Environmental Polymorphisms Registry

PID 61

Codebook

Data Dictionary Codebook

06/11/2021 2:36pm

Expand all instruments | Expand all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **New Participant** (new_participant)			Expand Expand
Instrument: **Contact** (contact) Enabled as survey			Expand Expand
Instrument: **Demographics** (demographics) Enabled as survey			Expand Expand
Instrument: **Core Medical History** (core_medical_history)			Expand Expand
Instrument: **Medications** (medications)			Expand Expand
Instrument: **Blood Sample Collection** (blood_sample_collection)			Expand Expand
Instrument: **Status** (status)			Expand Expand
Instrument: **Event History** (event_history)			Expand Expand
Instrument: **Consent** (consent)			Expand Expand
Instrument: **Reconsent Backend** (reconsent_backend)			Expand Expand
Instrument: **Reconsent** (reconsent) Enabled as survey			Expand Expand
Instrument: **Recontact Update** (recontact_update) Enabled as survey			Expand Expand
Instrument: **Alternate Contact Update** (alternate_contact_update) Enabled as survey			Expand Expand
Instrument: **Health And Exposure Survey** (health_and_exposure_survey) Enabled as survey			Expand Expand
Instrument: **Adverse Event** (adverse_event)			Expand Expand
Instrument: **WGS Spring 2019** (wgs_spring_2019) Enabled as survey			Expand Expand
Instrument: **Redonate Spring 2019** (redonate_spring_2019) Enabled as survey			Expand Expand
Instrument: **Redonate Reminder Link** (redonate_reminder_link) Enabled as survey			Expand Expand
Instrument: **Diabetes Screener** (diabetes_screener) Enabled as survey			Expand Expand
Instrument: **Eczema Screener** (eczema_screener) Enabled as survey			Expand Expand
Instrument: **Right Not To Know (Phase I)** (right_not_to_know) Enabled as survey			Expand Expand
Instrument: **Ones Recruitment** (ones_recruitment) Enabled as survey			Expand Expand
Instrument: **Right Not To Know Main** (right_not_to_know_main) Enabled as survey			Expand Expand
Instrument: **Covid19 Tracking App** (covid19_tracking_app) Enabled as survey			Expand Expand
Instrument: **Exposome Invite for WGS** (exposome_invite_for_wgs) Enabled as survey			Expand Expand
Instrument: **Exposome for WGS GIFT CARD SENDOUT** (exposome_for_wgs_gift_card_sendout) Enabled as survey			Expand Expand
Instrument: **Exposome Part A** (exposome_part_a) Enabled as survey			Expand Expand

Instrument: **Exposome Part B** (exposome_part_b) Enabled as survey Expand Collapse

4172	expo_b_qx_strt	Section Header: *A. Vitamins, Minerals and other Supplement Use This section asks about Vitamins and Other Supplements you have taken on a regular basis during the past year. DO NOT include prescription or over-the-counter medications. Before completing this section, please gather your vitamin and supplement containers to help you answer these questions as accurately as possible.* Expsome B: Survey Start Time	text (datetime_mdy) Field Annotation: @NOW @HIDDEN
4173	b1yn	Have you taken a multi-vitamin on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4174	b1name Show the field ONLY if: [b1yn] = '1'	What is the product name of the multi-vitamin you have taken in the past year? (e.g., Centrum Silver)	text
4175	b1days Show the field ONLY if: [b1yn] = '1'	How many days per week did you take a multi-vitamin?	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6 8 7
4176	b2yn	Have you taken Vitamin A or Beta-carotene on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4177	b2name Show the field ONLY if: [b2yn] = '1'	What is the product name of the Vitamin A or Beta-carotene you have taken in the past year? Do not include multi-vitamins.	text
4178	b2days Show the field ONLY if: [b2yn] = '1'	How many days per week did you take Vitamin A or Beta-carotene?	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6 8 7
4179	b3yn	Have you taken Vitamin B3 (Niacin) on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4180	b3name Show the field ONLY if: [b3yn] = '1'	What is the product name of the Vitamin B3 (Niacin) you have taken in the past year? Do not include multi-vitamins.	text

