

# Environmental Polymorphisms Registry

## Data Dictionary Codebook

10/15/2020 10:54am

[Expand all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
	Instrument: <b>New Participant</b> (new_participant)		<a href="#">Expand</a>								
	Instrument: <b>Contact</b> (contact)		<a href="#">Expand</a>								
	Instrument: <b>Demographics</b> (demographics)		<a href="#">Expand</a>								
	Instrument: <b>Core Medical History</b> (core_medical_history)		<a href="#">Expand</a>								
	Instrument: <b>Medications</b> (medications)		<a href="#">Expand</a>								
	Instrument: <b>Blood Sample Collection</b> (blood_sample_collection)		<a href="#">Expand</a>								
	Instrument: <b>Status</b> (status)		<a href="#">Expand</a>								
	Instrument: <b>Event History</b> (event_history)		<a href="#">Expand</a>								
	Instrument: <b>Consent</b> (consent)		<a href="#">Expand</a>								
	Instrument: <b>Reconsent Backend</b> (reconsent_backend)		<a href="#">Expand</a>								
	Instrument: <b>Reconsent</b> (reconsent)		<a href="#">Expand</a>								
	Instrument: <b>Recontact Update</b> (recontact_update)		<a href="#">Expand</a>								
	Instrument: <b>Alternate Contact Update</b> (alternate_contact_update)		<a href="#">Expand</a>								
	Instrument: <b>Health And Exposure Survey</b> (health_and_exposure_survey)		<a href="#">Collapse</a>								
1527	gender	Section Header: <i>A. About Your Health in General</i> Gender	radio <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table> Custom alignment: LV	1	Male	2	Female				
1	Male										
2	Female										
1528	descriptive_1	How tall are you without shoes on?	descriptive								
1529a1a	current_height_feet	Feet? <i>feet</i>	text (number, Min: 3, Max: 7) Custom alignment: RH								
1530a1b	current_height_inches	Inches? <i>inches</i>	text (integer, Min: 0, Max: 11)								
1531a2	current_weight	How much do you weigh now without clothes or shoes (in pounds)? <i>pounds</i>	text (number, Min: 50, Max: 500)								
1532a3	birth_weight	Section Header: <i>Characteristics at birth</i> How much did you weigh at birth? (select only one)	radio <table border="1"> <tr><td>1</td><td>Less than 5 1/2 Pounds</td></tr> <tr><td>2</td><td>Between 5 1/2 Pounds and 9 Pounds</td></tr> <tr><td>3</td><td>Greater than 9 Pounds</td></tr> <tr><td>88</td><td>Don't Know</td></tr> </table> Custom alignment: LV	1	Less than 5 1/2 Pounds	2	Between 5 1/2 Pounds and 9 Pounds	3	Greater than 9 Pounds	88	Don't Know
1	Less than 5 1/2 Pounds										
2	Between 5 1/2 Pounds and 9 Pounds										
3	Greater than 9 Pounds										
88	Don't Know										

153	6a4_birth_characteristics_less	At birth were you less than 3 1/2 pounds?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't Know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't Know				
1	Yes												
0	No												
2	Don't Know												
153	6a4_birth_characteristics_pre	At birth were you pre-term or premature?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't Know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't Know				
1	Yes												
0	No												
2	Don't Know												
153	6a4_birth_characteristics_mul	At birth were you a twin, triplet, or other multiple birth?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't Know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't Know				
1	Yes												
0	No												
2	Don't Know												
153	6a5_current_physical_health	Section Header: <i>A. About Your Health in General (cont'd)</i> How would you rate your physical health?	radio <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <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> </table> Custom alignment: LH	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
153	7a6_health_comparison_5yrs	Compared to 5 years ago, would you say your health is better, worse, or about the same?	radio <table border="1"> <tr><td>1</td><td>Better</td></tr> <tr><td>2</td><td>Worse</td></tr> <tr><td>3</td><td>About the same</td></tr> </table> Custom alignment: LH	1	Better	2	Worse	3	About the same				
1	Better												
2	Worse												
3	About the same												
153	8b7_blood_pressure_hypertension	Section Header: <i>B. Cardiovascular Has a doctor or other health care provider ever told you that you have...</i> High blood pressure or hypertension	radio (Matrix) <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												
153	9b7a_hypertension_pregnant  Show the field ONLY if: [gender] = '2' and [b7_blood_pressure_hypertension] = '1'	Were you diagnosed with high blood pressure only when you were pregnant?	radio (Matrix) <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												
154	0b8_high_cholesterol	High cholesterol	radio (Matrix) <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												
154	1b9_atherosclerosis	Atherosclerosis or hardening of the arteries	radio (Matrix) <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												
154	2b10_cardiac_arrhythmia	Cardiac arrhythmia	radio (Matrix) <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												
154	3b11_angina	Angina	radio (Matrix) <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												

1544	b12_heart_attack	Heart attack, or myocardial infarction or MI	radio (Matrix) 1 Yes 0 No
1545	b13_coronary_artery_disease	Coronary artery disease	radio (Matrix) 1 Yes 0 No
1546	b14_congestive_heart_failure	Congestive heart failure	radio (Matrix) 1 Yes 0 No
1547	b15_poor_blood_flow	Poor blood flow to your legs or blocked or narrowed arteries to the legs, claudication or peripheral arterial disease	radio (Matrix) 1 Yes 0 No
1548	b16_raynauds_disease	Raynaud's syndrome or disease	radio (Matrix) 1 Yes 0 No
1549	b17_blood_clots	Blood clots in your lungs, or pulmonary embolus	radio (Matrix) 1 Yes 0 No
1550	b20_balloon_angioplasty	Have you ever had a balloon angioplasty, a stent, or bypass surgery to the arteries in your heart?	radio (Matrix) 1 Yes 0 No
1551	b18_mini_stroke	Section Header: <i>B. Cardiovascular (cont'd) Has a doctor or other health care provider ever told you that you have...</i> Mini stroke or transient ischemic attack	radio (Matrix) 1 Yes 0 No
1552	b19_stroke	Stroke	radio (Matrix) 1 Yes 0 No
1553	b19_stroke_type Show the field ONLY if: [b19_stroke] = '1'	If YES, please fill in type.	radio (Matrix) 1 Ischemic 2 Hemorrhagic 3 Other 88 Don't know
1554	c21_pre_diabetes	Section Header: <i>C. Diabetes and Endocrine Has a doctor or other health care provider ever told you that you have...</i> Pre-diabetes, impaired fasting glucose, or impaired glucose tolerance	radio (Matrix) 1 Yes 0 No
1555	c21_pre_diabetes_yrs Show the field ONLY if: [c21_pre_diabetes] = '1'	How old were you when you were diagnosed with pre-diabetes? <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH
1556	c22_diabetes	Diabetes or sugar diabetes	radio (Matrix) 1 Yes 0 No
1557	c22a_pregnancy_diabetes Show the field ONLY if: [c22_diabetes] = '1' and [gender] = '2'	Was this during pregnancy only?	radio (Matrix) 1 Yes 0 No

1558	c22b_diabetes_insulin_treated Show the field ONLY if: [c22_diabetes] = '1'	Are you currently being treated with insulin?	radio (Matrix) 1 Yes 0 No
1559	c22c_insulin_first_med Show the field ONLY if: [c22_diabetes] = '1'	Was insulin the first medication used to treat your diabetes?	radio (Matrix) 1 Yes 0 No
1560	c22d_diabetic_pills Show the field ONLY if: [c22_diabetes] = '1'	Are you now using diabetic pills (oral medication) to lower your blood sugar?	radio (Matrix) 1 Yes 0 No
1561	c22e_diabetic_ad_text Show the field ONLY if: [c22_diabetes] = '1'	How old were you when you were diagnosed with diabetes? <i>years old</i>	text (integer, Min: 1, Max: 99) Custom alignment: RH
1562	c23_thyroid_disease	Thyroid disease (other than cancer)	radio (Matrix) 1 Yes 0 No
1563	c23_thyroid_dx_type Show the field ONLY if: [c23_thyroid_disease] = '1'	If YES, please mark all that apply.	checkbox 1 c23_thyroid_dx_type__1 Hyperthyroidism (e.g., Grave's disease) 2 c23_thyroid_dx_type__2 Hypothyroidism (e.g., Hashimoto's thyroiditis) 3 c23_thyroid_dx_type__3 Enlarged thyroid or goiter 4 c23_thyroid_dx_type__4 Benign growth nodule or tumor Custom alignment: LV
1564	d24_allergies	Section Header: <i>D. Respiratory Has a doctor or other health care provider ever told you that you have...</i> Allergic rhinitis, hay fever or seasonal allergies	radio (Matrix) 1 Yes 0 No
1565	d25_copd	Chronic obstructive pulmonary disease or COPD (e.g., chronic bronchitis, emphysema)	radio (Matrix) 1 Yes 0 No
1566	d26_ipf	Idiopathic pulmonary fibrosis or IPF	radio (Matrix) 1 Yes 0 No
1567	d27_tuberculosis	Tuberculosis	radio (Matrix) 1 Yes 0 No
1568	d27a_tuberculosis_type Show the field ONLY if: [d27_tuberculosis] = '1'	If YES, please fill in type.	radio 1 Latent 2 Active 88 Don't Know Custom alignment: RH
1569	d29_cough_breathlessness	Do you regularly suffer from cough and/or breathlessness?	radio (Matrix) 1 Yes 0 No Custom alignment: RH

157	d30_wheeze_whistling_chest	Do you regularly have a wheezing or whistling in your chest?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
157	d28_asthma	Section Header: <i>D. Respiratory (cont'd) Has a doctor or other health care provider ever told you that you have...</i> Asthma	radio (Matrix) <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						
157	d28a_asthma_ad_text	At what age were you diagnosed with asthma? <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28b_still_have_asthma	Do you still have asthma?	radio (Matrix) <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						
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28c_asthma_episode_12m	In the past 12 months, have you had an episode of asthma or an asthma attack?	radio (Matrix) <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						
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28d_asthma_er_visit_12m	In the past 12 months, have you visited the ER or an Urgent Care center because of asthma?	radio (Matrix) <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						
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28e_asthma_med_take_12m	In the past 12 months, have you taken medication prescribed by a doctor or other health care professional for asthma?	radio (Matrix) <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						
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28f_asthma_14d_num_nights_text	In the last 14 days, how many nights did you wake up because of asthma, wheezing or tightness in the chest, or cough? <i>nights</i>	text (integer, Min: 0, Max: 14) Custom alignment: RH				
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28g_asthma_14d_limit_days_text	In the last 14 days, how many days did you have to slow down or stop play or activities because of asthma, wheezing, or tightness in the chest or cough? <i>days</i>	text (integer, Min: 0, Max: 14) Custom alignment: RH				
	Show the field ONLY if: [d28_asthma] = '1'						
157	d28h_asthma_14d_num_wheeze_text	In the last 14 days, how many days did you have wheezing or tightness in the chest or cough? <i>days</i>	text (integer, Min: 0, Max: 14) Custom alignment: RH				
	Show the field ONLY if: [d28_asthma] = '1'						
158	e31_seizure_epilepsy	Section Header: <i>E. Neurologic Has a doctor or other health care provider ever told you that you have...</i> Seizure disorders or epilepsy	radio (Matrix) <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						
158	e32_migraine	Migraine headaches (with or without aura)	radio (Matrix) <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						
158	e33_parkinsons	Parkinson's disease	radio (Matrix) <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						

