352	[ch1_kd]	Section Header: <i>Kidney Disease</i> Has a doctor or other health professional ever told you that you had kidney disease?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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353	<p>[ch1_dia]</p> <p>Show the field ONLY if: [ch1_kd] = 1</p>	<p>Are you on dialysis?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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354	<p>[ch1_afib]</p>	<p>Section Header: <i>Atrial Fibrillation</i></p> <p>Has a doctor or other health professional ever told you that you had atrial fibrillation, sometimes called A-Fib?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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355	<p>[ch1_afib_2a]</p> <p>Show the field ONLY if: [ch1_afib] = 1</p>	<p>Do you know how old you were when you first were told that you had atrial fibrillation?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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356	<p>[ch1_afib_2b]</p> <p>Show the field ONLY if: [ch1_afib_2a] = 1</p>	<p>Age <i>years</i></p>	<p>text (integer, Min: 0, Max: [med_age]), Required</p>																										
357	<p>[ch1_afib_2c]</p> <p>Show the field ONLY if: [ch1_afib_2a] =2 OR [ch1_afib_2a] = 8</p>	<p>If unsure, please select an age range.</p>	<p>radio, Required</p> <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/ Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/ Not Sure	999	Prefer not to answer
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358	<p>[ch1_mi]</p>	<p>Section Header: <i>Heart</i></p> <p>Has a doctor or other health professional ever told you that you had a myocardial infarction or heart attack?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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359	[ch1_cfh]	Has a doctor or health professional ever told you have heart failure or congestive heart failure?	radio, Required <table border="1" data-bbox="1049 119 1349 321"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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360	[ch1_bp]	Section Header: <i>High Blood Pressure</i> Has a doctor or other health professional ever told you that you have high blood pressure?	radio, Required <table border="1" data-bbox="1049 380 1349 581"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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361	[ch1_bp_2a] Show the field ONLY if: [ch1_bp] = 1	Do you know how old you were when you were first told that you have high blood pressure?	radio, Required <table border="1" data-bbox="1049 642 1349 844"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
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362	[ch1_bp_2b] Show the field ONLY if: [ch1_bp_2a] = 1	Age	text (integer, Min: 0, Max: [med_age]), Required																										
363	[ch1_bp_2c] Show the field ONLY if: [ch1_bp_2a] = 2 OR [ch1_bp_2a] = 8	If unsure, please select an age range.	radio, Required <table border="1" data-bbox="1049 1079 1390 1749"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/ Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/ Not Sure	999	Prefer not to answer
770	Less than 10 years old																												
771	Between 10 and 19																												
772	Between 20 and 29																												
773	Between 30 and 39																												
774	Between 40 and 49																												
775	Between 50 and 59																												
776	Between 60 and 69																												
777	Between 70 and 79																												
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779	Between 90 and 99																												
780	Over 99																												
888	Don't Know/ Not Sure																												
999	Prefer not to answer																												
364	[ch1_bp3] Show the field ONLY if: [ch1_bp] = 1	Have you ever taken medicine for high blood pressure?	radio, Required <table border="1" data-bbox="1049 1801 1349 2003"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
1	Yes																												
2	No																												
8	Don't Know/Not Sure																												
9	Prefer not to answer																												

365	<p>[ch1_bp4]</p> <p>Show the field ONLY if: [ch1_bp] = 1</p>	<p>Are you NOW taking any medicine for high blood pressure?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
1	Yes																												
2	No																												
8	Don't Know/Not Sure																												
9	Prefer not to answer																												
366	<p>[ch1_ch1]</p>	<p>Section Header: <i>Cholesterol</i></p> <p>Have you ever been told by a doctor or other health professional that you have high cholesterol or an abnormal level of fats in your blood?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
1	Yes																												
2	No																												
8	Don't Know/Not Sure																												
9	Prefer not to answer																												
367	<p>[ch1_ch1_2a]</p> <p>Show the field ONLY if: [ch1_chl] = 1</p>	<p>Do you know how old you were when you were first told that you had high cholesterol?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer																		
1	Yes																												
2	No																												
8	Don't Know/Not Sure																												
9	Prefer not to answer																												
368	<p>[ch1_ch1_2b]</p> <p>Show the field ONLY if: [ch1_chl_2a] = 1</p>	<p>Age</p>	<p>text (integer, Min: 0, Max: [med_age]), Required</p>																										
369	<p>[ch1_ch1_2c]</p> <p>Show the field ONLY if: [ch1_chl_2a] = 2 OR [ch1_chl_2a] = 8</p>	<p>If unsure, please select an age range.</p>	<p>radio, Required</p> <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/ Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/ Not Sure	999	Prefer not to answer
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780	Over 99																												
888	Don't Know/ Not Sure																												
999	Prefer not to answer																												
370	<p>[ch1_ch13]</p> <p>Show the field ONLY if: [ch1_chl] = 1</p>	<p>Are you currently taking any medicine to treat high cholesterol?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Refused</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Refused																		
1	Yes																												
2	No																												
8	Don't Know/Not Sure																												
9	Refused																												

371	[ch1_dep]	<p>Section Header: <i>Depression</i></p> <p>Have you ever been told by a doctor or health professional that you have depression?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
372	[ch1_slp]	<p>Section Header: <i>Sleep Apnea</i></p> <p>Have you ever been told by a doctor or health professional that you have sleep apnea?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
373	[ch1_thy]	<p>Section Header: <i>Thyroid Disease</i></p> <p>Have you ever been told by a doctor or health professional that you have thyroid disease?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
374	[ch1_longcovd]	<p>Section Header: <i>Other Diseases</i></p> <p>Do you think that you are experiencing, or have ever experienced, what has been called "long COVID," or symptoms related to COVID at least three months after your COVID infection?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
375	[ch1_vas_coro]	<p>Section Header: <i>Vascular Surgeries</i></p> <p>Have you ever had coronary bypass surgery, such as a graft, CABG or a bypass procedure on the arteries of your heart?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
376	[ch1_vas_ang]	<p>Have you ever had an angioplasty or stenting of an artery of the heart with or without placing a coil in the artery to keep it open?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
377	[ch1_vas_valv]	<p>Have you ever had a surgery or procedure on the valves of your heart?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
378	[ch1_vas_pad]	<p>Have you ever had a procedure to fix the arteries in your legs?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes						
1	Yes										

		This could be a bypass or other surgery on the arteries of your leg including angioplasty of the leg arteries, which is a dilation of the arteries of the leg with a balloon.	<table border="1"> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	2	No	8	Don't Know/Not Sure	9	Prefer not to answer												
2	No																				
8	Don't Know/Not Sure																				
9	Prefer not to answer																				
379	[ch1_vas_amp]	Have you had a leg, part of your leg, a foot or toe amputation?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer										
1	Yes																				
2	No																				
8	Don't Know/Not Sure																				
9	Prefer not to answer																				
380	[vis_hear_intro]	Section Header: <i>Visual and Hearing Disturbances</i> The following are a few questions about your vision and hearing. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.	descriptive																		
381	[ch1_vd_fri]	How much difficulty, if any, do you have in recognizing a friend across the street?	radio, Required <table border="1"> <tr><td>1</td><td>No difficulty</td></tr> <tr><td>2</td><td>A little difficulty</td></tr> <tr><td>3</td><td>Moderate difficulty</td></tr> <tr><td>4</td><td>Extreme difficulty</td></tr> <tr><td>5</td><td>Unable to do so because of eyesight</td></tr> <tr><td>6</td><td>Unable to do for other reasons</td></tr> <tr><td>7</td><td>Don't know/ Not sure</td></tr> <tr><td>8</td><td>Not applicable (Blind)</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	No difficulty	2	A little difficulty	3	Moderate difficulty	4	Extreme difficulty	5	Unable to do so because of eyesight	6	Unable to do for other reasons	7	Don't know/ Not sure	8	Not applicable (Blind)	9	Prefer not to answer
1	No difficulty																				
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6	Unable to do for other reasons																				
7	Don't know/ Not sure																				
8	Not applicable (Blind)																				
9	Prefer not to answer																				
382	[ch1_vd_prt]	How much difficulty, if any, do you have reading print in newspapers, magazine, recipes, menus, or numbers on the telephone?	radio, Required <table border="1"> <tr><td>1</td><td>No difficulty</td></tr> <tr><td>2</td><td>A little difficulty</td></tr> <tr><td>3</td><td>Moderate difficulty</td></tr> <tr><td>4</td><td>Extreme difficulty</td></tr> <tr><td>5</td><td>Unable to do so because of eyesight</td></tr> <tr><td>6</td><td>Unable to do for other reasons</td></tr> <tr><td>7</td><td>Don't know/ Not sure</td></tr> <tr><td>8</td><td>Not applicable (Blind)</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	No difficulty	2	A little difficulty	3	Moderate difficulty	4	Extreme difficulty	5	Unable to do so because of eyesight	6	Unable to do for other reasons	7	Don't know/ Not sure	8	Not applicable (Blind)	9	Prefer not to answer
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6	Unable to do for other reasons																				
7	Don't know/ Not sure																				
8	Not applicable (Blind)																				
9	Prefer not to answer																				
383	[ch1_vd_gen]	How would you rate your eyesight now (with glasses or contact lenses on, if you wear them) on a scale from 0 to 10 where zero means the worst possible eyesight, as bad or worse than	slider (number, Min: 0, Max: 10) Slider labels: Worst, , Best Custom alignment: RH																		

		being blind, and 10 means the best possible eyesight? <i>slide the bar to indicate your rating</i>																	
384	[ch1_hd_gen]	WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?	radio, Required <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>3</td><td>A little trouble hearing</td></tr> <tr><td>4</td><td>Moderate trouble</td></tr> <tr><td>5</td><td>A lot of trouble</td></tr> <tr><td>6</td><td>Deaf</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Good	3	A little trouble hearing	4	Moderate trouble	5	A lot of trouble	6	Deaf	8	Don't Know/Not Sure	9	Prefer not to answer
1	Excellent																		
2	Good																		
3	A little trouble hearing																		
4	Moderate trouble																		
5	A lot of trouble																		
6	Deaf																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
385	[ch1_pd]	Section Header: <i>Neurological Conditions</i> Were you ever told by a physician that you have Parkinson's disease?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
386	[ch1_reghead]	Do you get regular headaches?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
387	[ch1_mighead]	Were you ever told by a physician that you have Migraine Headaches?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
388	[ch1_seizure]	Do you have seizures?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
389	[ch1_epilepsy]	Were you ever told by a physician that you have Epilepsy?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		