4181	b3days Show the field ONLY if: [b3yn] = '1'	How many days per week did you take Vitamin B3 (Niacin)?	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6 8 7
4182	b4yn	Have you taken Vitamin B6 on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4183	b4name Show the field ONLY if: [b4yn] = '1'	What is the product name of the Vitamin B6 you have taken in the past year? Do not include multi-vitamins.	text
4184	b4days Show the field ONLY if: [b4yn] = '1'	How many days per week did you take Vitamin B6?	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6 8 7
4185	b5yn	Have you taken Vitamin B12 on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4186	b5name Show the field ONLY if: [b5yn] = '1'	What is the product name of the Vitamin B12 you have taken in the past year? Do not include multi-vitamins.	text
4187	b5days Show the field ONLY if: [b5yn] = '1'	How many days per week did you take Vitamin B12?	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6 8 7
4188	b6yn	Have you taken Vitamin B Complex on a regular basis during the past year?	radio 1 Yes 0 No Custom alignment: LV
4189	b6name Show the field ONLY if: [b6yn] = '1'	What is the product name of the Vitamin B Complex you have taken in the past year? Do not include multi-vitamins.	text

4190	b6days Show the field ONLY if: [b6yn] = '1'	How many days per week did you take Vitamin B Complex?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4191	b7yn	Have you taken Vitamin C on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4192	b7name Show the field ONLY if: [b7yn] = '1'	What is the product name of the Vitamin C you have taken in the past year? Do not include multi-vitamins.	text
4193	b7days Show the field ONLY if: [b7yn] = '1'	How many days per week did you take Vitamin C?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4194	b8yn	Have you taken Vitamin D (in Calcium or separately) on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4195	b8name Show the field ONLY if: [b8yn] = '1'	What is the product name of the Vitamin D you have taken in the past year? Do not include multi-vitamins.	text
4196	b8days Show the field ONLY if: [b8yn] = '1'	How many days per week did you take Vitamin D?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4197	b9yn	Have you taken Vitamin E on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4198	b9name Show the field ONLY if: [b9yn] = '1'	What is the product name of the Vitamin E you have taken in the past year? Do not include multi-vitamins.	text

4199	b9days Show the field ONLY if: [b9yn] = '1'	How many days per week did you take Vitamin E?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4200	b10yn	Have you taken Calcium on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4201	b10name Show the field ONLY if: [b10yn] = '1'	What is the product name of the Calcium you have taken in the past year? Do not include multi-vitamins.	text
4202	b10days Show the field ONLY if: [b10yn] = '1'	How many days per week did you take Calcium?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4203	b11yn	Have you taken Chromium on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4204	b11name Show the field ONLY if: [b11yn] = '1'	What is the product name of the Chromium you have taken in the past year? Do not include multi-vitamins.	text
4205	b11days Show the field ONLY if: [b11yn] = '1'	How many days per week did you take Chromium?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4206	b12yn	Have you taken Iron on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4207	b12name Show the field ONLY if: [b12yn] = '1'	What is the product name of the Iron you have taken in the past year? Do not include multi-vitamins.	text

4208	b12days Show the field ONLY if: [b12yn] = '1'	How many days per week did you take Iron?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4209	b13yn	Have you taken Magnesium on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4210	b13name Show the field ONLY if: [b13yn] = '1'	What is the product name of the Magnesium you have taken in the past year? Do not include multi-vitamins.	text
4211	b13days Show the field ONLY if: [b13yn] = '1'	How many days per week did you take Magnesium?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4212	b14yn	Have you taken Potassium on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4213	b14name Show the field ONLY if: [b14yn] = '1'	What is the product name of the Potassium you have taken in the past year? Do not include multi-vitamins.	text
4214	b14days Show the field ONLY if: [b14yn] = '1'	How many days per week did you take Potassium?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4215	b15yn	Have you taken Selenium on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4216	b15name Show the field ONLY if: [b15yn] = '1'	What is the product name of the Selenium you have taken in the past year? Do not include multi-vitamins.	text