1583e34_ptsd	Post-traumatic stress disorder or PTSD	radio (Matrix) 1 Yes 0 No
1584e35_alzheimers	Alzheimer's disease	radio (Matrix) 1 Yes 0 No
1585e36_multiple_sclerosis	Multiple sclerosis or MS	radio (Matrix) 1 Yes 0 No
1586f37_celiac	Section Header: <i>F. Digestive Has a doctor or other health care provider ever told you that you have...</i> Celiac disease	radio (Matrix) 1 Yes 0 No
1587f38_lactose_intolerance	Lactose intolerance	radio (Matrix) 1 Yes 0 No
1588f39_crohns	Crohn's disease	radio (Matrix) 1 Yes 0 No
1589f40_ulcerative_colitis	Ulcerative colitis	radio (Matrix) 1 Yes 0 No
1590f41_polyps_colon_rectum	Polyps in the colon or rectum	radio (Matrix) 1 Yes 0 No
1591f42_gallbladder_disease	Gallbladder disease	radio (Matrix) 1 Yes 0 No
1592f43_stomach_ulcer	Stomach or duodenal ulcer	radio (Matrix) 1 Yes 0 No
1593f44_cirrhosis	Cirrhosis	radio (Matrix) 1 Yes 0 No
1594f45_fatty_liver_disease	Fatty liver disease or steatosis	radio (Matrix) 1 Yes 0 No
1595f46_hepatitis	Hepatitis	radio (Matrix) 1 Yes 0 No
1596f46a_hepatitis_type	If YES, please check all that apply.  Show the field ONLY if: [f46_hepatitis] = '1'	checkbox 1 f46a_hepatitis_type__1 Hep A 2 f46a_hepatitis_type__2 Hep B 3 f46a_hepatitis_type__3 Hep C 4 f46a_hepatitis_type__4 Other 88 f46a_hepatitis_type__88 Don't know
1597g47_chronic_kidney_disease	Section Header: <i>G. Renal Has a doctor or other health care provider ever told you that you have...</i> Chronic kidney disease	radio (Matrix) 1 Yes 0 No

159	g48_esrd	End stage renal disease or ESRD	radio (Matrix) 1 Yes 0 No
159	g49_kidney_stones	Kidney stones	radio (Matrix) 1 Yes 0 No
160	g50_kidney_infection	Pyelonephritis, nephritis, or kidney infection	radio (Matrix) 1 Yes 0 No
160	g51_pkd	Polycystic kidney disease or PKD	radio (Matrix) 1 Yes 0 No
160	h52_allergic_reactions	Section Header: <i>H. Immune Has a doctor or other health care provider ever told you that you have...</i> Allergies or allergic reactions (other than seasonal allergies)	radio (Matrix) 1 Yes 0 No
160	h53_scleroderma	Scleroderma or systemic sclerosis	radio (Matrix) 1 Yes 0 No
160	h54_shingles	Shingles	radio (Matrix) 1 Yes 0 No
160	h55_fibromyalgia	Fibromyalgia	radio (Matrix) 1 Yes 0 No
160	h56_lupus	Lupus or SLE or LE	radio (Matrix) 1 Yes 0 No
160	h57_sjogrens	Sjogren's (SHOW-grin) syndrome	radio (Matrix) 1 Yes 0 No
160	h58_hemochromatosis	Section Header: <i>I. Hematological Has a doctor or other health care provider ever told you that you have...</i> Hemochromatosis	radio (Matrix) 1 Yes 0 No
160	h59_iron_anemia	Iron deficiency anemia	radio (Matrix) 1 Yes 0 No
161	i60_pernicious_anemia	Pernicious anemia	radio (Matrix) 1 Yes 0 No
161	i61_sickle_cell	Sickle cell disease	radio (Matrix) 1 Yes 0 No
161	j62_bone_loss	Section Header: <i>J. Bones, Joints, and Muscles Has a doctor or other health care provider ever told you that you have...</i> Bone loss, thinning in the bones, osteopenia, or pre-osteoporosis	radio (Matrix) 1 Yes 0 No
161	j63_osteoporosis	Brittle bones or osteoporosis	radio (Matrix) 1 Yes 0 No

161	j64_gout	Gout	radio (Matrix) <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												
161	j65_myositis	Myositis	radio (Matrix) <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												
161	j66a_rheumatoid_arthritis	Section Header: <i>J. Bones, Joints, and Muscles (cont'd) Has a doctor or other health care provider ever told you that you have...</i> Rheumatoid arthritis	radio (Matrix) <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												
161	j66a1_rheumatoid_ad_text	Age at diagnosis <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH										
	Show the field ONLY if: [j66a_rheumatoid_arthritis] = '1'												
161	j66b_osteoarthritis	Osteoarthritis	radio (Matrix) <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												
161	j66b1_osteoarthritis_ad_text	Age at diagnosis <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH										
	Show the field ONLY if: [j66b_osteoarthritis] = '1'												
162	j66c_other_arthritis	Other type of arthritis	radio (Matrix) <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												
162	j66c1_other_arthritis_ad_text	Age at diagnosis <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH										
	Show the field ONLY if: [j66c_other_arthritis] = '1'												
162	k67_psoriasis	Section Header: <i>K. Skin, Eyes, and Hair Has a doctor or other health care provider ever told you that you have...</i> Psoriasis	radio (Matrix) <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												
162	k68_eczema	Eczema	radio (Matrix) <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												
162	k69_urticaria	Urticaria or hives	radio (Matrix) <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												
162	k70_sunburn	Do you sunburn easily?	radio (Matrix) <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												
162	k71_scars	Do you develop prominent scars (keloids) after surgery, piercings or other skin injury?	radio (Matrix) <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												
162	k72_eye_color	What color are your eyes naturally?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Blue</td></tr> <tr><td>2</td><td>Hazel</td></tr> <tr><td>3</td><td>Brown or Black</td></tr> <tr><td>4</td><td>Gray</td></tr> <tr><td>5</td><td>Green</td></tr> </table>	1	Blue	2	Hazel	3	Brown or Black	4	Gray	5	Green
1	Blue												
2	Hazel												
3	Brown or Black												
4	Gray												
5	Green												

1629k73_hair_color	What was the natural color of your hair when you were 18?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Brown</td></tr> <tr><td>2</td><td>Red</td></tr> <tr><td>3</td><td>Black</td></tr> <tr><td>4</td><td>Auburn</td></tr> <tr><td>5</td><td>Blonde</td></tr> </table>	1	Brown	2	Red	3	Black	4	Auburn	5	Blonde
1	Brown											
2	Red											
3	Black											
4	Auburn											
5	Blonde											
1629l74_felt_fatigued	Section Header: <i>L. Fatigue During the past 7 days...</i> Have you felt fatigued?	radio (Matrix) <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> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all											
2	A little bit											
3	Somewhat											
4	Quite a bit											
5	Very much											
1630l75_trouble_starting	Have you had trouble starting things because you were tired?	radio (Matrix) <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> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all											
2	A little bit											
3	Somewhat											
4	Quite a bit											
5	Very much											
1630l76_run_down_average	How run down did you feel on average?	radio (Matrix) <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> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all											
2	A little bit											
3	Somewhat											
4	Quite a bit											
5	Very much											
1630l77_fatigued_average	How fatigued were you on average?	radio (Matrix) <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> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all											
2	A little bit											
3	Somewhat											
4	Quite a bit											
5	Very much											
1630l78_chronic_fatigue	Have you been told by a doctor or other health care provider that you have chronic fatigue syndrome?	radio (Matrix) <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											
1634m79_menstrual_periods_age_text Show the field ONLY if: [gender] = '2'	Section Header: <i>M. For Females Only</i> At what age did your menstrual periods begin? <i>years old</i>	text (integer, Min: 8, Max: 25) Custom alignment: RH										
1635m80_still_having_periods Show the field ONLY if: [gender] = '2'	Are you still having menstrual periods?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes											
0	No											
1635m81_hysterectomy Show the field ONLY if: [gender] = '2'	Have you had a hysterectomy?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes											
0	No											
1637m82_ovaries Show the field ONLY if: [gender] = '2'	Have you had any ovaries removed?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes											
0	No											

163	m82a_number_ovar ies_removed  Show the field ONLY if: [m82_ovaries] = '1'	How many ovaries have you had removed?	radio <table border="1"> <tr> <td>1</td> <td>Only one</td> </tr> <tr> <td>2</td> <td>Both</td> </tr> </table> Custom alignment: RH	1	Only one	2	Both
1	Only one						
2	Both						
163	m82b_ovaries_remo ved_age_text  Show the field ONLY if: [m82_ovaries] = '1' and [gender] = '2'	At what age did you have one or both ovaries removed? <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
164	m83_menopause  Show the field ONLY if: [gender] = '2'	Have you reached menopause?	radio (Matrix) <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						
164	m83a_menopause_ag e_text  Show the field ONLY if: [m83_menopause] = '1' and [gender] = '2'	At what age did you reach menopause? <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
164	m84_pregnant  Show the field ONLY if: [gender] = '2'	Section Header: <i>M. For Females Only (cont'd)</i> Have you ever been pregnant?	radio (Matrix) <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						
164	m84a_times_pregnan t_text  Show the field ONLY if: [gender] = '2' and [m8 4_pregnant] = '1'	How many times have you been pregnant? <i>pregnancies</i>	text (integer, Min: 0, Max: 59) Custom alignment: RH				
164	m84b_live_births_text  Show the field ONLY if: [gender] = '2' and [m8 4_pregnant] = '1'	How many live births have you had? <i>births</i>	text (integer, Min: 0, Max: 59) Custom alignment: RH				
164	m84c_multiples_bir th_s_text  Show the field ONLY if: [gender] = '2' and [m8 4_pregnant] = '1'	How many sets of twins/multiples have you had? <i>sets</i>	text (integer, Min: 0, Max: 10) Custom alignment: RH				
164	m85_bir th_control  Show the field ONLY if: [gender] = '2'	Have you ever taken birth control pills or other birth control medications?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
164	m86_hormone_replac ement  Show the field ONLY if: [gender] = '2'	Have you ever taken hormone replacement therapy medications?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
164	m87_endometriosis  Show the field ONLY if: [gender] = '2'	Section Header: <i>M. For Females Only (cont'd) Has a doctor or other health care provider ever told you that you have...</i> Endometriosis	radio (Matrix) <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						
164	m88_polyps_endomet rium_uterus  Show the field ONLY if: [gender] = '2'	Polyps in the endometrium or uterus	radio (Matrix) <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						