390	[ch1_ms]	Were you ever told by a physician that you have Multiple Sclerosis?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
391	[ch1_headimp]	Have you ever had repetitive head impacts (e.g., from contact sports, intimate partner violence or military duty), regardless of whether it causes symptoms?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
392	[ch1_hdimp_tm] Show the field ONLY if: [ch1_headimp] = 1	What is the total length of time in years you were exposed to repeated hits to the head?	text, Required								
393	[ch1_headcon]	Have you ever had a head injury (e.g., in a vehicle accident, being hit by an object, in a fall, while playing sports or biking, in an assault, or during military service) that resulted in a period of feeling "dazed or confused," being unable to recall details of the injury, or loss of consciousness	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
394	[medical_history_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Cancer (cancer)  Enabled as survey											
395	[cncr_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN								
396	[cancer_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW								
397	[ch1_cancer1] Show the field ONLY if: [current-instance] = 1	Have you EVER been told by a doctor or other health professional that you had cancer or a malignancy of any kind?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Refused</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Refused
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Refused										
398	[ch1_cancer2] Show the field ONLY if:	What kind of cancer was it?	dropdown, Required <table border="1"> <tr><td>01</td><td>Bladder</td></tr> <tr><td>02</td><td>Blood</td></tr> </table>	01	Bladder	02	Blood				
01	Bladder										
02	Blood										

[ch1_cancer1] = 1 OR
[current-instance] > 1

03	Bone
04	Brain
05	Breast
06	Cervix/Cervical
07	Colon
08	Esophagus/Esophageal
09	Gallbladder
10	Kidney
11	Larynx-trachea
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary/Ovarian
19	Pancreas/Pancreatic
20	Prostate
21	Rectum/Rectal
22	Skin (melanoma)
23	Skin (non-melanoma)
24	Skin (don't know kind)
25	Stomach
26	Testis/Testicular
27	Throat - pharynx
28	Thyroid
29	Uterus/Uterine
30	Other

399 [[ch1_cancer2sp](#)]
Show the field ONLY if:
[ch1_cancer2] = 30

Specify:

text, Required

400 [[ch1_cancer3](#)]
Show the field ONLY if:
[ch1_cancer1] = 1 OR
[current-instance] > 1



How old were you when a doctor or other health professional told you that you had cancer?



text (integer, Min: 0, Max: [cncr_age]), Required

401 [[more_cancer_dx](#)]

If you have more than one cancer, please click "Add another cancer diagnosis". Once all have

descriptive

		been reported, click "submit"									
402	[cancer_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Dvt (dvt)  Enabled as survey											
403	[dvt_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN								
404	[dvt_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW								
405	[ch1_dvt]	Has a doctor or healthcare provider ever told you that you had a blood clot in the veins of one or both of your legs? This is often called DVT or deep venous thrombosis. Common names for these are deep vein thrombosis, DVT, phlebitis, venous thrombosis, or VTE. Typical symptoms could include pain and swelling of a limb. This is not the same as peripheral artery disease, which is blockage in an artery of the leg. Usually, people are treated with a blood thinning medication for this, like Eliquis, Xarelto, Coumadin, Jantoven or warfarin.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
406	[ch1_dvt1_1] Show the field ONLY if: [ch1_dvt] = 1	What was your age when this happened? <i>If you are not sure of your age, please estimate.</i>	text (integer, Min: 0, Max: [dvt_age]), Required								
407	[more_dvt_dx]	If you have more than one deep vein thrombosis event, please click "Add another DVT". Once all have been reported, click "submit"	descriptive								
408	[dvt_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Pe (pe)  Enabled as survey											
409	[pe_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN								
410	[pe_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW								


411	[ch1_dpe]	<p>Has a doctor or healthcare provider ever told you that you had blood clots in your lungs? This is sometimes called a PE or pulmonary embolism.</p> <p>Common names for this are pulmonary embolism, PE, venous thrombosis, or VTE. Typical symptoms might include shortness of breath, chest pain especially while breathing. Sometimes blood clots move from your arms or legs to your lungs, so it is possible to have both.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
412	[ch1_qpe1_1] Show the field ONLY if: [ch1_dpe] = 1	<p>What was your age when this happened? <i>If you are not sure of your age, please estimate.</i></p>	<p>text (integer, Min: 0, Max: [pe_age]), Required</p>								
413	[more_pe_dx]	<p>If you have more than one pulmonary embolism event, please click "Add another PE". Once all have been reported, click "submit"</p>	<p>descriptive</p>								
414	[pe_complete]	<p>Section Header: <i>Form Status</i> Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
<p>Instrument: Sf12 (sf12)  Enabled as survey</p>			[collapsed]								
<p>Instrument: Behavioral (behavioral)  Enabled as survey</p>											
433	[beh_age]		<p>calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN</p>								
434	[behavioral_date]	Survey Date	<p>text Field Annotation: @HIDDEN @SETVALUE=@NOW</p>								
435	[ch3_alc_feq1]	<p>Section Header: <i>Alcohol</i> During the past 30 days, did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>888</td><td>No drinks in the past 30 days</td></tr> <tr><td>777</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	888	No drinks in the past 30 days	777	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
888	No drinks in the past 30 days										
777	Don't Know/Not Sure										
999	Prefer not to answer										
436	[ch3_alc_feq2] Show the field ONLY if: [ch3_alc_feq1] = 1	# of Drinks	<p>text (integer, Min: 1, Max: 30), Required</p>								
437	[ch3_alc_feq3]	days per week/days in past 30 days	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Days per week</td></tr> <tr><td>2</td><td>Days in past 30 days</td></tr> </table>	1	Days per week	2	Days in past 30 days				
1	Days per week										
2	Days in past 30 days										

438	[ch3_alc_feq4] Show the field ONLY if: [ch3_alc_feq1] = 1	Please list the number of days that you drank alcohol over the week or month. {ch3_alc_feq2} {ch3_alc_feq3}	descriptive								
439	[ch3_alc_amt] Show the field ONLY if: [ch3_alc_feq1] = 1	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	text (integer, Min: 0, Max: 87)								
440	[ch3_alc_bng] Show the field ONLY if: [ch3_alc_feq1] = 1	During the past 30 days, what is the largest number of drinks you had on any occasion?	text (integer, Min: 0, Max: 87)								
441	[ch3_alc_prob] Show the field ONLY if: [ch3_alc_feq1] = 1	Have you ever tried to cut down on your drinking?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
442	[ch3_asp_use]	Section Header: <i>Aspirin</i> Are you currently taking aspirin or aspirin containing products regularly, that is, at least two times each week?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
443	[ch3_asp_feq] Show the field ONLY if: [ch3_asp_use] = 1	On average, how many days do you take aspirin or aspirin containing products each week?	text (integer, Min: 1, Max: 7), Required								
444	[ch3_asp_use2] Show the field ONLY if: [ch3_asp_feq] > 0	Is it to reduce the chance of a heart attack or stroke?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
445	[ch3_asp_stat]	Have you ever taken a STATIN, such as Lipitor or Zocor? As a reminder, a STATIN is a medicine used to lower cholesterol.	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure		
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9	Prefer not to answer												
446	[ch3_pa_freq1]	Section Header: <i>Physical Activity</i> Do you engage in intense physical activity, enough to work up a sweat each week?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>777</td> <td>No</td> </tr> <tr> <td>888</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>999</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	777	No	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes												
777	No												
888	Don't Know/Not Sure												
999	Prefer not to answer												
447	[ch3_pa_freq] Show the field ONLY if: [ch3_pa_freq1] = 1	How many times per week?	text (integer, Min: 0, Max: 21), Required										
448	[ch3_pa_act]	How would you compare your activity level to others your age? Would you say you are less active, about the same or more active?	radio, Required <table border="1"> <tr> <td>1</td> <td>Less active</td> </tr> <tr> <td>2</td> <td>Same as others your age</td> </tr> <tr> <td>3</td> <td>More active</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Less active	2	Same as others your age	3	More active	8	Don't Know/Not Sure	9	Prefer not to answer
1	Less active												
2	Same as others your age												
3	More active												
8	Don't Know/Not Sure												
9	Prefer not to answer												
449	[ch3_pa_fall]	During the last year, have you had a fall? Do not include falls during skiing, skating or other activities that may affect balance.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer		
1	Yes												
2	No												
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9	Prefer not to answer												
450	[ch3_slpbedtm]	Section Header: <i>Sleep</i> Time (HH:MM)	text (time_str_12)										
451	[ch3_slpbedampm]		radio <table border="1"> <tr> <td>1</td> <td>am</td> </tr> <tr> <td>2</td> <td>pm</td> </tr> </table>	1	am	2	pm						
1	am												
2	pm												
452	[ch3_slpbed]	Thinking about a typical day for you, what time do you usually start trying to fall asleep? {ch3_slpbedtm} (hh:mm) {ch3_slpbedampm}	descriptive										
453	[ch3_slpbed2]	How many minutes does it usually take you to fall asleep, after you start trying to fall asleep?	text (integer, Min: 0, Max: 500)										
454	[ch3_bed3]	How much time, in minutes, do you usually spend awake in between the time you first fall asleep and the time you wake up and start your day?	text (integer, Min: 0, Max: 887)										
455	[ch3_slpbed3tm]	wake time	text (time_str_12)										


456	[ch3_slpbed5ampm]		radio <table border="1"> <tr> <td>1</td> <td>am</td> </tr> <tr> <td>2</td> <td>pm</td> </tr> </table>	1	am	2	pm				
1	am										
2	pm										
457	[chg_slpbed5]	Thinking about a typical day for you, what time do you usually wake up? {ch3_slpbed3tm} (hh:mm) {ch3_slpbed5ampm}	descriptive								
458	[ch3_smk_1]	Section Header: <i>Smoking</i> Have you smoked at least 100 cigarettes in your lifetime?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
459	[ch3_smk_1a] Show the field ONLY if: [ch3_smk_1] = 1	Do you smoke cigarettes now, even occasionally?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
460	[ch3_smk_2] Show the field ONLY if: [ch3_smk_1a] = 1	How old were you when you started smoking?	text (integer, Min: 0, Max: [beh_age])								
461	[current_smoke_years]	Current years smoking	calc Calculation: [beh_age] - [ch3_smk_2] Field Annotation: @HIDDEN								
462	[ch3_smk_3] Show the field ONLY if: [ch3_smk_1a] = 1	For how many years have you been a smoker? Do not include times you may have stopped smoking. NOTE: Number of years should match current age - age started smoking	text (integer, Min: [current_smoke_years], Max: [current_smoke_years])								
463	[ch3_smk_4a]	# of cigarettes	text (integer, Min: 0, Max: 99)								
464	[ch3_smk_4b]		radio <table border="1"> <tr> <td>1</td> <td>per day</td> </tr> <tr> <td>2</td> <td>per week</td> </tr> <tr> <td>3</td> <td>per month</td> </tr> <tr> <td>4</td> <td>per year</td> </tr> </table>	1	per day	2	per week	3	per month	4	per year
1	per day										
2	per week										
3	per month										
4	per year										
465	[ch3_smk_4] Show the field ONLY if: [ch3_smk_1a] = 1	On average, over this period, how many cigarettes did you smoke per day, per week or per month? Number of cigarettes {ch3_smk_4a} {ch3_smk_4b}	descriptive								