4217	b15days Show the field ONLY if: [b15yn] = '1'	How many days per week did you take Selenium?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4218	b16yn	Have you taken Zinc on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4219	b16name Show the field ONLY if: [b16yn] = '1'	What is the product name of the Zinc you have taken in the past year? Do not include multi-vitamins.	text
4220	b16days Show the field ONLY if: [b16yn] = '1'	How many days per week did you take Zinc?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4221	b17yn	Have you taken Black Cohosh on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4222	b17name Show the field ONLY if: [b17yn] = '1'	What is the product name of the Black Cohosh you have taken in the past year? Do not include multi-vitamins.	text
4223	b17days Show the field ONLY if: [b17yn] = '1'	How many days per week did you take Black Cohosh?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4224	b18yn	Have you taken Coenzyme Q10 (CoQ10) on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4225	b18name Show the field ONLY if: [b18yn] = '1'	What is the product name of the Coenzyme Q10 (CoQ10) you have taken in the past year? Do not include multi-vitamins.	text

4226	b18days Show the field ONLY if: [b18yn] = '1'	How many days per week did you take Coenzyme Q10 (CoQ10)?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4227	b19yn	Have you taken Fish Oil on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4228	b19name Show the field ONLY if: [b19yn] = '1'	What is the product name of the Fish Oil you have taken in the past year? Do not include multi-vitamins.	text
4229	b19days Show the field ONLY if: [b19yn] = '1'	How many days per week did you take Fish Oil?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4230	b20yn	Have you taken Flaxseed Oil on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4231	b20name Show the field ONLY if: [b20yn] = '1'	What is the product name of the Flaxseed Oil you have taken in the past year? Do not include multi-vitamins.	text
4232	b20days Show the field ONLY if: [b20yn] = '1'	How many days per week did you take Flaxseed Oil?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4233	b21yn	Have you taken Folic Acid on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4234	b21name Show the field ONLY if: [b21yn] = '1'	What is the product name of the Folic Acid you have taken in the past year? Do not include multi-vitamins.	text

4235	b21days Show the field ONLY if: [b21yn] = '1'	How many days per week did you take Folic Acid?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4236	b22yn	Have you taken Ginkgo Biloba on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4237	b22name Show the field ONLY if: [b22yn] = '1'	What is the product name of the Ginkgo Biloba you have taken in the past year? Do not include multi-vitamins.	text
4238	b22days Show the field ONLY if: [b22yn] = '1'	How many days per week did you take Ginkgo Biloba?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4239	b23yn	Have you taken Ginseng on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4240	b23name Show the field ONLY if: [b23yn] = '1'	What is the product name of the Ginseng you have taken in the past year? Do not include multi-vitamins.	text
4241	b23days Show the field ONLY if: [b23yn] = '1'	How many days per week did you take Ginseng?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4242	b24yn	Have you taken Glucosamine/Chondroitin on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4243	b24name Show the field ONLY if: [b24yn] = '1'	What is the product name of the Glucosamine/Chondroitin you have taken in the past year? Do not include multi-vitamins.	text

4244	b24days Show the field ONLY if: [b24yn] = '1'	How many days per week did you take Glucosamine/Chondroitin?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4245	b25yn	Have you taken Melatonin on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4246	b25name Show the field ONLY if: [b25yn] = '1'	What is the product name of the Melatonin you have taken in the past year? Do not include multi-vitamins.	text
4247	b25days Show the field ONLY if: [b25yn] = '1'	How many days per week did you take Melatonin?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4248	b26yn	Have you taken Milk Thistle on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4249	b26name Show the field ONLY if: [b26yn] = '1'	What is the product name of the Milk Thistle you have taken in the past year? Do not include multi-vitamins.	text
4250	b26days Show the field ONLY if: [b26yn] = '1'	How many days per week did you take Milk Thistle?	dropdown 1, 0 2, 1 3, 2 4, 3 5, 4 6, 5 7, 6 8, 7
4251	b27yn	Have you taken Omega-3 fatty acids on a regular basis during the past year?	radio 1, Yes 0, No Custom alignment: LV
4252	b27name Show the field ONLY if: [b27yn] = '1'	What is the product name of the Omega-3 fatty acids you have taken in the past year? Do not include multi-vitamins.	text