165	m89_benign_uterine_tumors Show the field ONLY if: [gender] = '2'	Fibroids, fibroid tumors, uterine fibroids or other benign uterine tumors	radio (Matrix) 1 Yes 0 No
165	m90_ovarian_cysts Show the field ONLY if: [gender] = '2'	Ovarian cysts or benign ovarian growth or neoplasm	radio (Matrix) 1 Yes 0 No
165	n91_enlarged_prostate Show the field ONLY if: [gender] = '1'	Section Header: <i>N. For Males Only Has a doctor or other health care provider ever told you that you have...</i> Enlarged prostate or benign prostatic hyperplasia	radio (Matrix) 1 Yes 0 No
165	n92_prostatitis Show the field ONLY if: [gender] = '1'	Inflammation of the prostate or prostatitis	radio (Matrix) 1 Yes 0 No
165	n93_epididymitis Show the field ONLY if: [gender] = '1'	Inflammation of the tube next to the testicle that carries sperm or epididymitis	radio (Matrix) 1 Yes 0 No
165	n94_testicular_torsion Show the field ONLY if: [gender] = '1'	Twisted testicle or testicular torsion	radio (Matrix) 1 Yes 0 No
165	n95_abn_loc_testicle Show the field ONLY if: [gender] = '1'	Abnormal location of a testicle	radio (Matrix) 1 Yes 0 No
165	n96_sperm_abn Show the field ONLY if: [gender] = '1'	Sperm abnormalities	radio (Matrix) 1 Yes 0 No
165	n97_varicocele Show the field ONLY if: [gender] = '1'	Abnormal veins near testis or varicocele	radio (Matrix) 1 Yes 0 No
165	n98_caused_pregnancy Show the field ONLY if: [gender] = '1'	Have you ever caused a pregnancy?	radio (Matrix) 1 Yes 0 No
166	n99_trouble_having_child Show the field ONLY if: [gender] = '1'	Have you experienced problems trying to have children?	radio (Matrix) 1 Yes 0 No
166	n100_surgery_testicle Show the field ONLY if: [gender] = '1'	Have you ever had surgery for a problem with a testicle (often done during childhood)?	radio (Matrix) 1 Yes 0 No
166	o101_cancer_or_malignancy Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: <i>O. Cancer</i> Have you ever had cancer or a malignancy of any kind?	radio (Matrix) 1 Yes 0 No
166	o101_cancer_or_malignancy Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	If YES, please mark all that apply and indicate the age you were first diagnosed.	descriptive

166	o102_cancer_bladder Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Bladder	radio (Matrix) <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						
166	o102_cancer_bladder_ad_text Show the field ONLY if: [o102_cancer_bladder] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
166	o103_cancer_blood Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Blood	radio (Matrix) <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						
166	o103_cancer_blood_ad_text Show the field ONLY if: [o103_cancer_blood] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
166	o104_cancer_bone Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Bone	radio (Matrix) <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						
166	o104_cancer_bone_ad_text Show the field ONLY if: [o104_cancer_bone] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
167	o105_cancer_brain Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed. Brain	radio (Matrix) <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						
167	o105_cancer_brain_ad_text Show the field ONLY if: [o105_cancer_brain] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
167	o106_cancer_breast Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Breast, including ductal carcinoma in situ (DCIS)	radio (Matrix) <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						
167	o106_cancer_breast_ad_text Show the field ONLY if: [o106_cancer_breast] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
167	o107_cancer_cervix Show the field ONLY if: [o101_cancer_or_malignancy] = '1' and [gender] = '2'	Cervix (cervical)	radio (Matrix) <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						

167	o107_cancer_cervix_ad_text  Show the field ONLY if: [o107_cancer_cervix] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
167	o108_cancer_colon  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.  Colon	radio (Matrix) <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						
167	o108_cancer_colon_ad_text  Show the field ONLY if: [o108_cancer_colon] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
167	o109_cancer_esophagus  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Esophagus (esophageal)	radio (Matrix) <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						
167	o109_cancer_esophagus_ad_text  Show the field ONLY if: [o109_cancer_esophagus] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
168	o110_cancer_gallbladder  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Gallbladder	radio (Matrix) <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						
168	o110_cancer_gallbladder_ad_text  Show the field ONLY if: [o110_cancer_gallbladder] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
168	o111_cancer_kidney  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.  Kidney	radio (Matrix) <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						
168	o111_cancer_kidney_ad_text  Show the field ONLY if: [o111_cancer_kidney] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
168	o112_cancer_larynx  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Larynx/windpipe	radio (Matrix) <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						
168	o112_cancer_larynx_ad_text  Show the field ONLY if: [o112_cancer_larynx] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				

16870	o113_cancer_leukemia Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Leukemia	radio (Matrix) <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						
16870	o113_cancer_leukemia_ad_text Show the field ONLY if: [o113_cancer_leukemia] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
16880	o114_cancer_liver Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: <i>O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.</i> Liver	radio (Matrix) <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						
16880	o114_cancer_liver_ad_text Show the field ONLY if: [o114_cancer_liver] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
16900	o115_cancer_lung Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Lung	radio (Matrix) <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						
16900	o115_cancer_lung_ad_text Show the field ONLY if: [o115_cancer_lung] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
16920	o116_cancer_lymphoma Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: <i>O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.</i> Lymphoma/Hodgkin's disease	radio (Matrix) <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						
16920	o116_cancer_lymphoma_ad_text Show the field ONLY if: [o116_cancer_lymphoma] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
16940	o117_cancer_nonhodgkins Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Non-Hodgkin's lymphoma	radio (Matrix) <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						
16940	o117_cancer_nonhodgkins_ad_text Show the field ONLY if: [o117_cancer_nonhodgkins] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
16950	o118_cancer_melanoma Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Melanoma	radio (Matrix) <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						

169	o118_cancer_melanoma_ad_text  Show the field ONLY if: [o118_cancer_melanoma] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
169	o119_cancer_mouth  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.  Mouth/tongue/lip	radio (Matrix) <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						
169	o119_cancer_mouth_ad_text  Show the field ONLY if: [o119_cancer_mouth] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
170	o120_cancer_spinalcord  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Spinal cord	radio (Matrix) <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						
170	o120_cancer_spinalcord_ad_text  Show the field ONLY if: [o120_cancer_spinalcord] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
170	o121_cancer_ovary  Show the field ONLY if: [o101_cancer_or_malignancy] = '1' and [gender] = '2'	Ovary (ovarian)	radio (Matrix) <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						
170	o121_cancer_ovary_ad_text  Show the field ONLY if: [o121_cancer_ovary] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
170	o122_cancer_pancreas  Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed.  Pancreas (pancreatic)	radio (Matrix) <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						
170	o122_cancer_pancreas_ad_text  Show the field ONLY if: [o122_cancer_pancreas] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
170	o123_cancer_prostate  Show the field ONLY if: [o101_cancer_or_malignancy] = '1' and [gender] = '1'	Prostate	radio (Matrix) <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						
170	o123_cancer_prostate_ad_text  Show the field ONLY if: [o123_cancer_prostate] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				

170	o124_cancer_rectum Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Rectum (rectal)	radio (Matrix) <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						
170	o124_cancer_rectum_ad_text Show the field ONLY if: [o124_cancer_rectum] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
171	o125_cancer_skin_nomel Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed. Skin (non-melanoma)	radio (Matrix) <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						
171	o125_cancer_skin_nomel_ad_text Show the field ONLY if: [o125_cancer_skin_nomel] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
171	o126_cancer_skin_unknown Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Skin (don't know what kind)	radio (Matrix) <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						
171	o126_cancer_skin_unknown_ad_text Show the field ONLY if: [o126_cancer_skin_unknown] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
171	o127_cancer_soft_tissue Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Soft tissue (muscle or fat)	radio (Matrix) <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						
171	o127_cancer_soft_tissue_ad_text Show the field ONLY if: [o127_cancer_soft_tissue] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
171	o128_cancer_stomach Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed. Stomach	radio (Matrix) <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						
171	o128_cancer_stomach_ad_text Show the field ONLY if: [o128_cancer_stomach] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
171	o129_cancer_testis Show the field ONLY if: [o101_cancer_or_malignancy] = '1' and [gender] = '1'	Testis (testicular)	radio (Matrix) <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						

171	o129_cancer_testis_ad_text Show the field ONLY if: [o129_cancer_testis] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
172	o130_cancer_throat Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Throat/pharynx	radio (Matrix) <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						
172	o130_cancer_throat_ad_text Show the field ONLY if: [o130_cancer_throat] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
172	o131_cancer_thyroid Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Section Header: O. Cancer (cont'd) Please mark all that apply and indicate the age you were first diagnosed. Thyroid	radio (Matrix) <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						
172	o131_cancer_thyroid_ad_text Show the field ONLY if: [o131_cancer_thyroid] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
172	o132_cancer_uterus Show the field ONLY if: [o101_cancer_or_malignancy] = '1' and [gender] = '2'	Uterus (uterine)	radio (Matrix) <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						
172	o132_cancer_uterus_ad_text Show the field ONLY if: [o132_cancer_uterus] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
172	o133_cancer_other Show the field ONLY if: [o101_cancer_or_malignancy] = '1'	Other	radio (Matrix) <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						
172	o133_cancer_other_ad_text Show the field ONLY if: [o133_cancer_other] = '1'	Age at first diagnosis <i>age at first diagnosis</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				