		1 pack = 20 cigarettes									
466	[ch3_smk_5a]	# of cigarettes	text (integer, Min: 0, Max: 99)								
467	[ch3_smk_5b]	frequency	radio <table border="1"> <tr> <td>1</td> <td>per day</td> </tr> <tr> <td>2</td> <td>per week</td> </tr> <tr> <td>3</td> <td>per month</td> </tr> <tr> <td>4</td> <td>per year</td> </tr> </table>	1	per day	2	per week	3	per month	4	per year
1	per day										
2	per week										
3	per month										
4	per year										
468	[ch3_smk_5] Show the field ONLY if: [ch3_smk_1a] = 1	How many cigarettes do you currently smoke? {ch3_smk_5a} {ch3_smk_5b} 1 pack = 20 cigarettes	descriptive								
469	[ch3_smk_7] Show the field ONLY if: [ch3_smk_1a] > 1	How old were you when you started smoking?	text (integer, Min: 0, Max: [beh_age])								
470	[ch3_smk_8] Show the field ONLY if: [ch3_smk_1a] > 1	How old were you when you stopped smoking?	text (integer, Min: [ch3_smk_7], Max: [beh_age])								
471	[max_smoke_years]		calc Calculation: [ch3_smk_8] - [ch3_smk_7] Field Annotation: @HIDDEN								
472	[ch3_smk_9] Show the field ONLY if: [ch3_smk_1a] > 1	For how many years were you a smoker? Do not include times you may have stopped smoking? NOTE: Number of years should match age stopped smoking - age started smoking	text (integer, Min: [max_smoke_years], Max: [max_smoke_years])								
473	[ch3_smk_10a]	# of cigarettes	text (integer, Min: 0, Max: 99)								
474	[ch3_smk_10b]	frequency	radio <table border="1"> <tr> <td>1</td> <td>per day</td> </tr> <tr> <td>2</td> <td>per week</td> </tr> <tr> <td>3</td> <td>per month</td> </tr> <tr> <td>4</td> <td>per year</td> </tr> </table>	1	per day	2	per week	3	per month	4	per year
1	per day										
2	per week										
3	per month										
4	per year										
475	[ch3_smk_10] Show the field ONLY if: [ch3_smk_1a] > 1	During this period, how many cigarettes did you smoke on average per day, per week or per month? {ch3_smk_10a} {ch3_smk_10b} 1 pack = 20 cigarettes	descriptive								
476	[ch3_smk_11]	Does anyone living with you smoke cigarettes regularly?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure		
1	Yes										
2	No										
8	Don't Know/Not Sure										

			9 Prefer not to answer
477	[ch3_smk_12]	During the past year, about how many hours PER WEEK, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.	text (integer, Min: 0, Max: 168), Required
478	[ch3_smk_13]	Do you currently smoke cigars, cigarillos or a pipe, even occasionally?	radio, Required 1 Yes 2 No 8 Don't Know/Not Sure 9 Prefer not to answer
479	[ch3_smk_14a]	Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?	radio, Required 1 Yes 2 No 8 Don't Know/Not Sure 9 Prefer not to answer
480	[ch3_smk_14b] Show the field ONLY if: [ch3_smk_14a] = 1	Do you currently use chewing tobacco or snuff every day, some days, or not at all?	radio, Required 1 Every day 2 Some days 3 Not at all 8 Don't Know/Not Sure 9 Prefer not to answer
481	[ch3_smk_14c]	Do you currently use electronic cigarettes every day, some days, or not at all?	radio, Required 1 Every day 2 Some days 3 Not at all 8 Don't Know/Not Sure 9 Prefer not to answer
482	[behavioral_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Cognitive (cognitive)  Enabled as survey			
483	[cognitive_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW
484	[ch4_ca_srm]	First, how would you rate your memory at the present time?	radio, Required 1 Excellent


			<table border="1"> <tr><td>2</td><td>Very Good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>8</td><td>Don't Know</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	2	Very Good	3	Good	4	Fair	5	Poor	8	Don't Know	9	Prefer not to answer		
2	Very Good																
3	Good																
4	Fair																
5	Poor																
8	Don't Know																
9	Prefer not to answer																
485	[ch4_ca_prb]	Over the last 6 months, would you say your memory has been as good as usual?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>8</td><td>Don't Know</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	8	Don't Know	9	Prefer not to answer
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8	Don't Know																
9	Prefer not to answer																
486	[ch4_ca_act1]	Has a doctor or nurse ever told you that you have dementia?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes																
2	No																
8	Don't Know/Not Sure																
9	Prefer not to answer																
487	[ch4_ca_act2]	Has a doctor or nurse ever told you that you have Alzheimer's disease?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes																
2	No																
8	Don't Know/Not Sure																
9	Prefer not to answer																
488	[ch4_ca_jes1]	Do you feel like your memory is becoming worse?	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, but this does not worry me</td></tr> <tr><td>3</td><td>Yes, this worries me</td></tr> </table>	1	No	2	Yes, but this does not worry me	3	Yes, this worries me								
1	No																
2	Yes, but this does not worry me																
3	Yes, this worries me																
489	[ch4_ca_jes2]	Do you have more memory difficulties than others your age?	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, but this does not worry me</td></tr> <tr><td>3</td><td>Yes, this worries me</td></tr> </table>	1	No	2	Yes, but this does not worry me	3	Yes, this worries me								
1	No																
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490	[cognitive_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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1	Unverified																
2	Complete																

491	[health_care_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW																
492	[ch5_ins1]	Are you covered by any kind of health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
493	[hc_intro1]	The next questions are about health care.	descriptive																
494	[ch5_hc1]	Is there a place that you USUALLY go to when you are sick or need advice about your health? Please choose if there is one place, more than one place or no place that you usually go.	radio, Required <table border="1"> <tr><td>1</td><td>Yes, ONE place</td></tr> <tr><td>2</td><td>Yes, MORE THAN ONE place</td></tr> <tr><td>3</td><td>There is NO place</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes, ONE place	2	Yes, MORE THAN ONE place	3	There is NO place	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes, ONE place																		
2	Yes, MORE THAN ONE place																		
3	There is NO place																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
495	[ch5_hc2] Show the field ONLY if: [ch5_hc1] = 1 OR [ch5_hc1] = 2	What kind of place is it - a clinic, doctor's office, emergency room, or some other place?	radio, Required <table border="1"> <tr><td>1</td><td>Clinic or health center</td></tr> <tr><td>2</td><td>Doctor's office or HMO</td></tr> <tr><td>3</td><td>Hospital emergency room</td></tr> <tr><td>4</td><td>Hospital outpatient department</td></tr> <tr><td>5</td><td>Some other place</td></tr> <tr><td>6</td><td>Doesn't go to one place most often</td></tr> <tr><td>8</td><td>Don't know</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Clinic or health center	2	Doctor's office or HMO	3	Hospital emergency room	4	Hospital outpatient department	5	Some other place	6	Doesn't go to one place most often	8	Don't know	9	Prefer not to answer
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6	Doesn't go to one place most often																		
8	Don't know																		
9	Prefer not to answer																		
496	[ch5_hc3]	DURING THE PAST 12 MONTHS, was there any time when you needed medical care, but did not get it because you couldn't afford it?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
497	[ch5_hc4]	How confident are you filling out medical forms by yourself, would you say?	radio, Required <table border="1"> <tr><td>1</td><td>Extremely</td></tr> <tr><td>2</td><td>Quite a bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A little bit</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Extremely	2	Quite a bit	3	Somewhat	4	A little bit	5	Not at all	8	Don't Know/Not Sure	9	Prefer not to answer		
1	Extremely																		
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9	Prefer not to answer																		

498	[health_care_interactions_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Mental Health (mental_health)  Enabled as survey															
499	[mental_health_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW												
500	[ch6_cesd1]	How many days during the past week were you bothered by things that usually don't bother you? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
501	[ch6_cesd2]	How many days during the past week did you have trouble keeping your mind on what you were doing? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
502	[ch6_cesd3]	How many days during the past week did you feel depressed? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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9	Prefer not to answer														
503	[ch6_cesd4]	How many days during the past week did you feel everything was an effort? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
504	[ch6_cesd5]	How many days during the past week did you feel hopeful about the future? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> </table>	1	Less than 1 day										
1	Less than 1 day														

			<table border="1"> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer		
2	1-2 days														
3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
505	[ch6_cesd6]	How many days during the past week did you feel fearful? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
506	[ch6_cesd7]	How many days during the past week was your sleep restless? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
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3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
507	[ch6_cesd8]	How many days during the past week were you happy? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
1	Less than 1 day														
2	1-2 days														
3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
508	[ch6_cesd9]	How many days during the past week did you feel lonely? Would you say:	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer
1	Less than 1 day														
2	1-2 days														
3	3-4 days														
4	5-7 days														
8	Don't Know/Not Sure														
9	Prefer not to answer														
509	[ch6_cesd10]	How much of the time during the past 4 weeks did you feel that you could not get "going"?	radio, Required <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-2 days</td></tr> <tr><td>3</td><td>3-4 days</td></tr> </table>	1	Less than 1 day	2	1-2 days	3	3-4 days						
1	Less than 1 day														
2	1-2 days														
3	3-4 days														