172	p136r_employment_status	<p>Section Header: <i>P. Occupation</i></p> <p>Please mark the answer/s that describes your current employment status, please check all that apply:</p>	<p>checkbox</p> <table border="1" data-bbox="803 174 1201 751"> <tr> <td data-bbox="803 174 829 233">1</td> <td data-bbox="829 174 1089 233">p136r_employment_status__1</td> <td data-bbox="1089 174 1201 233">Working now</td> </tr> <tr> <td data-bbox="803 233 829 291">2</td> <td data-bbox="829 233 1089 291">p136r_employment_status__2</td> <td data-bbox="1089 233 1201 291">Looking for work</td> </tr> <tr> <td data-bbox="803 291 829 350">3</td> <td data-bbox="829 291 1089 350">p136r_employment_status__3</td> <td data-bbox="1089 291 1201 350">Retired</td> </tr> <tr> <td data-bbox="803 350 829 409">4</td> <td data-bbox="829 350 1089 409">p136r_employment_status__4</td> <td data-bbox="1089 350 1201 409">Keeping house</td> </tr> <tr> <td data-bbox="803 409 829 468">5</td> <td data-bbox="829 409 1089 468">p136r_employment_status__5</td> <td data-bbox="1089 409 1201 468">Student</td> </tr> <tr> <td data-bbox="803 468 829 527">6</td> <td data-bbox="829 468 1089 527">p136r_employment_status__6</td> <td data-bbox="1089 468 1201 527">Temporarily laid off; sick or maternity leave</td> </tr> <tr> <td data-bbox="803 527 829 585">7</td> <td data-bbox="829 527 1089 585">p136r_employment_status__7</td> <td data-bbox="1089 527 1201 585">Unpaid family worker</td> </tr> <tr> <td data-bbox="803 585 829 644">8</td> <td data-bbox="829 585 1089 644">p136r_employment_status__8</td> <td data-bbox="1089 585 1201 644">Permanently disabled</td> </tr> <tr> <td data-bbox="803 644 829 751">9</td> <td data-bbox="829 644 1089 751">p136r_employment_status__9</td> <td data-bbox="1089 644 1201 751">Other (please specify)</td> </tr> </table> <p>Custom alignment: LV</p>	1	p136r_employment_status__1	Working now	2	p136r_employment_status__2	Looking for work	3	p136r_employment_status__3	Retired	4	p136r_employment_status__4	Keeping house	5	p136r_employment_status__5	Student	6	p136r_employment_status__6	Temporarily laid off; sick or maternity leave	7	p136r_employment_status__7	Unpaid family worker	8	p136r_employment_status__8	Permanently disabled	9	p136r_employment_status__9	Other (please specify)
1	p136r_employment_status__1	Working now																												
2	p136r_employment_status__2	Looking for work																												
3	p136r_employment_status__3	Retired																												
4	p136r_employment_status__4	Keeping house																												
5	p136r_employment_status__5	Student																												
6	p136r_employment_status__6	Temporarily laid off; sick or maternity leave																												
7	p136r_employment_status__7	Unpaid family worker																												
8	p136r_employment_status__8	Permanently disabled																												
9	p136r_employment_status__9	Other (please specify)																												
172	p134_current_employment_other	<p>Please specify</p> <p>Show the field ONLY if: [p136r_employment_status(9)] = '1'</p>	<p>text</p> <p>Custom alignment: RH</p>																											
173	p135_current_occupation	<p>Section Header: <i>P. Occupation (cont'd)</i></p> <p>If you are working for pay now, what is your occupation?</p> <p>Show the field ONLY if: [p136r_employment_status(1)] = '1'</p>	<p>text</p> <p>Custom alignment: RH</p>																											
173	p135a_cur_occupation_yrs_text	<p>How many years have you worked at this occupation?</p> <p><i>years</i></p> <p>Show the field ONLY if: [p136r_employment_status(1)] = '1'</p>	<p>text (integer, Min: 0, Max: 75)</p> <p>Custom alignment: RH</p>																											
173	p135b_cur_occupation_type	<p>What kind of business or industry is this (for example, what do they make or what services do they provide)?</p> <p>Show the field ONLY if: [p136r_employment_status(1)] = '1'</p>	<p>text</p> <p>Custom alignment: RH</p>																											

1733	<p>p136_prev_occupation_when_text</p> <p>Show the field ONLY if:          ([p136r_employment_status(2)] = '1' or [p136r_employment_status(3)] = '1' or [p136r_employment_status(4)] = '1' or [p136r_employment_status(5)] = '1' or [p136r_employment_status(6)] = '1' or [p136r_employment_status(7)] = '1' or [p136r_employment_status(8)] = '1' or [p136r_employment_status(9)] = '1') and [p136r_employment_status(1)] = '0'</p>	<p>Section Header: <i>P. Occupation (cont'd)</i></p> <p>If you are not working for pay now, when did you last work?  <i>year</i></p>	<p>text (integer, Min: 1930, Max: 2025)          Custom alignment: RH</p>
1734	<p>p136a_prev_occupation</p> <p>Show the field ONLY if:          ([p136r_employment_status(2)] = '1' or [p136r_employment_status(3)] = '1' or [p136r_employment_status(4)] = '1' or [p136r_employment_status(5)] = '1' or [p136r_employment_status(6)] = '1' or [p136r_employment_status(7)] = '1' or [p136r_employment_status(8)] = '1' or [p136r_employment_status(9)] = '1') and [p136r_employment_status(1)] = '0'</p>	<p>What was your occupation?</p>	<p>text          Custom alignment: RH</p>
1735	<p>p136b_prev_occupation_yrs_text</p> <p>Show the field ONLY if:          ([p136r_employment_status(2)] = '1' or [p136r_employment_status(3)] = '1' or [p136r_employment_status(4)] = '1' or [p136r_employment_status(5)] = '1' or [p136r_employment_status(6)] = '1' or [p136r_employment_status(7)] = '1' or [p136r_employment_status(8)] = '1' or [p136r_employment_status(9)] = '1') and [p136r_employment_status(1)] = '0'</p>	<p>How many years did you work at this occupation?  <i>years</i></p>	<p>text (integer, Min: 0, Max: 99)          Custom alignment: RH</p>

173p	<p>p136c_prev_occupation_type</p> <p>Show the field ONLY if:        ([p136r_employment_status(2)] = '1' or [p136r_employment_status(3)] = '1' or [p136r_employment_status(4)] = '1' or [p136r_employment_status(5)] = '1' or [p136r_employment_status(6)] = '1' or [p136r_employment_status(7)] = '1' or [p136r_employment_status(8)] = '1' or [p136r_employment_status(9)] = '1') and [p136r_employment_status(1)] = '0'</p>	<p>What kind of business or industry what this (for example, what do they make or what services do they provide)?</p>	<p>text</p> <p>Custom alignment: RH</p>				
173p	<p>p137_other_occupation</p> <p>Show the field ONLY if:        ([p135_current_occupation]&lt;&gt;" or [p135a_current_occupation_yrs_text]&lt;&gt;" or [p135b_current_occupation_type]&lt;&gt;") or ([p136a_prev_occupation]&lt;&gt;" or [p136b_prev_occupation_yrs_text]&lt;&gt;" or [p136c_prev_occupation_type]&lt;&gt;")</p>	<p>Section Header: <i>P. Occupation (cont'd)</i></p> <p>Besides the occupation listed above, what other occupation have you held for the longest period of time?</p>	<p>text</p> <p>Custom alignment: RH</p>				
173p	<p>p137a_other_occupation_yrs_text</p> <p>Show the field ONLY if:        ([p135_current_occupation]&lt;&gt;" or [p135a_current_occupation_yrs_text]&lt;&gt;" or [p135b_current_occupation_type]&lt;&gt;") or ([p136a_prev_occupation]&lt;&gt;" or [p136b_prev_occupation_yrs_text]&lt;&gt;" or [p136c_prev_occupation_type]&lt;&gt;")</p>	<p>How many years did you work at this occupation?  <i>years</i></p>	<p>text (integer, Min: 0, Max: 99)</p> <p>Custom alignment: RH</p>				
173p	<p>p137b_other_occupation_type</p> <p>Show the field ONLY if:        ([p135_current_occupation]&lt;&gt;" or [p135a_current_occupation_yrs_text]&lt;&gt;" or [p135b_current_occupation_type]&lt;&gt;") or ([p136a_prev_occupation]&lt;&gt;" or [p136b_prev_occupation_yrs_text]&lt;&gt;" or [p136c_prev_occupation_type]&lt;&gt;")</p>	<p>What kind of business or industry is this (for example, what do they make or what services do they provide)?</p>	<p>text</p> <p>Custom alignment: RH</p>				
174q	<p>q138_exposure_asbestos</p>	<p>Section Header: <i>Q. Exposures In your work or daily life, are (were) you regularly exposed to any of the following? If YES, indicate the number of years exposed.</i></p> <p>Asbestos</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="803 1829 873 1902"> <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						

174	q138_exposure_asbestos_yrs_text Show the field ONLY if: [q138_exposure_asbestos] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
174	q139_exposure_bio	Biohazardous materials such as blood, tissue or other bodily fluids	radio (Matrix) <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						
174	q139_exposure_bio_yrs_text Show the field ONLY if: [q139_exposure_bio] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
174	q140_exposure_chemical	Chemicals/acids/solvents	radio (Matrix) <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						
174	q140_exposure_chemical_yrs_text Show the field ONLY if: [q140_exposure_chemical] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
174	q141_exposure_coal_dust	Coal or stone dust	radio (Matrix) <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						
174	q141_exposure_coal_dust_yrs_text Show the field ONLY if: [q141_exposure_coal_dust] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
174	q142_exposure_coal	Section Header: <i>Q. Exposures (cont'd) In your work or daily life, are (were) you regularly exposed to any of the following? If YES, indicate the number of years exposed.</i> Coal tar/pitch/asphalt	radio (Matrix) <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						
174	q142_exposure_coal_yrs_text Show the field ONLY if: [q142_exposure_coal] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
175	q143_exposure_diesel	Diesel engine exhaust	radio (Matrix) <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						
175	q143_exposure_diesel_yrs_text Show the field ONLY if: [q143_exposure_diesel] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
175	q144_exposure_dyes	Dyes	radio (Matrix) <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						

1758	q144_exposure_dyes_yrs_text Show the field ONLY if: [q144_exposure_dyes] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1754	q145_exposure_formald	Formaldehyde	radio (Matrix) <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						
1755	q145_exposure_formald_yrs_text Show the field ONLY if: [q145_exposure_formald] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1756	q146_exposure_gasoline	Section Header: <i>Q. Exposures (cont'd) In your work or daily life, are (were) you regularly exposed to any of the following? If YES, indicate the number of years exposed.</i> Gasoline exhaust	radio (Matrix) <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						
1757	q146_exposure_gasoline_yrs_text Show the field ONLY if: [q146_exposure_gasoline] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1758	q147_exposure_hvymetals	Heavy metals such as lead, mercury, cadmium, arsenic	radio (Matrix) <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						
1759	q147_exposure_hvymetals_yrs_text Show the field ONLY if: [q147_exposure_hvymetals] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1760	q148_exposure_pesticide	Pesticides/herbicides	radio (Matrix) <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						
1761	q148_exposure_pesticide_yrs_text Show the field ONLY if: [q148_exposure_pesticide] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1762	q149_exposure_sand	Sand or silica	radio (Matrix) <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						
1763	q149_exposure_sand_yrs_text Show the field ONLY if: [q149_exposure_sand] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH				
1764	q150_exposure_otherdust	Section Header: <i>Q. Exposures (cont'd) In your work or daily life, are (were) you regularly exposed to any of the following? If YES, indicate the number of years exposed.</i> Other dusty conditions	radio (Matrix) <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						

1766	q150_exposure_other_dust_yrs_text  Show the field ONLY if: [q150_exposure_otherdust] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
1766	q151_exposure_textile	Textile fibers/dust	radio (Matrix) <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																	
1767	q151_exposure_textile_yrs_text  Show the field ONLY if: [q151_exposure_textile] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
1768	q152_exposure_wood_dust	Wood dust	radio (Matrix) <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																	
1769	q152_exposure_wood_dust_yrs_text  Show the field ONLY if: [q152_exposure_wooddust] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
1770	q153_exposure_xrays	X-rays/radioactive materials	radio (Matrix) <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																	
1771	q153_exposure_xrays_yrs_text  Show the field ONLY if: [q153_exposure_xrays] = '1'	Years <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
1772	r156_fh_breastcancer	Section Header: <i>R. About Your Family's Health For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Breast cancer	checkbox <table border="1"><tr><td>1</td><td>r156_fh_breastcancer__1</td><td>Mother</td></tr><tr><td>2</td><td>r156_fh_breastcancer__2</td><td>Father</td></tr><tr><td>3</td><td>r156_fh_breastcancer__3</td><td>Brothers</td></tr><tr><td>4</td><td>r156_fh_breastcancer__4</td><td>Sisters</td></tr><tr><td>5</td><td>r156_fh_breastcancer__5</td><td>Children</td></tr></table>	1	r156_fh_breastcancer__1	Mother	2	r156_fh_breastcancer__2	Father	3	r156_fh_breastcancer__3	Brothers	4	r156_fh_breastcancer__4	Sisters	5	r156_fh_breastcancer__5	Children
1	r156_fh_breastcancer__1	Mother																
2	r156_fh_breastcancer__2	Father																
3	r156_fh_breastcancer__3	Brothers																
4	r156_fh_breastcancer__4	Sisters																
5	r156_fh_breastcancer__5	Children																
1773	r156_fh_bro_breastcancer  Show the field ONLY if: [r156_fh_breastcancer(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
1774	r156_fh_sis_breastcancer  Show the field ONLY if: [r156_fh_breastcancer(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
1775	r156_fh_kid_breastcancer  Show the field ONLY if: [r156_fh_breastcancer(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															

177	r156_fh_coloncancer	Colon or rectal cancer	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_coloncancer__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_coloncancer__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_coloncancer__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_coloncancer__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_coloncancer__5</td> <td>Children</td> </tr> </table>	1	r156_fh_coloncancer__1	Mother	2	r156_fh_coloncancer__2	Father	3	r156_fh_coloncancer__3	Brothers	4	r156_fh_coloncancer__4	Sisters	5	r156_fh_coloncancer__5	Children
1	r156_fh_coloncancer__1	Mother																
2	r156_fh_coloncancer__2	Father																
3	r156_fh_coloncancer__3	Brothers																
4	r156_fh_coloncancer__4	Sisters																
5	r156_fh_coloncancer__5	Children																
177	r156_fh_bro_coloncancer  Show the field ONLY if: [r156_fh_coloncancer(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
177	r156_fh_sis_coloncancer  Show the field ONLY if: [r156_fh_coloncancer(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
177	r156_fh_kid_coloncancer  Show the field ONLY if: [r156_fh_coloncancer(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_leukemia	Leukemia	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_leukemia__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_leukemia__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_leukemia__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_leukemia__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_leukemia__5</td> <td>Children</td> </tr> </table>	1	r156_fh_leukemia__1	Mother	2	r156_fh_leukemia__2	Father	3	r156_fh_leukemia__3	Brothers	4	r156_fh_leukemia__4	Sisters	5	r156_fh_leukemia__5	Children
1	r156_fh_leukemia__1	Mother																
2	r156_fh_leukemia__2	Father																
3	r156_fh_leukemia__3	Brothers																
4	r156_fh_leukemia__4	Sisters																
5	r156_fh_leukemia__5	Children																
178	r156_fh_bro_leukemia  Show the field ONLY if: [r156_fh_leukemia(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_sis_leukemia  Show the field ONLY if: [r156_fh_leukemia(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_kid_leukemia  Show the field ONLY if: [r156_fh_leukemia(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_lungcancer	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Lung cancer	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_lungcancer__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_lungcancer__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_lungcancer__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_lungcancer__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_lungcancer__5</td> <td>Children</td> </tr> </table>	1	r156_fh_lungcancer__1	Mother	2	r156_fh_lungcancer__2	Father	3	r156_fh_lungcancer__3	Brothers	4	r156_fh_lungcancer__4	Sisters	5	r156_fh_lungcancer__5	Children
1	r156_fh_lungcancer__1	Mother																
2	r156_fh_lungcancer__2	Father																
3	r156_fh_lungcancer__3	Brothers																
4	r156_fh_lungcancer__4	Sisters																
5	r156_fh_lungcancer__5	Children																
178	r156_fh_bro_lungcancer  Show the field ONLY if: [r156_fh_lungcancer(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															

178	r156_fh_sis_lungcancer Show the field ONLY if: [r156_fh_lungcancer(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_kid_lungcancer Show the field ONLY if: [r156_fh_lungcancer(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
178	r156_fh_lymphoma	Lymphoma	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_lymphoma__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_lymphoma__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_lymphoma__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_lymphoma__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_lymphoma__5</td> <td>Children</td> </tr> </table>	1	r156_fh_lymphoma__1	Mother	2	r156_fh_lymphoma__2	Father	3	r156_fh_lymphoma__3	Brothers	4	r156_fh_lymphoma__4	Sisters	5	r156_fh_lymphoma__5	Children
1	r156_fh_lymphoma__1	Mother																
2	r156_fh_lymphoma__2	Father																
3	r156_fh_lymphoma__3	Brothers																
4	r156_fh_lymphoma__4	Sisters																
5	r156_fh_lymphoma__5	Children																
178	r156_fh_bro_lymphoma Show the field ONLY if: [r156_fh_lymphoma(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_sis_lymphoma Show the field ONLY if: [r156_fh_lymphoma(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_kid_lymphoma Show the field ONLY if: [r156_fh_lymphoma(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_prostatecancer	Prostate cancer	checkbox <table border="1"> <tr> <td>2</td> <td>r156_fh_prostatecancer__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_prostatecancer__3</td> <td>Brothers</td> </tr> <tr> <td>5</td> <td>r156_fh_prostatecancer__5</td> <td>Children</td> </tr> </table>	2	r156_fh_prostatecancer__2	Father	3	r156_fh_prostatecancer__3	Brothers	5	r156_fh_prostatecancer__5	Children						
2	r156_fh_prostatecancer__2	Father																
3	r156_fh_prostatecancer__3	Brothers																
5	r156_fh_prostatecancer__5	Children																
179	r156_fh_bro_prostatecancer Show the field ONLY if: [r156_fh_prostatecancer(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_kid_prostatecancer Show the field ONLY if: [r156_fh_prostatecancer(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_ovariancancer	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Ovarian cancer	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_ovariancancer__1</td> <td>Mother</td> </tr> <tr> <td>4</td> <td>r156_fh_ovariancancer__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_ovariancancer__5</td> <td>Children</td> </tr> </table>	1	r156_fh_ovariancancer__1	Mother	4	r156_fh_ovariancancer__4	Sisters	5	r156_fh_ovariancancer__5	Children						
1	r156_fh_ovariancancer__1	Mother																
4	r156_fh_ovariancancer__4	Sisters																
5	r156_fh_ovariancancer__5	Children																

179	r156_fh_sis_ovariancancer Show the field ONLY if: [r156_fh_ovariancancer(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_kid_ovariancancer Show the field ONLY if: [r156_fh_ovariancancer(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
179	r156_fh_melanoma	Melanoma	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_melanoma__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_melanoma__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_melanoma__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_melanoma__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_melanoma__5</td> <td>Children</td> </tr> </table>	1	r156_fh_melanoma__1	Mother	2	r156_fh_melanoma__2	Father	3	r156_fh_melanoma__3	Brothers	4	r156_fh_melanoma__4	Sisters	5	r156_fh_melanoma__5	Children
1	r156_fh_melanoma__1	Mother																
2	r156_fh_melanoma__2	Father																
3	r156_fh_melanoma__3	Brothers																
4	r156_fh_melanoma__4	Sisters																
5	r156_fh_melanoma__5	Children																
179	r156_fh_bro_melanoma Show the field ONLY if: [r156_fh_melanoma(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
180	r156_fh_sis_melanoma Show the field ONLY if: [r156_fh_melanoma(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
180	r156_fh_kid_melanoma Show the field ONLY if: [r156_fh_melanoma(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
180	r156_fh_skincan_nonmel	Skin cancer, other than melanoma	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_skincan_nonmel__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_skincan_nonmel__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_skincan_nonmel__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_skincan_nonmel__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_skincan_nonmel__5</td> <td>Children</td> </tr> </table>	1	r156_fh_skincan_nonmel__1	Mother	2	r156_fh_skincan_nonmel__2	Father	3	r156_fh_skincan_nonmel__3	Brothers	4	r156_fh_skincan_nonmel__4	Sisters	5	r156_fh_skincan_nonmel__5	Children
1	r156_fh_skincan_nonmel__1	Mother																
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4	r156_fh_skincan_nonmel__4	Sisters																
5	r156_fh_skincan_nonmel__5	Children																
180	r156_fh_bro_skincan_nonmel Show the field ONLY if: [r156_fh_skincan_nonmel(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
180	r156_fh_sis_skincan_nonmel Show the field ONLY if: [r156_fh_skincan_nonmel(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
180	r156_fh_kid_skincan_nonmel Show the field ONLY if: [r156_fh_skincan_nonmel(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															

1806	r156_fh_othercancer	<p>Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i></p> <p>Other cancer</p>	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_othercancer__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_othercancer__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_othercancer__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_othercancer__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_othercancer__5</td> <td>Children</td> </tr> </table>	1	r156_fh_othercancer__1	Mother	2	r156_fh_othercancer__2	Father	3	r156_fh_othercancer__3	Brothers	4	r156_fh_othercancer__4	Sisters	5	r156_fh_othercancer__5	Children
1	r156_fh_othercancer__1	Mother																
2	r156_fh_othercancer__2	Father																
3	r156_fh_othercancer__3	Brothers																
4	r156_fh_othercancer__4	Sisters																
5	r156_fh_othercancer__5	Children																
1807	r156_fh_bro_othercancer	Number of brothers affected  Show the field ONLY if: [r156_fh_othercancer(3)] = '1'	text (integer, Min: 1, Max: 10)															
1808	r156_fh_sis_othercancer	Number of sisters affected  Show the field ONLY if: [r156_fh_othercancer(4)] = '1'	text (integer, Min: 1, Max: 10)															
1809	r156_fh_kid_othercancer	Number of children affected  Show the field ONLY if: [r156_fh_othercancer(5)] = '1'	text (integer, Min: 1, Max: 10)															
1810	r156_fh_diabetes	Diabetes	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_diabetes__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_diabetes__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_diabetes__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_diabetes__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_diabetes__5</td> <td>Children</td> </tr> </table>	1	r156_fh_diabetes__1	Mother	2	r156_fh_diabetes__2	Father	3	r156_fh_diabetes__3	Brothers	4	r156_fh_diabetes__4	Sisters	5	r156_fh_diabetes__5	Children
1	r156_fh_diabetes__1	Mother																
2	r156_fh_diabetes__2	Father																
3	r156_fh_diabetes__3	Brothers																
4	r156_fh_diabetes__4	Sisters																
5	r156_fh_diabetes__5	Children																
1811	r156_fh_bro_diabetes	Number of brothers affected  Show the field ONLY if: [r156_fh_diabetes(3)] = '1'	text (integer, Min: 1, Max: 10)															
1812	r156_fh_sis_diabetes	Number of sisters affected  Show the field ONLY if: [r156_fh_diabetes(4)] = '1'	text (integer, Min: 1, Max: 10)															
1813	r156_fh_kid_diabetes	Number of children affected  Show the field ONLY if: [r156_fh_diabetes(5)] = '1'	text (integer, Min: 1, Max: 10)															
1814	r156_fh_highblood	High blood pressure	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_highblood__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_highblood__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_highblood__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_highblood__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_highblood__5</td> <td>Children</td> </tr> </table>	1	r156_fh_highblood__1	Mother	2	r156_fh_highblood__2	Father	3	r156_fh_highblood__3	Brothers	4	r156_fh_highblood__4	Sisters	5	r156_fh_highblood__5	Children
1	r156_fh_highblood__1	Mother																
2	r156_fh_highblood__2	Father																
3	r156_fh_highblood__3	Brothers																
4	r156_fh_highblood__4	Sisters																
5	r156_fh_highblood__5	Children																
1815	r156_fh_bro_highblood	Number of brothers affected  Show the field ONLY if: [r156_fh_highblood(3)] = '1'	text (integer, Min: 1, Max: 10)															