			<table border="1"> <tr><td>4</td><td>5-7 days</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	4	5-7 days	8	Don't Know/Not Sure	9	Prefer not to answer								
4	5-7 days																
8	Don't Know/Not Sure																
9	Prefer not to answer																
510	[ch6_coh1]	In the last month, how often have you felt that you were unable to control the important things in your life?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Almost never	3	Sometimes	4	Fairly often	5	Very often	8	Don't Know/Not Sure	9	Prefer not to answer
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9	Prefer not to answer																
511	[ch6_coh2]	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Almost never	3	Sometimes	4	Fairly often	5	Very often	8	Don't Know/Not Sure	9	Prefer not to answer
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9	Prefer not to answer																
512	[ch6_coh3]	In the last month, how often have you felt that things were going your way?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Almost never	3	Sometimes	4	Fairly often	5	Very often	8	Don't Know/Not Sure	9	Prefer not to answer
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5	Very often																
8	Don't Know/Not Sure																
9	Prefer not to answer																
513	[ch6_coh4]	In the last month, how often have you found that you could not cope with all the things that you had to do?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Almost never	3	Sometimes	4	Fairly often	5	Very often	8	Don't Know/Not Sure	9	Prefer not to answer
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3	Sometimes																
4	Fairly often																
5	Very often																
8	Don't Know/Not Sure																
9	Prefer not to answer																
514	[ch6_coh5]	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> </table>	1	Never												
1	Never																

			<table border="1"> <tr><td>2</td><td>Almost never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	2	Almost never	3	Sometimes	4	Fairly often	5	Very often	8	Don't Know/Not Sure	9	Prefer not to answer									
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515	[mental_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																							
1	Unverified																							
2	Complete																							
Instrument: Sociodemographics (sociodemographics)  Enabled as survey																								
516	[sociodemographics_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW																					
517	[soc_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2) Field Annotation: @HIDDEN																					
518	[ch7_sd4]	Section Header: <i>Gender Identity</i> What terms best express how you describe your gender identity? (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>ch7_sd4__1</td><td>Man</td></tr> <tr><td>2</td><td>ch7_sd4__2</td><td>Woman</td></tr> <tr><td>3</td><td>ch7_sd4__3</td><td>Non-binary</td></tr> <tr><td>4</td><td>ch7_sd4__4</td><td>Transgender</td></tr> <tr><td>6</td><td>ch7_sd4__6</td><td>Other</td></tr> <tr><td>8</td><td>ch7_sd4__8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>ch7_sd4__9</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE="8,9"	1	ch7_sd4__1	Man	2	ch7_sd4__2	Woman	3	ch7_sd4__3	Non-binary	4	ch7_sd4__4	Transgender	6	ch7_sd4__6	Other	8	ch7_sd4__8	Don't Know/Not Sure	9	ch7_sd4__9	Prefer not to answer
1	ch7_sd4__1	Man																						
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8	ch7_sd4__8	Don't Know/Not Sure																						
9	ch7_sd4__9	Prefer not to answer																						
519	[ch7_sd4_sp] Show the field ONLY if: [ch7_sd4(6)] = 1	Other, specify	notes, Required																					
520	[ch7_sd5]	What was your biological sex assigned at birth?	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Intersex</td></tr> <tr><td>6</td><td>Other</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Male	2	Female	3	Intersex	6	Other	8	Don't Know/Not Sure	9	Prefer not to answer									
1	Male																							
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9	Prefer not to answer																							

521	<p>[ch7_sd5_sp]</p> <p>Show the field ONLY if: [ch7_sd5] = 6</p>	Other, specify	notes, Required																					
522	[ch7_sd6]	Which of the following best represents how you think of yourself? (Check all that apply)	<p>checkbox, Required</p> <table border="1" data-bbox="1047 296 1523 688"> <tr> <td>1</td> <td>ch7_sd6__1</td> <td>Straight; that is, not gay or lesbian, etc.</td> </tr> <tr> <td>2</td> <td>ch7_sd6__2</td> <td>Gay</td> </tr> <tr> <td>3</td> <td>ch7_sd6__3</td> <td>Lesbian</td> </tr> <tr> <td>4</td> <td>ch7_sd6__4</td> <td>Bisexual</td> </tr> <tr> <td>6</td> <td>ch7_sd6__6</td> <td>Other</td> </tr> <tr> <td>8</td> <td>ch7_sd6__8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>ch7_sd6__9</td> <td>Prefer not to answer</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE="8,9"</p>	1	ch7_sd6__1	Straight; that is, not gay or lesbian, etc.	2	ch7_sd6__2	Gay	3	ch7_sd6__3	Lesbian	4	ch7_sd6__4	Bisexual	6	ch7_sd6__6	Other	8	ch7_sd6__8	Don't Know/Not Sure	9	ch7_sd6__9	Prefer not to answer
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523	<p>[ch7_sd6_sp]</p> <p>Show the field ONLY if: [ch7_sd6(6)] = 1</p>	Other, specify	notes, Required																					
524	[ch7_sd7]	<p>Section Header: <i>Relationship/Household</i></p> <p>Are you married, divorced, widowed, separated or have you never been married?</p>	<p>radio, Required</p> <table border="1" data-bbox="1047 1024 1451 1434"> <tr> <td>1</td> <td>Married</td> </tr> <tr> <td>2</td> <td>Divorced</td> </tr> <tr> <td>3</td> <td>Widowed</td> </tr> <tr> <td>4</td> <td>Separated</td> </tr> <tr> <td>5</td> <td>In a marriage-like relationship</td> </tr> <tr> <td>6</td> <td>Never been married</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Married	2	Divorced	3	Widowed	4	Separated	5	In a marriage-like relationship	6	Never been married	8	Don't Know/Not Sure	9	Prefer not to answer					
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8	Don't Know/Not Sure																							
9	Prefer not to answer																							
525	[ch7_sd9]	What is the highest grade or year of school you have completed?	<p>radio, Required</p> <table border="1" data-bbox="1047 1491 1523 1969"> <tr> <td>11</td> <td>Never attended or kindergarten only</td> </tr> <tr> <td>12</td> <td>Eighth grade or less</td> </tr> <tr> <td>13</td> <td>Some high school (9th 11th grade)</td> </tr> <tr> <td>14</td> <td>High school graduate or GED certificate</td> </tr> <tr> <td>15</td> <td>Some technical school</td> </tr> <tr> <td>16</td> <td>Technical school graduate</td> </tr> <tr> <td>17</td> <td>Some college</td> </tr> <tr> <td>18</td> <td>College graduate</td> </tr> </table>	11	Never attended or kindergarten only	12	Eighth grade or less	13	Some high school (9th 11th grade)	14	High school graduate or GED certificate	15	Some technical school	16	Technical school graduate	17	Some college	18	College graduate					
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18	College graduate																							

			<table border="1"> <tr> <td>19</td> <td>Postgraduate or professional degree</td> </tr> <tr> <td>88</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	19	Postgraduate or professional degree	88	Don't Know/Not Sure	99	Prefer not to answer																		
19	Postgraduate or professional degree																										
88	Don't Know/Not Sure																										
99	Prefer not to answer																										
526	<p>[ch7_sd10]</p> <p>Show the field ONLY if: [ch7_sd7] = 1 or [ch7_sd7] = 5</p>	<p>What is the highest grade or year of school your spouse or partner has completed?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>11</td> <td>Never attended or kindergarten only</td> </tr> <tr> <td>12</td> <td>Eighth grade or less</td> </tr> <tr> <td>13</td> <td>Some high school (9th 11th grade)</td> </tr> <tr> <td>14</td> <td>High school graduate or GED certificate</td> </tr> <tr> <td>15</td> <td>Some technical school</td> </tr> <tr> <td>16</td> <td>Technical school graduate</td> </tr> <tr> <td>17</td> <td>Some college</td> </tr> <tr> <td>18</td> <td>College graduate</td> </tr> <tr> <td>19</td> <td>Postgraduate or professional degree</td> </tr> <tr> <td>88</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	11	Never attended or kindergarten only	12	Eighth grade or less	13	Some high school (9th 11th grade)	14	High school graduate or GED certificate	15	Some technical school	16	Technical school graduate	17	Some college	18	College graduate	19	Postgraduate or professional degree	88	Don't Know/Not Sure	99	Prefer not to answer		
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88	Don't Know/Not Sure																										
99	Prefer not to answer																										
527	<p>[ch7_dem_income]</p>	<p>Section Header: <i>Income</i></p> <p>Please select an option that best indicates your income level.</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>\$0 - 5,000</td> </tr> <tr> <td>2</td> <td>\$5,001 - 10,000</td> </tr> <tr> <td>3</td> <td>\$10,001 - 15,000</td> </tr> <tr> <td>4</td> <td>\$15,001 - 20,000</td> </tr> <tr> <td>5</td> <td>\$20,001 - 25,000</td> </tr> <tr> <td>6</td> <td>\$25,001 - 30,000</td> </tr> <tr> <td>7</td> <td>\$30,001 - 35,000</td> </tr> <tr> <td>8</td> <td>\$35,001 - 75,000</td> </tr> <tr> <td>9</td> <td>\$75,001 - 150,000</td> </tr> <tr> <td>10</td> <td>Greater than \$150,000</td> </tr> <tr> <td>88</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	\$0 - 5,000	2	\$5,001 - 10,000	3	\$10,001 - 15,000	4	\$15,001 - 20,000	5	\$20,001 - 25,000	6	\$25,001 - 30,000	7	\$30,001 - 35,000	8	\$35,001 - 75,000	9	\$75,001 - 150,000	10	Greater than \$150,000	88	Don't Know/Not Sure	99	Prefer not to answer
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88	Don't Know/Not Sure																										
99	Prefer not to answer																										
528	<p>[ch7_dem_hhsz]</p>	<p>Section Header: <i>Family Characteristics</i></p> <p>Including yourself, how many people currently live in your household?</p>	<p>text (integer, Min: 1, Max: 40), Required</p>																								
529	<p>[ch7_max_chldsz]</p>		<p>calc</p> <p>Calculation: [ch7_dem_hhsz] - 1</p> <p>Field Annotation: @HIDDEN</p>																								
530	<p>[ch7_dem_chld]</p>	<p>Of that number, how many are under the age of 18?</p>	<p>text (integer, Min: 0, Max: [ch7_max_chldsz]), Required</p>																								