181	r156_fh_sis_highblood Show the field ONLY if: [r156_fh_highblood(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
181	r156_fh_kid_highblood Show the field ONLY if: [r156_fh_highblood(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
181	r156_fh_stroke	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Stroke	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_stroke__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_stroke__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_stroke__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_stroke__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_stroke__5</td> <td>Children</td> </tr> </table>	1	r156_fh_stroke__1	Mother	2	r156_fh_stroke__2	Father	3	r156_fh_stroke__3	Brothers	4	r156_fh_stroke__4	Sisters	5	r156_fh_stroke__5	Children
1	r156_fh_stroke__1	Mother																
2	r156_fh_stroke__2	Father																
3	r156_fh_stroke__3	Brothers																
4	r156_fh_stroke__4	Sisters																
5	r156_fh_stroke__5	Children																
181	r156_fh_bro_stroke Show the field ONLY if: [r156_fh_stroke(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
182	r156_fh_sis_stroke Show the field ONLY if: [r156_fh_stroke(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
182	r156_fh_kid_stroke Show the field ONLY if: [r156_fh_stroke(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
182	r156_fh_heartattack	Heart attack	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_heartattack__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_heartattack__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_heartattack__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_heartattack__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_heartattack__5</td> <td>Children</td> </tr> </table>	1	r156_fh_heartattack__1	Mother	2	r156_fh_heartattack__2	Father	3	r156_fh_heartattack__3	Brothers	4	r156_fh_heartattack__4	Sisters	5	r156_fh_heartattack__5	Children
1	r156_fh_heartattack__1	Mother																
2	r156_fh_heartattack__2	Father																
3	r156_fh_heartattack__3	Brothers																
4	r156_fh_heartattack__4	Sisters																
5	r156_fh_heartattack__5	Children																
182	r156_fh_bro_heartattack Show the field ONLY if: [r156_fh_heartattack(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
182	r156_fh_sis_heartattack Show the field ONLY if: [r156_fh_heartattack(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
182	r156_fh_kid_heartattack Show the field ONLY if: [r156_fh_heartattack(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															

1826	r156_fh_cad	Coronary artery disease	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_cad__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_cad__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_cad__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_cad__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_cad__5</td> <td>Children</td> </tr> </table>	1	r156_fh_cad__1	Mother	2	r156_fh_cad__2	Father	3	r156_fh_cad__3	Brothers	4	r156_fh_cad__4	Sisters	5	r156_fh_cad__5	Children
1	r156_fh_cad__1	Mother																
2	r156_fh_cad__2	Father																
3	r156_fh_cad__3	Brothers																
4	r156_fh_cad__4	Sisters																
5	r156_fh_cad__5	Children																
1827	r156_fh_bro_cad Show the field ONLY if: [r156_fh_cad(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
1828	r156_fh_sis_cad Show the field ONLY if: [r156_fh_cad(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
1829	r156_fh_kid_cad Show the field ONLY if: [r156_fh_cad(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
1830	r156_fh_sicklecell	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Sickle cell disease	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_sicklecell__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_sicklecell__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_sicklecell__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_sicklecell__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_sicklecell__5</td> <td>Children</td> </tr> </table>	1	r156_fh_sicklecell__1	Mother	2	r156_fh_sicklecell__2	Father	3	r156_fh_sicklecell__3	Brothers	4	r156_fh_sicklecell__4	Sisters	5	r156_fh_sicklecell__5	Children
1	r156_fh_sicklecell__1	Mother																
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3	r156_fh_sicklecell__3	Brothers																
4	r156_fh_sicklecell__4	Sisters																
5	r156_fh_sicklecell__5	Children																
1831	r156_fh_bro_sicklecell Show the field ONLY if: [r156_fh_sicklecell(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
1832	r156_fh_sis_sicklecell Show the field ONLY if: [r156_fh_sicklecell(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
1833	r156_fh_kid_sicklecell Show the field ONLY if: [r156_fh_sicklecell(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
1834	r156_fh_ra	Rheumatoid arthritis	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_ra__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_ra__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_ra__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_ra__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_ra__5</td> <td>Children</td> </tr> </table>	1	r156_fh_ra__1	Mother	2	r156_fh_ra__2	Father	3	r156_fh_ra__3	Brothers	4	r156_fh_ra__4	Sisters	5	r156_fh_ra__5	Children
1	r156_fh_ra__1	Mother																
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3	r156_fh_ra__3	Brothers																
4	r156_fh_ra__4	Sisters																
5	r156_fh_ra__5	Children																
1835	r156_fh_bro_ra Show the field ONLY if: [r156_fh_ra(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
1836	r156_fh_sis_ra Show the field ONLY if: [r156_fh_ra(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
1837	r156_fh_kid_ra Show the field ONLY if: [r156_fh_ra(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															

183	r156_fh_alzheimers	Alzheimer's disease	checkbox <table border="1"> <tr><td>1</td><td>r156_fh_alzheimers__1</td><td>Mother</td></tr> <tr><td>2</td><td>r156_fh_alzheimers__2</td><td>Father</td></tr> <tr><td>3</td><td>r156_fh_alzheimers__3</td><td>Brothers</td></tr> <tr><td>4</td><td>r156_fh_alzheimers__4</td><td>Sisters</td></tr> <tr><td>5</td><td>r156_fh_alzheimers__5</td><td>Children</td></tr> </table>	1	r156_fh_alzheimers__1	Mother	2	r156_fh_alzheimers__2	Father	3	r156_fh_alzheimers__3	Brothers	4	r156_fh_alzheimers__4	Sisters	5	r156_fh_alzheimers__5	Children
1	r156_fh_alzheimers__1	Mother																
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5	r156_fh_alzheimers__5	Children																
183	r156_fh_bro_alzheimers Show the field ONLY if: [r156_fh_alzheimers(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_sis_alzheimers Show the field ONLY if: [r156_fh_alzheimers(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_kid_alzheimers Show the field ONLY if: [r156_fh_alzheimers(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_asthma	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i>  Asthma	checkbox <table border="1"> <tr><td>1</td><td>r156_fh_asthma__1</td><td>Mother</td></tr> <tr><td>2</td><td>r156_fh_asthma__2</td><td>Father</td></tr> <tr><td>3</td><td>r156_fh_asthma__3</td><td>Brothers</td></tr> <tr><td>4</td><td>r156_fh_asthma__4</td><td>Sisters</td></tr> <tr><td>5</td><td>r156_fh_asthma__5</td><td>Children</td></tr> </table>	1	r156_fh_asthma__1	Mother	2	r156_fh_asthma__2	Father	3	r156_fh_asthma__3	Brothers	4	r156_fh_asthma__4	Sisters	5	r156_fh_asthma__5	Children
1	r156_fh_asthma__1	Mother																
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5	r156_fh_asthma__5	Children																
184	r156_fh_bro_asthma Show the field ONLY if: [r156_fh_asthma(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_sis_asthma Show the field ONLY if: [r156_fh_asthma(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_kid_asthma Show the field ONLY if: [r156_fh_asthma(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_autism	Autism	checkbox <table border="1"> <tr><td>1</td><td>r156_fh_autism__1</td><td>Mother</td></tr> <tr><td>2</td><td>r156_fh_autism__2</td><td>Father</td></tr> <tr><td>3</td><td>r156_fh_autism__3</td><td>Brothers</td></tr> <tr><td>4</td><td>r156_fh_autism__4</td><td>Sisters</td></tr> <tr><td>5</td><td>r156_fh_autism__5</td><td>Children</td></tr> </table>	1	r156_fh_autism__1	Mother	2	r156_fh_autism__2	Father	3	r156_fh_autism__3	Brothers	4	r156_fh_autism__4	Sisters	5	r156_fh_autism__5	Children
1	r156_fh_autism__1	Mother																
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4	r156_fh_autism__4	Sisters																
5	r156_fh_autism__5	Children																
184	r156_fh_bro_autism Show the field ONLY if: [r156_fh_autism(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															

184	r156_fh_sis_autism Show the field ONLY if: [r156_fh_autism(4)] = '1'	Number of sisters affected	text (integer, Min: 1, Max: 10)															
184	r156_fh_kid_autism Show the field ONLY if: [r156_fh_autism(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
185	r156_fh_hayfever	Hay fever & other seasonal allergies	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_hayfever__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_hayfever__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_hayfever__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_hayfever__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_hayfever__5</td> <td>Children</td> </tr> </table>	1	r156_fh_hayfever__1	Mother	2	r156_fh_hayfever__2	Father	3	r156_fh_hayfever__3	Brothers	4	r156_fh_hayfever__4	Sisters	5	r156_fh_hayfever__5	Children
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185	r156_fh_bro_hayfever Show the field ONLY if: [r156_fh_hayfever(3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
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185	r156_fh_kid_hayfever Show the field ONLY if: [r156_fh_hayfever(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
185	r156_fh_ephysema	Section Header: <i>R. About Your Family's Health (cont'd) For the items below, please answer for both living and deceased biological (blood) relatives including your Mother, Father, Brothers, Sisters, and/or Children. Leave blank if no one has been affected. Have any of your family members ever had any of the following health problems?</i> Emphysema	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_ephysema__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_ephysema__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_ephysema__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_ephysema__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_ephysema__5</td> <td>Children</td> </tr> </table>	1	r156_fh_ephysema__1	Mother	2	r156_fh_ephysema__2	Father	3	r156_fh_ephysema__3	Brothers	4	r156_fh_ephysema__4	Sisters	5	r156_fh_ephysema__5	Children
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185	r156_fh_kid_ephysema Show the field ONLY if: [r156_fh_ephysema(5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															