	Show the field ONLY if: [ch7_dem_hhsz] > 1																		
531	[ch7_hhsz_65]		calc Calculation: [ch7_dem_hhsz]- [ch7_dem_chld] Field Annotation: @HIDDEN																
532	[ch7_demin_65] Show the field ONLY if: [ch7_dem_hhsz] > 1 and [ch7_dem_chld] <> ""	Including yourself, how many are 65 and older?	text (integer, Min: 0, Max: [ch7_hhsz_65]), Required																
533	[ch7_hhsz_calc]		calc Calculation: [ch7_dem_chld] + [ch7_demin_65] Field Annotation: @HIDDEN																
534	[ch7_hhsz_valid] Show the field ONLY if: [ch7_hhsz_calc] > [ch7_dem_hhsz]	Number of household members under the age of 18 plus the number of household members 65 and older is greater than the total number currently living in your household. Please check your answers	descriptive																
535	[ch7_ff_liv]	Section Header: <i>Family Finances</i> In the place you currently live, do you:	radio, Required <table border="1"> <tr><td>1</td><td>Rent</td></tr> <tr><td>2</td><td>Pay a mortgage</td></tr> <tr><td>3</td><td>Own it free and clear</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Rent	2	Pay a mortgage	3	Own it free and clear	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Rent																		
2	Pay a mortgage																		
3	Own it free and clear																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
536	[ch7_ff_car]	Do you own a car?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer								
1	Yes																		
2	No																		
8	Don't Know/Not Sure																		
9	Prefer not to answer																		
537	[ch7_ff_emp1]	Section Header: <i>Employment</i> Are you currently ...?	radio, Required <table border="1"> <tr><td>1</td><td>Employed for wages</td></tr> <tr><td>2</td><td>Self-employed</td></tr> <tr><td>3</td><td>Out of work for more than 1 year</td></tr> <tr><td>4</td><td>Out of work for less than 1 year</td></tr> <tr><td>5</td><td>A Homemaker</td></tr> <tr><td>6</td><td>A Student</td></tr> <tr><td>7</td><td>Retired</td></tr> <tr><td>8</td><td>Unable to work</td></tr> </table>	1	Employed for wages	2	Self-employed	3	Out of work for more than 1 year	4	Out of work for less than 1 year	5	A Homemaker	6	A Student	7	Retired	8	Unable to work
1	Employed for wages																		
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5	A Homemaker																		
6	A Student																		
7	Retired																		
8	Unable to work																		

			9 Prefer not to answer								
538	[ch7_ff_emp2a]	how long	text (integer, Min: 1, Max: [soc_age]), Required								
539	[ch7_ff_emp2b]	duration	radio, Required <table border="1"> <tr><td>1</td><td>weeks</td></tr> <tr><td>2</td><td>months</td></tr> <tr><td>3</td><td>years</td></tr> </table>	1	weeks	2	months	3	years		
1	weeks										
2	months										
3	years										
540	[ch7_ff_emp2] Show the field ONLY if: [ch7_ff_emp1] = 1 OR [ch7_ff_emp1] = 2	How long have you been working in your current job? {ch7_ff_emp2a} {ch7_ff_emp2b}	descriptive								
541	[sociodemographics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Women's Health (womens_health)  Enabled as survey											
542	[wh_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW								
543	[wh_age]		calc Calculation: left(datediff([dob], 'today', 'y','mdy'),2)								
544	[ch8_header]	Women's Health	descriptive								
545	[ch8_meno1]	Have you gone through menopause or the change of life (when menstrual periods have not occurred for at least 12 months in a row)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
546	[ch8_meno2_1] Show the field ONLY if: ([ch8_meno1] = 1 OR [ch8_meno1] = 8)	Do you know how old you were at the time of your last menstrual period?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
2	No										
888	Don't Know/Not Sure										
999	Prefer not to answer										
547	[ch8_meno2] Show the field ONLY if: [ch8_meno2_1] = '1'	Age at the time of your last menstrual period <i>Age in years</i>	text (integer, Min: 0, Max: [wh_age])								
548	[ch8_meno3]	Have you ever had menopausal symptoms, such as hot flashes or night sweats? (Your best guess.)	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes						
1	Yes										

			<table border="1"> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	2	No	8	Don't Know/Not Sure	9	Prefer not to answer				
2	No												
8	Don't Know/Not Sure												
9	Prefer not to answer												
549	[ch8_surg_header]	Female Surgery	descriptive										
550	[ch8_hystero1]	Have you ever had a hysterectomy, that is, surgery to remove your uterus or womb?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer		
1	Yes												
2	No												
8	Don't Know/Not Sure												
9	Prefer not to answer												
551	[ch8_hystero2_1] Show the field ONLY if: [ch8_hystero1] = '1'	Do you remember what age you had a hysterectomy?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes												
2	No												
888	Don't Know/Not Sure												
999	Prefer not to answer												
552	[ch8_hystero2] Show the field ONLY if: [ch8_hystero2_1] = '1'	At what age? <i>Age in years</i>	text (integer, Min: 0, Max: [wh_age])										
553	[ch8_ovsurg1] Show the field ONLY if: [ch8_hystero1] <> "1"	Have you ever had an ovary removed?	radio <table border="1"> <tr><td>1</td><td>Yes, one</td></tr> <tr><td>2</td><td>Yes, both</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes, one	2	Yes, both	3	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes, one												
2	Yes, both												
3	No												
8	Don't Know/Not Sure												
9	Prefer not to answer												
554	[ch8_ovsurg2_1] Show the field ONLY if: [ch8_ovsurg1] = "1"	Do you remember at what age you had an ovary removed?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No,</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No,	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes												
2	No,												
888	Don't Know/Not Sure												
999	Prefer not to answer												
555	[ch8_ovsurg2] Show the field ONLY if: [ch8_ovsurg2_1] = "1"	At what age?	text (integer, Min: 0, Max: [wh_age])										
556	[ch8_ovsurg3_1] Show the field ONLY if: [ch8_ovsurg1] = "2"	Do you remember at what age you had your last ovary removed?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes												
2	No												
888	Don't Know/Not Sure												
999	Prefer not to answer												

557	[ch8_ovsurg3] Show the field ONLY if: [ch8_ovsurg3_1] = "1"	At what age?	text (integer, Min: 0, Max: [wh_age])										
558	[ch8_meno4]	Have you had any other condition or treatment that caused your menstrual periods to permanently stop, other than the surgeries we just discussed or natural menopause?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer		
1	Yes												
2	No												
8	Don't Know/Not Sure												
9	Prefer not to answer												
559	[ch8_meno4_sp] Show the field ONLY if: [ch8_meno4] = 1	If Yes, Specify:	notes										
560	[ch8_meno5_1] Show the field ONLY if: [ch8_meno4] = "1"	Do you remember how old you were when this occurred?	radio <table border="1"> <tr><td>1</td><td>Yes,</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes,	2	No	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes,												
2	No												
888	Don't Know/Not Sure												
999	Prefer not to answer												
561	[ch8_meno5] Show the field ONLY if: [ch8_meno5_1] = "1"	At what age?	text (integer, Min: 0, Max: [wh_age])										
562	[ch8_menarch1_1]	Do you know how old you were when you had your first menstrual period (menses)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer		
1	Yes												
2	No												
888	Don't Know/Not Sure												
999	Prefer not to answer												
563	[ch8_menarch1] Show the field ONLY if: [ch8_menarch1_1] = "1"	At what age?	text (integer, Min: 0, Max: [wh_age])										
564	[ch8_menarch2]	During most of your life, were your periods regular; that is, did they occur about once a month? (Do not include any time when you were pregnant or taking birth control pills.)	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Sometimes regular, sometimes irregular</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	3	Sometimes regular, sometimes irregular	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes												
2	No												
3	Sometimes regular, sometimes irregular												
8	Don't Know/Not Sure												
9	Prefer not to answer												
565	[ch8_hbc_header]	Hormonal Birth Control	descriptive										

566	[ch8_hormbc1]	Have you ever taken oral contraceptives, birth control pills or used birth control injections, patches, or implants to prevent pregnancy?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer	
1	Yes											
2	No											
8	Don't Know/Not Sure											
9	Prefer not to answer											
567	[ch8_hormbc2] Show the field ONLY if: [ch8_hormbc1] = 1	Are you still taking any of these medications?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer	
1	Yes											
2	No											
8	Don't Know/Not Sure											
9	Prefer not to answer											
568	[ch8_hormbc3_1] Show the field ONLY if: [ch8_hormbc2] = 1	Do you remember at what age did you last take one of these medications?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer	
1	Yes											
2	No											
888	Don't Know/Not Sure											
999	Prefer not to answer											
569	[ch8_hormbc3] Show the field ONLY if: [ch8_hormbc3_1] = "1"	At what age?	text (integer, Min: 0, Max: [wh_age])									
570	[ch8_hormbc4_1] Show the field ONLY if: [ch8_hormbc1] = 1	Keeping in mind that you may have started and stopped several times, can you estimate the total number of years that you have taken birth control pills, or used birth control patches, implants, or injections over your lifetime?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	888	Don't Know/Not Sure	999	Prefer not to answer	
1	Yes											
2	No											
888	Don't Know/Not Sure											
999	Prefer not to answer											
571	[ch8_hormbc4] Show the field ONLY if: [ch8_hormbc4_1] = "1"	Number of years?	text (integer, Min: 0, Max: [wh_age])									
572	[ch8_femhorm_header]	Menopause Hormone Therapy	descriptive									
573	[ch8_femhorm1]	Women sometimes take female hormones. They are taken for a variety of reasons including hot flashes or other symptoms of menopause and sometimes for the prevention of bone loss. Have you ever taken estrogen containing hormones for menopausal symptoms or for estrogen replacement? This could include estrogen pills, shots, or patches. Select all that apply (Do not include estrogen for pregnancy prevention).	checkbox <table border="1"> <tr> <td>1</td> <td>ch8_femhorm1__1</td> <td>Yes- to treat symptoms of menopause</td> </tr> <tr> <td>2</td> <td>ch8_femhorm1__2</td> <td>Yes for prevention of bone loss or other chronic disease</td> </tr> <tr> <td>3</td> <td>ch8_femhorm1__3</td> <td>Yes but not sure of indication</td> </tr> </table>	1	ch8_femhorm1__1	Yes- to treat symptoms of menopause	2	ch8_femhorm1__2	Yes for prevention of bone loss or other chronic disease	3	ch8_femhorm1__3	Yes but not sure of indication
1	ch8_femhorm1__1	Yes- to treat symptoms of menopause										
2	ch8_femhorm1__2	Yes for prevention of bone loss or other chronic disease										
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			<table border="1"> <tr> <td>4</td> <td>ch8_femhorm1__4</td> <td>Yes - Other</td> </tr> <tr> <td>5</td> <td>ch8_femhorm1__5</td> <td>No</td> </tr> <tr> <td>8</td> <td>ch8_femhorm1__8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>ch8_femhorm1__9</td> <td>Prefer not to answer</td> </tr> </table>	4	ch8_femhorm1__4	Yes - Other	5	ch8_femhorm1__5	No	8	ch8_femhorm1__8	Don't Know/Not Sure	9	ch8_femhorm1__9	Prefer not to answer									
4	ch8_femhorm1__4	Yes - Other																						
5	ch8_femhorm1__5	No																						
8	ch8_femhorm1__8	Don't Know/Not Sure																						
9	ch8_femhorm1__9	Prefer not to answer																						
574	[ch8_femhorm1_sp] Show the field ONLY if: [ch8_femhorm1(4)] = 1	Other, specify	notes																					
575	[ch8_femhorm2] Show the field ONLY if: [ch8_femhorm1(1)] = 1 OR [ch8_femhorm1(2)] = 1 OR [ch8_femhorm1(3)] = 1 OR [ch8_femhorm1(4)] = 1	Are you currently on these medications?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>9</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer													
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8	Don't Know/Not Sure																							
9	Prefer not to answer																							
576	[ch8_femhorm3] Show the field ONLY if: [ch8_femhorm1(1)] = 1 OR [ch8_femhorm1(2)] = 1 OR [ch8_femhorm1(3)] = 1 OR [ch8_femhorm1(4)] = 1	What formulation(s) of estrogens have you taken (past or current)? Select all that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>ch8_femhorm3__1</td> <td>Pills</td> </tr> <tr> <td>2</td> <td>ch8_femhorm3__2</td> <td>Injections/ shots</td> </tr> <tr> <td>3</td> <td>ch8_femhorm3__3</td> <td>Patches</td> </tr> <tr> <td>4</td> <td>ch8_femhorm3__4</td> <td>Vaginal application (such as cream)</td> </tr> <tr> <td>5</td> <td>ch8_femhorm3__5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>ch8_femhorm3__6</td> <td>Don't know/Not sure</td> </tr> <tr> <td>7</td> <td>ch8_femhorm3__7</td> <td>Prefer not to answer</td> </tr> </table>	1	ch8_femhorm3__1	Pills	2	ch8_femhorm3__2	Injections/ shots	3	ch8_femhorm3__3	Patches	4	ch8_femhorm3__4	Vaginal application (such as cream)	5	ch8_femhorm3__5	Other	6	ch8_femhorm3__6	Don't know/Not sure	7	ch8_femhorm3__7	Prefer not to answer
1	ch8_femhorm3__1	Pills																						
2	ch8_femhorm3__2	Injections/ shots																						
3	ch8_femhorm3__3	Patches																						
4	ch8_femhorm3__4	Vaginal application (such as cream)																						
5	ch8_femhorm3__5	Other																						
6	ch8_femhorm3__6	Don't know/Not sure																						
7	ch8_femhorm3__7	Prefer not to answer																						
577	[ch8_femhorm3_sp] Show the field ONLY if: [ch8_femhorm3(5)] = 1	Other, specify	notes																					
578	[ch8_femhorm4_0] Show the field ONLY if: [ch8_femhorm1(1)] = 1 OR [ch8_femhorm1(2)] = 1 OR [ch8_femhorm1(3)] = 1 OR [ch8_femhorm1(4)] = 1	Do you know how old you were when you started taking these hormones?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							

	orm1(3)] = 1 OR [ch8_femhorm1(4)] = 1																												
579	[ch8_femhorm4] Show the field ONLY if: [ch8_femhorm4_0] = 1	Age in years	text (integer, Min: 0, Max: [wh_age])																										
580	[ch8_femhorm4_1] Show the field ONLY if: [ch8_femhorm4_0] = "0"	If not, is it possible to guess age:	radio <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> <tr><td>777</td><td>Between 70 and 79</td></tr> <tr><td>778</td><td>Between 80 and 89</td></tr> <tr><td>779</td><td>Between 90 and 99</td></tr> <tr><td>780</td><td>Over 99</td></tr> <tr><td>888</td><td>Don't Know/Not Sure</td></tr> <tr><td>999</td><td>Prefer not to answer</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69	777	Between 70 and 79	778	Between 80 and 89	779	Between 90 and 99	780	Over 99	888	Don't Know/Not Sure	999	Prefer not to answer
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581	[ch8_femhorm5_0] Show the field ONLY if: ([ch8_femhorm1(1)] = 1 OR [ch8_femhorm1(2)] = 1 OR [ch8_femhorm1(3)] = 1 OR [ch8_femhorm1(4)] = 1) AND [ch8_femhorm2] = 2	Do you know how old you were when you stopped taking these hormones?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
582	[ch8_femhorm5] Show the field ONLY if: [ch8_femhorm5_0] = "1"	Age in years	text (integer, Min: 0, Max: [wh_age])																										
583	[ch8_femhorm5_1] Show the field ONLY if: [ch8_femhorm5_0] = "0"	If not, is it possible to guess age:	radio <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69												
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778	Between 80 and 89																
779	Between 90 and 99																
780	Over 99																
888	Don't Know/Not Sure																
999	Prefer not to answer																
584	[ch8_fh_header]	Female Health	descriptive														
585	[ch8_fh1]	Have you ever been diagnosed by a doctor with polycystic ovarian syndrome (PCOS)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes																
2	No																
8	Don't Know/Not Sure																
9	Prefer not to answer																
586	[ch8_fh2]	Have you ever been diagnosed with endometriosis?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes																
2	No																
8	Don't Know/Not Sure																
9	Prefer not to answer																
587	[ch8_fh3]	Has a doctor, nurse practitioner, or other health care provider ever told you that you had fibroids, that is, benign growths of the uterus or womb?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer						
1	Yes																
2	No																
8	Don't Know/Not Sure																
9	Prefer not to answer																
588	[ch8_fh4_0] Show the field ONLY if: [ch8_fh3] = 1	Do you know how old you were when you were first diagnosed with fibroids?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
589	[ch8_fh4] Show the field ONLY if: [ch8_fh4_0] = "1"	Age in years	text (integer, Min: 0, Max: [wh_age])														
590	[ch8_fh4_1] Show the field ONLY if: [ch8_fh4_0] = "0"	If not, is it possible to guess age:	radio <table border="1"> <tr><td>770</td><td>Less than 10 years old</td></tr> <tr><td>771</td><td>Between 10 and 19</td></tr> <tr><td>772</td><td>Between 20 and 29</td></tr> <tr><td>773</td><td>Between 30 and 39</td></tr> <tr><td>774</td><td>Between 40 and 49</td></tr> <tr><td>775</td><td>Between 50 and 59</td></tr> <tr><td>776</td><td>Between 60 and 69</td></tr> </table>	770	Less than 10 years old	771	Between 10 and 19	772	Between 20 and 29	773	Between 30 and 39	774	Between 40 and 49	775	Between 50 and 59	776	Between 60 and 69
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780	Over 99										
888	Don't Know/Not Sure										
999	Prefer not to answer										
591	[ch8_preg_header]	Parity/Pregnancy	descriptive								
592	[ch8_preg1_0]	Have you ever been pregnant?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>777</td> <td>No, never been pregnant</td> </tr> <tr> <td>888</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>999</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	777	No, never been pregnant	888	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
777	No, never been pregnant										
888	Don't Know/Not Sure										
999	Prefer not to answer										
593	[ch8_preg1] Show the field ONLY if: [ch8_preg1_0] = 1	Number of pregnancies	text								
594	[ch8_preg2_0] Show the field ONLY if: [ch8_preg1_0] = 1	Did any of these pregnancies result in a live birth?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>777</td> <td>No live births</td> </tr> <tr> <td>888</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>999</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	777	No live births	888	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
777	No live births										
888	Don't Know/Not Sure										
999	Prefer not to answer										
595	[ch8_preg2] Show the field ONLY if: [ch8_preg2_0] = 1	Number of live births	text (integer, Min: 0, Max: [ch8_preg1])								
596	[ch8_preg3_0] Show the field ONLY if: [ch8_preg1_0] = 1	Did you have any still births (from a pregnancy lasting 6 months or more)?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>777</td> <td>No still births</td> </tr> <tr> <td>888</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>999</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	777	No still births	888	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
777	No still births										
888	Don't Know/Not Sure										
999	Prefer not to answer										
597	[ch8_preg3] Show the field ONLY if: [ch8_preg3_0] = 1	Number of still births	text (integer, Min: 0, Max: [ch8_preg1])								
598	[ch8_preg4_0] Show the field ONLY if: [ch8_preg3_0] = 1	Did you have any spontaneous miscarriages?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>777</td> <td>No spontaneous miscarriages</td> </tr> <tr> <td>888</td> <td>Don't Know/Not Sure</td> </tr> <tr> <td>999</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	777	No spontaneous miscarriages	888	Don't Know/Not Sure	999	Prefer not to answer
1	Yes										
777	No spontaneous miscarriages										
888	Don't Know/Not Sure										
999	Prefer not to answer										