185	r156_fh_parkinsons	Parkinson's disease	checkbox <table border="1"> <tr> <td>1</td> <td>r156_fh_parkinsons__1</td> <td>Mother</td> </tr> <tr> <td>2</td> <td>r156_fh_parkinsons__2</td> <td>Father</td> </tr> <tr> <td>3</td> <td>r156_fh_parkinsons__3</td> <td>Brothers</td> </tr> <tr> <td>4</td> <td>r156_fh_parkinsons__4</td> <td>Sisters</td> </tr> <tr> <td>5</td> <td>r156_fh_parkinsons__5</td> <td>Children</td> </tr> </table>	1	r156_fh_parkinsons__1	Mother	2	r156_fh_parkinsons__2	Father	3	r156_fh_parkinsons__3	Brothers	4	r156_fh_parkinsons__4	Sisters	5	r156_fh_parkinsons__5	Children
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185	r156_fh_bro_parkinsons  Show the field ONLY if: [r156_fh_parkinsons (3)] = '1'	Number of brothers affected	text (integer, Min: 1, Max: 10)															
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186	r156_fh_kid_parkinsons  Show the field ONLY if: [r156_fh_parkinsons (5)] = '1'	Number of children affected	text (integer, Min: 1, Max: 10)															
186	s177_smoke_100_cig_lifetime	Section Header: <i>S. Lifestyle</i> In your lifetime, have you smoked at least 100 cigarettes?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
186	s178_currently_smoke  Show the field ONLY if: [s177_smoke_100_cig_lifetime] = '1'	Do you currently smoke cigarettes?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
186	s178a_cig_average_per_day_text  Show the field ONLY if: [s178_currently_smoke] = '1'	How many cigarettes do you smoke per day on average? <i>cigarettes per day</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
186	s178b_years_smokes_cig_text  Show the field ONLY if: [s178_currently_smoke] = '1'	How many years have you smoked cigarettes? <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
186	s179_smoke_average_per_day_text  Show the field ONLY if: [s178_currently_smoke] = '0'	When you did smoke, how many cigarettes did you smoke per day on average? <i>cigarettes per day</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															
186	s180_years_past_smoke_text  Show the field ONLY if: [s178_currently_smoke] = '0'	How many years did you smoke cigarettes? <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH															

186	s181_smokeless_tobacco	Have you ever used smokeless tobacco products (chewing tobacco or snuff)?	radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No Custom alignment: RH
186	s182_cigars_pipes	Have you ever smoked cigars, pipes, kreteks or other tobacco products?	radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No Custom alignment: RH
187	s183_tobacco_indoors	Do you ever have exposure to tobacco smoke in an indoor workspace?	radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No Custom alignment: RH
187	s184_number_in_home_smoke_text	Not counting yourself, how many people currently living in your home smoke regularly indoors? <i>people</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH
187	s185_any_alcohol_lifetime	Section Header: <i>S. Lifestyle (cont'd)</i> In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?	radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No Custom alignment: RH
187	s186_alcohol_past_month Show the field ONLY if: [s185_any_alcohol_lifetime] = '1'	During the past month, have you had at least one alcoholic drink?	radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No Custom alignment: RH
187	s187_drinks_per_day_text Show the field ONLY if: [s185_any_alcohol_lifetime] = '1'	On average, how many alcoholic beverages do you have per day? <i>drinks per day</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH
187	s188_drinks_per_week_text Show the field ONLY if: [s185_any_alcohol_lifetime] = '1'	On average, how many days per week do you drink? <i>days per week</i>	text (integer, Min: 0, Max: 7) Custom alignment: RH
187	s189_years_drinking_alcohol_text Show the field ONLY if: [s185_any_alcohol_lifetime] = '1'	How many years have you drank alcohol regularly? <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH
187	s190_hours_sleep_text	How many hours of sleep do you usually get per night? <i>hours</i>	text (integer, Min: 0, Max: 24) Custom alignment: RH
187	s193_trouble_sleeping_perweek	How many nights per week do you typically have trouble sleeping?	radio (Matrix) <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7

187	t192_father_highest_grade	<p>Section Header: <i>T. About Your Home Life</i></p> <p>What was the highest grade of school or year of college completed by your father or other person who lived with you and was like a father to you? (choose one)</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>8th grade or less</td></tr> <tr><td>2</td><td>9th - 11th grade</td></tr> <tr><td>3</td><td>12th grade/high school graduate or equivalent (GED)</td></tr> <tr><td>4</td><td>Some college, but no degree or certificate</td></tr> <tr><td>5</td><td>Technical or vocational school graduate</td></tr> <tr><td>6</td><td>Bachelor's degree</td></tr> <tr><td>7</td><td>Graduate or professional degree</td></tr> <tr><td>8</td><td>Not applicable</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	8th grade or less	2	9th - 11th grade	3	12th grade/high school graduate or equivalent (GED)	4	Some college, but no degree or certificate	5	Technical or vocational school graduate	6	Bachelor's degree	7	Graduate or professional degree	8	Not applicable	88	Don't know
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188	t193_father_job	<p>During your childhood, did he have a paid job?</p> <p>Show the field ONLY if:  [t192_father_highest_grade] = '1' or [t192_father_highest_grade] = '2' or [t192_father_highest_grade] = '3' or [t192_father_highest_grade] = '4' or [t192_father_highest_grade] = '5' or [t192_father_highest_grade] = '6' or [t192_father_highest_grade] = '7'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No														
1	Yes																				
0	No																				
188	t194_father_occupation_title	<p>During your childhood, what was his occupation, or main job?</p> <p>Show the field ONLY if:  [t192_father_highest_grade] = '1' or [t192_father_highest_grade] = '2' or [t192_father_highest_grade] = '3' or [t192_father_highest_grade] = '4' or [t192_father_highest_grade] = '5' or [t192_father_highest_grade] = '6' or [t192_father_highest_grade] = '7'</p>	<p>text</p> <p>Custom alignment: RH</p>																		
188	t195_mother_highest_grade	<p>Section Header: <i>T. About Your Home Life (cont'd)</i></p> <p>What was the highest grade of school or year of college completed by your mother or other person who lived with you and was like a mother to you? (choose one)</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>8th grade or less</td></tr> <tr><td>2</td><td>9th - 11th grade</td></tr> <tr><td>3</td><td>12th grade/high school graduate or equivalent (GED)</td></tr> <tr><td>4</td><td>Some college, but no degree or certificate</td></tr> <tr><td>5</td><td>Technical or vocational school graduate</td></tr> <tr><td>6</td><td>Bachelor's degree</td></tr> <tr><td>7</td><td>Graduate or professional degree</td></tr> <tr><td>8</td><td>Not applicable</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	8th grade or less	2	9th - 11th grade	3	12th grade/high school graduate or equivalent (GED)	4	Some college, but no degree or certificate	5	Technical or vocational school graduate	6	Bachelor's degree	7	Graduate or professional degree	8	Not applicable	88	Don't know
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1885t196_mother_job	<p>During your childhood, did she have a paid job?</p> <p>Show the field ONLY if:  [t195_mother_highest_grade] = '1' or [t195_mother_highest_grade] = '2' or [t195_mother_highest_grade] = '3' or [t195_mother_highest_grade] = '4' or [t195_mother_highest_grade] = '5' or [t195_mother_highest_grade] = '6' or [t195_mother_highest_grade] = '7'</p>		<p>radio</p> <table border="1" data-bbox="803 174 873 243"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No										
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0	No																
1885t197_mother_occupation_title	<p>During your childhood, what was her occupation, or main job?</p> <p>Show the field ONLY if:  [t195_mother_highest_grade] = '1' or [t195_mother_highest_grade] = '2' or [t195_mother_highest_grade] = '3' or [t195_mother_highest_grade] = '4' or [t195_mother_highest_grade] = '5' or [t195_mother_highest_grade] = '6' or [t195_mother_highest_grade] = '7'</p>		<p>text</p> <p>Custom alignment: RH</p>														
1885t198_parents_rent_ownership	<p>Section Header: <i>T. About Your Home Life (cont'd)</i></p> <p>Thinking about most of the years until you were 12, did your parents (or the people who brought you up) own the house you lived in or did they rent it? (please mark the appropriate answer)</p>		<p>radio</p> <table border="1" data-bbox="803 1003 1125 1131"> <tr><td>1</td><td>Owned the house</td></tr> <tr><td>2</td><td>Rented the house</td></tr> <tr><td>3</td><td>Owned the house part of the time, rented part of the time</td></tr> </table> <p>Custom alignment: LV</p>	1	Owned the house	2	Rented the house	3	Owned the house part of the time, rented part of the time								
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1885t199_how_well_off_family	<p>How well off would you say your family was when you were growing up to age 12? Would you say they were... (please mark the appropriate answer)</p>		<p>radio</p> <table border="1" data-bbox="803 1213 963 1394"> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Below average</td></tr> <tr><td>3</td><td>About average</td></tr> <tr><td>4</td><td>Above average</td></tr> <tr><td>5</td><td>Quite well off</td></tr> </table> <p>Custom alignment: LV</p>	1	Poor	2	Below average	3	About average	4	Above average	5	Quite well off				
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1885t200_your_highest_grade	<p>What is the highest level of school you have completed? (choose one)</p>		<p>radio</p> <table border="1" data-bbox="803 1476 1125 1797"> <tr><td>1</td><td>8th grade or less</td></tr> <tr><td>2</td><td>9th - 11th grade</td></tr> <tr><td>3</td><td>12th grade/high school graduate or equivalent (GED)</td></tr> <tr><td>4</td><td>Some college, but no degree or certificate</td></tr> <tr><td>5</td><td>Technical or vocational school graduate</td></tr> <tr><td>6</td><td>Bachelor's degree</td></tr> <tr><td>7</td><td>Graduate or professional degree</td></tr> </table> <p>Custom alignment: LV</p>	1	8th grade or less	2	9th - 11th grade	3	12th grade/high school graduate or equivalent (GED)	4	Some college, but no degree or certificate	5	Technical or vocational school graduate	6	Bachelor's degree	7	Graduate or professional degree
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188	st201_income_past_year	Section Header: <i>T. About Your Home Life (cont'd)</i> In the past 12 months, which income group best represents the total income for your household (before taxes) including salaries, wages, tips, retirement, welfare, social security, or income from any other source?	radio <table border="1"> <tr><td>1</td><td>Less than \$20,000</td></tr> <tr><td>2</td><td>\$20,000 to 29,999</td></tr> <tr><td>3</td><td>\$30,000 to 39,999</td></tr> <tr><td>4</td><td>\$40,000 to 49,999</td></tr> <tr><td>5</td><td>\$50,000 to 59,999</td></tr> <tr><td>6</td><td>\$60,000 to 69,999</td></tr> <tr><td>7</td><td>\$70,000 to 79,999</td></tr> <tr><td>8</td><td>\$80,000 or more</td></tr> </table> Custom alignment: LV	1	Less than \$20,000	2	\$20,000 to 29,999	3	\$30,000 to 39,999	4	\$40,000 to 49,999	5	\$50,000 to 59,999	6	\$60,000 to 69,999	7	\$70,000 to 79,999	8	\$80,000 or more
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188	st202_where_do_you_live	Where do you live? (please mark the appropriate answer)	radio <table border="1"> <tr><td>1</td><td>A single family home that is detached from other homes</td></tr> <tr><td>2</td><td>A single family home that is attached to other homes (like a townhouse or a duplex)</td></tr> <tr><td>3</td><td>An apartment</td></tr> <tr><td>4</td><td>Military housing</td></tr> <tr><td>5</td><td>Trailer</td></tr> </table> Custom alignment: LV	1	A single family home that is detached from other homes	2	A single family home that is attached to other homes (like a townhouse or a duplex)	3	An apartment	4	Military housing	5	Trailer						
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189	st203_years_at_current_home_text	How many years have you lived in your current home? <i>years</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH																
189	st204_pay_for_housing	Section Header: <i>T. About Your Home Life (cont'd)</i> How do you pay for your housing? (please mark the appropriate answer)	radio <table border="1"> <tr><td>1</td><td>I make a mortgage payment</td></tr> <tr><td>2</td><td>I pay rent</td></tr> <tr><td>3</td><td>I do not have to pay for housing because I own my house outright</td></tr> <tr><td>4</td><td>I do not have to pay for housing because I live with family or friends</td></tr> <tr><td>5</td><td>I do not have to pay for housing because I live in military housing</td></tr> </table> Custom alignment: LV	1	I make a mortgage payment	2	I pay rent	3	I do not have to pay for housing because I own my house outright	4	I do not have to pay for housing because I live with family or friends	5	I do not have to pay for housing because I live in military housing						
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189	st205_difficult_monthly_payments	How difficult is it for you/your family to meet the monthly payments on your (family's) bills? (please mark the appropriate answer)	radio <table border="1"> <tr><td>1</td><td>Extremely difficult</td></tr> <tr><td>2</td><td>Very difficult</td></tr> <tr><td>3</td><td>Somewhat difficult</td></tr> <tr><td>4</td><td>Slightly difficult</td></tr> <tr><td>5</td><td>Not difficult at all</td></tr> </table> Custom alignment: LV	1	Extremely difficult	2	Very difficult	3	Somewhat difficult	4	Slightly difficult	5	Not difficult at all						
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189	st206_number_people_home_text	Including yourself, how many people live in your home? <i>people</i>	text (integer, Min: 1, Max: 99) Custom alignment: RH																
189	st207_number_children_home_text	How many children under age 18 live in your home? <i>children</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH																
189	su208a_not_usual_hyper	Section Header: <i>U. About your mood Has there ever been a period of time when you were not your usual self and...</i> You felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	radio (Matrix) <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																		
189	su208b_irritable	You were so irritable that you shouted at people or started fights or arguments?	radio (Matrix) <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																		

1897	u208c_more_self_confident	You felt much more self-confident than usual?	radio (Matrix) <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						
1898	u208d_less_sleep	You got much less sleep than usual and found you didn't really miss it?	radio (Matrix) <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						
1899	u208e_talkative	You were much more talkative or spoke much faster than usual?	radio (Matrix) <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						
1900	u208f_thoughts_raced	Thoughts raced through your head or you couldn't slow your mind down?	radio (Matrix) <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						
1901	u208g_distracted	You were so easily distracted by things around you that you had trouble concentrating or staying on track?	radio (Matrix) <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						
1902	u208h_more_energy	Section Header: <i>U. About your mood (cont'd) Has there ever been a period of time when you were not your usual self and...</i> You had much more energy than usual?	radio (Matrix) <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						
1903	u208i_more_active	You were much more active or did many more things than usual?	radio (Matrix) <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						
1904	u208j_more_interested_in_sex	You were much more interested in sex than usual?	radio (Matrix) <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						
1905	u208k_did_unusual_things	You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	radio (Matrix) <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						
1906	u208l_spending_more_money	Spending money got you or your family into trouble?	radio (Matrix) <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						
1907	u208m_more_social	You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	radio (Matrix) <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						

1908u209\_several\_happen  
\_sameperiodtm

Show the field ONLY if:

((u208b\_irritable) = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208c\_more\_self\_confident] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208c\_more\_self\_confident] = '1' and [u208b\_irritable] = '1') or ((u208d\_less\_sleep] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208d\_less\_sleep] = '1' and [u208b\_irritable] = '1') or ((u208d\_less\_sleep] = '1' and [u208c\_more\_self\_confident] = '1') or ((u208e\_talkative] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208e\_talkative] = '1' and [u208b\_irritable] = '1') or ((u208e\_talkative] = '1' and [u208c\_more\_self\_confident] = '1') or ((u208e\_talkative] = '1' and [u208d\_less\_sleep] = '1') or ((u208f\_thoughts\_raced] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208f\_thoughts\_raced] = '1' and [u208b\_irritable] = '1') or ((u208f\_thoughts\_raced] = '1' and [u208c\_more\_self\_confident] = '1') or ((u208f\_thoughts\_raced] = '1' and [u208d\_less\_sleep] = '1') or ((u208f\_thoughts\_raced] = '1' and [u208e\_talkative] = '1') or ((u208g\_distracted] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208g\_distracted] = '1' and [u208b\_irritable] = '1') or ((u208g\_distracted] = '1' and [u208c\_more\_self\_confident] = '1') or ((u208g\_distracted] = '1' and [u208d\_less\_sleep] = '1') or ((u208g\_distracted] = '1' and [u208e\_talkative] = '1') or ((u208g\_distracted] = '1' and [u208f\_thoughts\_raced] = '1') or ((u208h\_more\_energy] = '1' and [u208a\_not\_usual\_hyper] = '1') or ((u208h\_more\_energy] = '1' and [u208b\_irritable] = '1') or ((u208h\_more\_energy] = '1' and [u208c\_more\_self\_confident] = '1') or ((u208h\_more\_energy] = '1' and [u208d\_less\_sleep] = '1') or ((u208h\_more\_ener

Have several of these ever happened during the same period of time?

radio (Matrix)

1	Yes
0	No

gy] = '1' and [u208e\_talkative] = '1') or ([u208h\_more\_energy] = '1' and [u208f\_thoughts\_raced] = '1') or ([u208h\_more\_energy] = '1' and [u208g\_distracted] = '1') or ([u208i\_more\_active] = '1' and [u208a\_not\_usual\_hyper] = '1') or ([u208i\_more\_active] = '1' and [u208b\_irritable] = '1') or ([u208i\_more\_active] = '1' and [u208c\_more\_self\_confident] = '1') or ([u208i\_more\_active] = '1' and [u208d\_less\_sleep] = '1') or ([u208i\_more\_active] = '1' and [u208e\_talkative] = '1') or ([u208i\_more\_active] = '1' and [u208f\_thoughts\_raced] = '1') or ([u208i\_more\_active] = '1' and [u208g\_distracted] = '1') or ([u208i\_more\_active] = '1' and [u208h\_more\_energy] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208a\_not\_usual\_hyper] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208b\_irritable] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208c\_more\_self\_confident] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208d\_less\_sleep] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208e\_talkative] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208f\_thoughts\_raced] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208g\_distracted] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208h\_more\_energy] = '1') or ([u208j\_more\_interested\_in\_sex] = '1' and [u208i\_more\_active] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208a\_not\_usual\_hyper] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208b\_irritable] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208c\_more\_self\_confident] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208d\_less\_sleep] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208e\_talkative] = '1') or ([u208k\_did\_un

usual\_things] = '1' and [u208f\_thoughts\_raced] = '1') or (([u208k\_did\_unusual\_things] = '1' and [u208g\_distracted] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208h\_more\_energy] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208i\_more\_active] = '1') or ([u208k\_did\_unusual\_things] = '1' and [u208j\_more\_interested\_in\_sex] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208a\_not\_usual\_hyper] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208b\_irritable] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208c\_more\_self\_confident] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208d\_less\_sleep] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208e\_talkative] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208f\_thoughts\_raced] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208g\_distracted] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208h\_more\_energy] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208i\_more\_active] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208j\_more\_interested\_in\_sex] = '1') or ([u208l\_spending\_more\_money] = '1' and [u208k\_did\_unusual\_things] = '1') or ([u208m\_more\_social] = '1' and [u208a\_not\_usual\_hyper] = '1') or ([u208m\_more\_social] = '1' and [u208b\_irritable] = '1') or ([u208m\_more\_social] = '1' and [u208c\_more\_self\_confident] = '1') or ([u208m\_more\_social] = '1' and [u208d\_less\_sleep] = '1') or ([u208m\_more\_social] = '1' and [u208e\_talkative] = '1') or ([u208m\_more\_social] = '1' and [u208f\_thoughts\_raced] = '1') or ([u208m\_more\_social] = '1' and [u208g\_distracted] = '1') or ([u208m\_more\_social] = '1' and [u208h\_more\_energy] = '1') or ([u208m\_more\_

	social] = '1' and [u208i_more_active] = '1') or (([u208m_more_social] = '1' and [u208j_more_interested_in_sex] = '1') or ([u208m_more_social] = '1' and [u208k_did_unusual_things] = '1') or ([u208m_more_social] = '1' and [u208l_spending_more_money] = '1')										
190	u210_problems_caused	How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?	radio, Identifier <table border="1"> <tr><td>1</td><td>No Problem</td></tr> <tr><td>2</td><td>Minor Problem</td></tr> <tr><td>3</td><td>Moderate Problem</td></tr> <tr><td>4</td><td>Serious Problem</td></tr> </table> Custom alignment: LV	1	No Problem	2	Minor Problem	3	Moderate Problem	4	Serious Problem
1	No Problem										
2	Minor Problem										
3	Moderate Problem										
4	Serious Problem										
191	u211_blood_relatives_bipolar	Section Header: <i>U. About your mood (cont'd)</i> Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, and uncles) had manic-depressive illness or bipolar disorder?	radio (Matrix) <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										
191	u212_bipolar_depression	Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	radio (Matrix) <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										
191	comment_field	Section Header: When you click the Submit button, you may be prompted to answer a few additional questions.  Please provide any comments you have about the survey below.	notes Custom alignment: LV								
191	health_and_exposure_survey_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: **Adverse Event** (adverse\_event) [Expand](#)

Instrument: **WGS Spring 2019** (wgs\_spring\_2019) [Expand](#)

Instrument: **Redonate Spring 2019** (redonate\_spring\_2019) [Expand](#)

Instrument: **Redonate Reminder Link** (redonate\_reminder\_link) [Expand](#)

Instrument: **Diabetes Screener** (diabetes\_screener) [Expand](#)

Instrument: **Eczema Screener** (eczema\_screener) [Expand](#)

Instrument: **Right Not To Know (Phase I)** (right\_not\_to\_know) [Expand](#)

Instrument: **Ones Recruitment** (ones\_recruitment) [Expand](#)

Instrument: **Right Not To Know Main** (right\_not\_to\_know\_main) [Expand](#)

Instrument: **Covid19 Tracking App** (covid19\_tracking\_app) [Expand](#)

Instrument: **Exposome Invite for WGS** (exposome\_invite\_for\_wgs) [Expand](#)

Instrument: **Exposome for WGS GIFT CARD SENDOUT** (exposome\_for\_wgs\_gift\_card\_sendout) [Expand](#)