599	[ch8_preg4] Show the field ONLY if: [ch8_preg4_0] = 1	Number of spontaneous miscarriages	text (integer, Min: 0, Max: [ch8_preg1])								
600	[ch8_preg5] Show the field ONLY if: [ch8_preg1_0] = 1	Were any of your babies born 3 weeks early or sooner?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
601	[ch8_preg6] Show the field ONLY if: [ch8_preg1_0] = 1	During any of your pregnancies did you have preeclampsia (toxemia, high blood pressure during and/or right after pregnancy also associated with protein in the urine) or eclampsia (preeclampsia AND seizures/convulsions)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
602	[ch8_preg7] Show the field ONLY if: [ch8_preg1_0] = 1	During any of your pregnancies did you have high blood pressure (gestational hypertension, pregnancy-induced hypertension) not related to preeclampsia?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
603	[ch8_preg8] Show the field ONLY if: [ch8_preg1_0] = 1	During any of your pregnancies, were you told you had gestational diabetes or high blood sugar, or sugar in the urine?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
604	[ch8_preg9] Show the field ONLY if: [ch8_preg1_0] = 1	Have you ever given birth to a baby that weighed less than 5 pounds, 8 ounces (less than 2,500 grams)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
605	[ch8_preg10] Show the field ONLY if: [ch8_preg1_0] = 1	Have you ever given birth to a baby that weighed more than 9 pounds, 14 ounces (more than 4,500 grams)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Don't Know/Not Sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	8	Don't Know/Not Sure	9	Prefer not to answer
1	Yes										
2	No										
8	Don't Know/Not Sure										
9	Prefer not to answer										
606	[womens_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: Medication Form (medication_form)  Enabled as survey							
607	[med_form_date]	Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW				
608	[med_taken] Show the field ONLY if: [current-instance] = 1	Have you taken any medications in the past 2 weeks?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
609	[med_yes] Show the field ONLY if: [med_taken] = '1'	Verify that all medications taken in the past 2 weeks are present. If not, ask him/her to retrieve the additional medications.	descriptive Field Annotation: @HIDDEN				
610	[med_presc] Show the field ONLY if: [med_taken][first-instance] = '1' AND [current-instance] = 1	Have you taken any prescription medication in the past two weeks?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
611	[med_name] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'	Medication name:	text, Required <table border="1"> <tr> <td>BIOPORTAL:RXNORM</td> <td>BIOPORTAL:RXNOR</td> </tr> </table>	BIOPORTAL:RXNORM	BIOPORTAL:RXNOR		
BIOPORTAL:RXNORM	BIOPORTAL:RXNOR						
612	[med_strength] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'	Strength: <i>(5mg, etc.)</i>	text				
613	[med_dir] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'	Directions:	text				
614	[med_prn] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'		checkbox <table border="1"> <tr> <td>1</td> <td>med_prn__1</td> <td>Check box if taken only as needed (PRN)</td> </tr> </table> Custom alignment: LH	1	med_prn__1	Check box if taken only as needed (PRN)	
1	med_prn__1	Check box if taken only as needed (PRN)					
615	[med_presc_heading]	Medications	descriptive				

	Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'						
616	[med_presc_table] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_presc][first-instance] = '1'	Name Strength (5mg,etc.) Directions (such as, "1 tablet twice a day") {med_name} {med_strength} {med_dir} {med_prn}	descriptive				
617	[med_otc] Show the field ONLY if: [med_taken][first-instance] = '1' AND [current-instance] = 1	Have you taken any Over-the Counter Medications in the past two weeks? <i>(such as ibuprofen)</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
618	[med_otc_name] Show the field ONLY if: [med_taken][first-instance] = '1' = '1' and [med_otc][first-instance] = '1' = '1'	Over-the Counter Medication name:	text <table border="1"> <tr> <td>BIOPORTAL:RXNORM</td> <td>BIOPORTAL:RXNOR</td> </tr> </table> Field Annotation: @HIDDEN	BIOPORTAL:RXNORM	BIOPORTAL:RXNOR		
BIOPORTAL:RXNORM	BIOPORTAL:RXNOR						
619	[med_otc_strength] Show the field ONLY if: [med_taken][first-instance] = '1' = '1' and [med_otc][first-instance] = '1' = '1'	Strength: <i>(5mg, etc.)</i>	text Field Annotation: @HIDDEN				
620	[med_otc_dir] Show the field ONLY if: [med_taken][first-instance] = '1' = '1' and [med_otc][first-instance] = '1' = '1'	Directions: <i>(such as, "take as needed for pain")</i>	text Field Annotation: @HIDDEN				
621	[med_otc_heading] Show the field ONLY if: [med_taken][first-instance] = '1' = '1' and [med_otc][first-instance] = '1' = '1'	Over-the Counter Medications	descriptive Field Annotation: @HIDDEN				
622	[med_otc_table]	Over-the Counter Medications (such as Ibuprofen) Strength (5mg,etc.) Directions (such	descriptive Field Annotation: @HIDDEN				

	Show the field ONLY if: [med_taken][first-instance] = '1' = '1' and [med_otc][first-instance] = '1' = '1'	as, "take as needed for pain") {med_otc_name} {med_otc_strength} {med_otc_dir}							
623	[med_herb] Show the field ONLY if: [med_taken][first-instance] = '1' AND [current-instance] = 1	Have you taken any Herbs, Vitamins, Minerals, Etc. in the past two weeks? <i>(such as St. John's Wart)</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: @HIDDEN	1	Yes	0	No		
1	Yes								
0	No								
624	[med_herb_name] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_herb][first-instance] = '1'	Herbs, Vitamins, Minerals, Etc:	text Field Annotation: @HIDDEN						
625	[med_herb_strength] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_herb][first-instance] = '1'	Strength: <i>(5mg, etc.)</i>	text Field Annotation: @HIDDEN						
626	[med_herb_dir] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_herb][first-instance] = '1'	Directions: <i>(such as, "one tablet per day")</i>	text Field Annotation: @HIDDEN						
627	[med_herb_heading] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_herb][first-instance] = '1'	Herbs, Vitamins, Minerals, Etc.	descriptive Field Annotation: @HIDDEN						
628	[med_herb_table] Show the field ONLY if: [med_taken][first-instance] = '1' and [med_herb][first-instance] = '1'	Herbs, Vitamins, Minerals, Etc (such as St. John's Wart) Strength Directions (such as, "1 tablet per day") {med_herb_name} {med_herb_strength} {med_herb_dir}	descriptive Field Annotation: @HIDDEN						
629	[medication_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

630	[pl_intro]	<p>Instructions: It is important for the REGARDS study to have a history of where you have lived. Starting with where you were born, please provide the name of the closest town or city to where you lived, the name of the state, and how old you were when you moved to the next city. Please do not include any place you have lived for less than 1 year. For the place you are currently living, put an "X" in the "Age when you left this town" column. If you have lived in a country other than the United States, write the name of the country in the "City" column and select "Other Country" in the state column. If your parent or guardian was a member of the Armed Forces during your childhood and you do not remember exactly where you lived during this time period, write "Military" in the "City" column and select "Armed Forces" in the state column. For example, suppose you were born in Tarboro, North Carolina and lived there until you were 7. At age 7, your father joined the Army and your family moved frequently until you were 11. At age 11, you return to Tarboro, North Carolina where you lived until you were 18. Then you moved to Winston-Salem, North Carolina until you were 32. When you were 32, you moved to Munich, Germany where you lived until you were 36. Then you moved to Birmingham, Alabama and have lived there since. The table below shows how you should complete this form. City (if in USA) or Country (if not USA) State* Age when you left this town Where did you live after you were born? Tarboro North Carolina 7 2nd place you lived Military Armed Forces 11 3rd place you lived Tarboro North Carolina 18 4th place you lived Winston-Salem North Carolina 32 5th place you lived Germany Other Country 36 6th place you lived Birmingham Alabama X</p>	<p>descriptive Field Annotation: @HIDDEN</p>														
631	[places_lived_date]	Survey Date	<p>text Field Annotation: @HIDDEN @SETVALUE=@NOW</p>														
632	[pl_city_1]	Where did you live after you were born	text														
633	[pl_state_1]	State 1	<p>dropdown</p> <table border="1" data-bbox="1047 1654 1360 2011"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut
AL	Alabama																
AK	Alaska																
AZ	Arizona																
AR	Arkansas																
CA	California																
CO	Colorado																
CT	Connecticut																

DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
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MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
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NH	New Hampshire
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RI	Rhode Island
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SD	South Dakota
TN	Tennessee
TX	Texas

UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AF	Armed Forces
OC	Other Country

634 [p1_age_1] Age 1 text

635 [p1_city_2] 2nd place you lived text

636 [p1_state_2] State 2 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
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GA	Georgia
HI	Hawaii
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IL	Illinois
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KS	Kansas
KY	Kentucky
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MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi

MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
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PA	Pennsylvania
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SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AF	Armed Forces
OC	Other Country

637	[p1_age_2]	Age 2	text												
638	[p1_city_3]	3rd place you lived	text												
639	[p1_state_3]	State 3	dropdown <table border="1" data-bbox="1047 1680 1364 1995"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado
AL	Alabama														
AK	Alaska														
AZ	Arizona														
AR	Arkansas														
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VT	Vermont
VA	Virginia
WA	Washington
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WI	Wisconsin
WY	Wyoming
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640 [pl_age_3] Age 3 text

641 [pl_city_4] 4th place you lived text

642 [pl_state_4] State 4 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
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IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
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MI	Michigan
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SC	South Carolina
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TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
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643	[p1_age_4]	Age 4	text										
644	[p1_city_5]	5th place you lived	text										
645	[p1_state_5]	State 5	dropdown <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California
AL	Alabama												
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AZ	Arizona												
AR	Arkansas												
CA	California												

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VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
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646 [pl_age_5] Age 5 text

647 [pl_city_6] 6th place you lived text

648 [pl_state_6] State 6 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
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WY	Wyoming
AF	Armed Forces
OC	Other Country

649	[pl_age_6]	Age 6	text
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650	[pl_city_7]	7th place you lived	text
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651	[pl_state_7]	State 7	dropdown
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AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas

CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
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652 [p1_age_7] Age 7 text

653 [p1_city_8] 8th place you lived text

654 [p1_state_8] State 8 dropdown

AL	Alabama
AK	Alaska
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VA	Virginia
WA	Washington
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655	[pl_age_8]	Age 8	text						
656	[pl_city_9]	9th place you lived	text						
657	[pl_state_9]	State 9	dropdown <table border="1" data-bbox="1047 1837 1364 1990"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona
AL	Alabama								
AK	Alaska								
AZ	Arizona								

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WI	Wisconsin
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658 [p1_age_9] Age 9 text

659 [p1_city_10] 10th place you lived text

660 [p1_state_10] State 10 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
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CO	Colorado
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UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
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WY	Wyoming
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661	[pl_age_10]	Age 10	text				
662	[pl_city_11]	11th place you lived	text				
663	[pl_state_11]	State 11	dropdown <table border="1" data-bbox="1047 1885 1360 1990"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> </table>	AL	Alabama	AK	Alaska
AL	Alabama						
AK	Alaska						

AZ	Arizona
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UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
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AF	Armed Forces
OC	Other Country

664 [pl_age_11] Age 11 text

665 [pl_city_12] 12th place you lived text

666 [pl_state_12] State 12 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
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ME	Maine

MD	Maryland
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MI	Michigan
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MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
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TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
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AF	Armed Forces
OC	Other Country

667	[p1_age_12]	Age 12	text		
668	[p1_city_13]	13th place you lived	text		
669	[p1_state_13]	State 13	dropdown <table border="1" data-bbox="1047 1938 1364 1990"> <tr> <td>AL</td> <td>Alabama</td> </tr> </table>	AL	Alabama
AL	Alabama				

AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
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FL	Florida
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VT	Vermont
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OC	Other Country

670 [pl_age_13] Age 13 text

671 [pl_city_14] 14th place you lived text

672 [pl_state_14] State 14 dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
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UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AF	Armed Forces
OC	Other Country

673	[pl_age_14]	Age 14	text
674	[pl_city_15]	15th place you lived	text
675	[pl_state_15]	State 15	dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
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WV	West Virginia
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OC	Other Country

676	[p1_age_15]	Age 15	text
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677	[p1_city_16]	16th place you lived	text
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678	[p1_state_16]	State 16	dropdown
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AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
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WY	Wyoming
AF	Armed Forces
OC	Other Country

679 [pl_age_16]

Age 16

text

680 [pl_city_17]

17th place you lived

text

681

[pl_state_17]

State 17

dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
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KY	Kentucky
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MN	Minnesota
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WI	Wisconsin
WY	Wyoming
AF	Armed Forces
OC	Other Country

682	[pl_age_17]	Age 17	text																																		
683	[pl_city_18]	18th place you lived	text																																		
684	[pl_state_18]	State 18	dropdown <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> <tr><td>HI</td><td>Hawaii</td></tr> <tr><td>ID</td><td>Idaho</td></tr> <tr><td>IL</td><td>Illinois</td></tr> <tr><td>IN</td><td>Indiana</td></tr> <tr><td>IA</td><td>Iowa</td></tr> <tr><td>KS</td><td>Kansas</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DC	District of Columbia	DE	Delaware	FL	Florida	GA	Georgia	HI	Hawaii	ID	Idaho	IL	Illinois	IN	Indiana	IA	Iowa	KS	Kansas
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686	[pl_city_19]	19th place you lived	text																																																																						
687	[pl_state_19]	State 19	dropdown <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> <tr><td>HI</td><td>Hawaii</td></tr> <tr><td>ID</td><td>Idaho</td></tr> <tr><td>IL</td><td>Illinois</td></tr> <tr><td>IN</td><td>Indiana</td></tr> <tr><td>IA</td><td>Iowa</td></tr> <tr><td>KS</td><td>Kansas</td></tr> <tr><td>KY</td><td>Kentucky</td></tr> <tr><td>LA</td><td>Louisiana</td></tr> <tr><td>ME</td><td>Maine</td></tr> <tr><td>MD</td><td>Maryland</td></tr> <tr><td>MA</td><td>Massachusetts</td></tr> <tr><td>MI</td><td>Michigan</td></tr> <tr><td>MN</td><td>Minnesota</td></tr> <tr><td>MS</td><td>Mississippi</td></tr> <tr><td>MO</td><td>Missouri</td></tr> <tr><td>MT</td><td>Montana</td></tr> <tr><td>NE</td><td>Nebraska</td></tr> <tr><td>NV</td><td>Nevada</td></tr> <tr><td>NH</td><td>New Hampshire</td></tr> <tr><td>NJ</td><td>New Jersey</td></tr> <tr><td>NM</td><td>New Mexico</td></tr> <tr><td>NY</td><td>New York</td></tr> <tr><td>NC</td><td>North Carolina</td></tr> <tr><td>ND</td><td>North Dakota</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DC	District of Columbia	DE	Delaware	FL	Florida	GA	Georgia	HI	Hawaii	ID	Idaho	IL	Illinois	IN	Indiana	IA	Iowa	KS	Kansas	KY	Kentucky	LA	Louisiana	ME	Maine	MD	Maryland	MA	Massachusetts	MI	Michigan	MN	Minnesota	MS	Mississippi	MO	Missouri	MT	Montana	NE	Nebraska	NV	Nevada	NH	New Hampshire	NJ	New Jersey	NM	New Mexico	NY	New York	NC	North Carolina	ND	North Dakota
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688	[pl_age_19]	Age 19	text
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689	[pl_city_20]	20th place you lived	text
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690	[pl_state_20]	State 20	dropdown
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AL	Alabama
AK	Alaska
AZ	Arizona
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691	[pl_age_20]	Age 20	text										
692	[where_lived]	City (if in USA) or Country (if not USA) State Age when you left this town Where did you live after you were born? {pl_city_1} {pl_state_1} {pl_age_1} 2nd place you lived {pl_city_2} {pl_state_2} {pl_age_2} 3rd place you lived {pl_city_3} {pl_state_3} {pl_age_3} 4th place you lived {pl_city_4} {pl_state_4} {pl_age_4} 5th place you lived {pl_city_5} {pl_state_5} {pl_age_5} 6th place you lived {pl_city_6} {pl_state_6} {pl_age_6} 7th place you lived {pl_city_7} {pl_state_7} {pl_age_7} 8th place you lived {pl_city_8} {pl_state_8} {pl_age_8} 9th place you lived {pl_city_9} {pl_state_9} {pl_age_9} 10th place you lived {pl_city_10} {pl_state_10} {pl_age_10} 11th place you lived {pl_city_11} {pl_state_11} {pl_age_11} 12th place you lived {pl_city_12} {pl_state_12} {pl_age_12} 13th place you lived {pl_city_13} {pl_state_13} {pl_age_13} 14th place you lived {pl_city_14} {pl_state_14} {pl_age_14} 15th place you lived {pl_city_15} {pl_state_15} {pl_age_15} 16th place you lived {pl_city_16} {pl_state_16} {pl_age_16} 17th place you lived {pl_city_17} {pl_state_17} {pl_age_17} 18th place you lived {pl_city_18} {pl_state_18} {pl_age_18} 19th place you lived {pl_city_19} {pl_state_19} {pl_age_19} 20th place you lived {pl_city_20} {pl_state_20} {pl_age_20}	descriptive										
693	[places_lived_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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2	Complete												
Instrument: Emergency Contacts (emergency_contacts)  Enabled as survey													
694	[emergency_contacts_date]	Section Header: <i>Emergency Contact (same household)</i> Survey Date	text Field Annotation: @HIDDEN @SETVALUE=@NOW										
695	[ec1_first_name]	First Name	text										
696	[ec1_last_name]	Last Name	text										
697	[ec1_address]	Address	text										
698	[ec1_city]	City	text										
699	[ec1_state]	State	dropdown <table border="1"> <tr> <td>AL</td> <td>Alabama</td> </tr> <tr> <td>AK</td> <td>Alaska</td> </tr> <tr> <td>AZ</td> <td>Arizona</td> </tr> <tr> <td>AR</td> <td>Arkansas</td> </tr> <tr> <td>CA</td> <td>California</td> </tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California
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700	[ec1_zip]	Zip code	text (zipcode)																						
701	[ec1_home]	Home Phone	text (phone)																						
702	[ec1_cell]	Cell Phone	text (phone)																						
703	[ec1_work]	Work Phone	text																						
704	[ec1_email]	Email	text (email)																						
705	[ec1_relationship]	Relationship to you	radio <table border="1"> <tr><td>1</td><td>Spouse/Partner</td></tr> <tr><td>2</td><td>Sibling</td></tr> <tr><td>3</td><td>Child</td></tr> <tr><td>4</td><td>Friend/Other</td></tr> <tr><td>9</td><td>Other Relative</td></tr> </table>	1	Spouse/Partner	2	Sibling	3	Child	4	Friend/Other	9	Other Relative												
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2	Sibling																								
3	Child																								
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9	Other Relative																								
706	[ec2_first_name]	Section Header: <i>Emergency Contact (different household)</i> First Name	text																						
707	[ec2_last_name]	Last Name	text																						
708	[ec2_address]	Address	text																						
709	[ec2_city]	City	text																						
710	[ec2_state]	State	dropdown <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DC	District of Columbia	DE	Delaware	FL	Florida	GA	Georgia
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			<table border="1"> <tr><td>WV</td><td>West Virginia</td></tr> <tr><td>WI</td><td>Wisconsin</td></tr> <tr><td>WY</td><td>Wyoming</td></tr> </table>	WV	West Virginia	WI	Wisconsin	WY	Wyoming																										
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711	[ec2_zip]	Zip code	text (zipcode)																																
712	[ec2_home]	Home Phone	text																																
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717	[phy_first_name]	Section Header: <i>Physician/ Provider Information</i> First Name	text																																
718	[phy_last_name]	Last Name	text																																
719	[phy_title]	Title	text																																
720	[phy_address]	Address	text																																
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722	[phy_state]	State	dropdown <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> <tr><td>HI</td><td>Hawaii</td></tr> <tr><td>ID</td><td>Idaho</td></tr> <tr><td>IL</td><td>Illinois</td></tr> <tr><td>IN</td><td>Indiana</td></tr> <tr><td>IA</td><td>Iowa</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DC	District of Columbia	DE	Delaware	FL	Florida	GA	Georgia	HI	Hawaii	ID	Idaho	IL	Illinois	IN	Indiana	IA	Iowa
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723	[phy_zip]	Zip code	text (zipcode)
724	[phy_phone]	Phone	text (phone)

725	[phy_last_seen]	Last Seen <i>mm/yyyy</i>	text						
726	[emergency_contacts_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
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Instrument: FFQ (ffq) Enabled as survey			[collapsed]						
Instrument: Neighborhood Questionnaire (nbr) Enabled as survey			[collapsed]						
Instrument: Age Discrimination (age_discrimination) Enabled as survey			[collapsed]						
Instrument: Gender Discrimination (gender_discrimination) Enabled as survey			[collapsed]						
Instrument: Racial/Ethnicity Discrimination (disc) Enabled as survey			[collapsed]						
Instrument: Lifecourse Discrimination (dis) Enabled as survey			[collapsed]						
Instrument: Behaviors to Maintain Brain Health (behaviors_bh) Enabled as survey			[collapsed]						
Instrument: Food Security (fd_scr) Enabled as survey			[collapsed]						
Instrument: Health Literacy (health_literacy) Enabled as survey			[collapsed]						
Instrument: Kidney Stones (kidney_stones) Enabled as survey			[collapsed]						
Instrument: Social Isolation (social_isolation) Enabled as survey			[collapsed]						
Instrument: Lung Health (lung_health) Enabled as survey			[collapsed]						
Instrument: Physician Trust (physician_trust) Enabled as survey			[collapsed]						
Instrument: Resilience (resilience) Enabled as survey			[collapsed]						
Instrument: Quality Questionnaire (quality_questionnaire) Enabled as survey			[collapsed]						
Instrument: Participant Portal (participant_portal) Enabled as survey			[collapsed]						