4253	b27days Show the field ONLY if: [b27yn] = '1'	How many days per week did you take Omega-3 fatty acids?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4254	b28yn	Have you taken Probiotics on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4255	b28name Show the field ONLY if: [b28yn] = '1'	What is the product name of the Probiotics you have taken in the past year? Do not include multi-vitamins.	text
4256	b28days Show the field ONLY if: [b28yn] = '1'	How many days per week did you take Probiotics?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4257	b29yn	Have you taken Red Rice Yeast on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4258	b29name Show the field ONLY if: [b29yn] = '1'	What is the product name of the Red Rice Yeast you have taken in the past year? Do not include multi-vitamins.	text
4259	b29days Show the field ONLY if: [b29yn] = '1'	How many days per week did you take Red Rice Yeast?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4260	b30yn	Have you taken Resveratrol on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4261	b30name Show the field ONLY if: [b30yn] = '1'	What is the product name of the Resveratrol you have taken in the past year? Do not include multi-vitamins.	text

4262	b30days Show the field ONLY if: [b30yn] = '1'	How many days per week did you take Resveratrol?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4263	b31yn	Have you taken St. John's Wort on a regular basis during the past year?	radio 1 | Yes 0 | No Custom alignment: LV
4264	b31name Show the field ONLY if: [b31yn] = '1'	What is the product name of the St. John's Wort you have taken in the past year? Do not include multi-vitamins.	text
4265	b31days Show the field ONLY if: [b31yn] = '1'	How many days per week did you take St. John's Wort?	dropdown 1 | 0 2 | 1 3 | 2 4 | 3 5 | 4 6 | 5 7 | 6 8 | 7
4266	a1_medications	Section Header: *B. Medications Before completing this section, gather your medication containers to help you answer these questions as accurately as possible. Current Use This section asks about prescription or over-the-counter medication you are CURRENTLY taking. DO NOT include vitamins or other supplements. Enter the name, dose, and frequency for each medication you take.* Do you currently take any prescription or over-the-counter medications?	yesno 1 | Yes 0 | No Custom alignment: LV
4267	amed1name Show the field ONLY if: [a1_medications] = 1	What is the name of the first prescription or over-the-counter medication you are currently taking (e.g., Prevacid)? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4268	amed1strength Show the field ONLY if: [a1_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4269	amed1dose Show the field ONLY if: [a1_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4270	amed1dose_times Show the field ONLY if: [a1_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week or month*	text (number, Min: 1, Max: 99) Custom alignment: LV
4271	amed1dose_freq Show the field ONLY if: [a1_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1 | Day 2 | Week 3 | Month 4 | Year Custom alignment: LV

4272	a2_medications Show the field ONLY if: [a1_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1 Yes 0 No Custom alignment: LV
4273	amed2name Show the field ONLY if: [a2_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4274	amed2strength Show the field ONLY if: [a2_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4275	amed2dose Show the field ONLY if: [a2_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4276	amed2dose_times Show the field ONLY if: [a2_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week or month*	text (number, Min: 1, Max: 99) Custom alignment: LV
4277	amed2dose_freq Show the field ONLY if: [a2_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1 Day 2 Week 3 Month 4 Year Custom alignment: LV
4278	a3_medications Show the field ONLY if: [a2_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1 Yes 0 No Custom alignment: LV
4279	amed3name Show the field ONLY if: [a3_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4280	amed3strength Show the field ONLY if: [a3_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4281	amed3dose Show the field ONLY if: [a3_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4282	amed3dose_times Show the field ONLY if: [a3_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4283	amed3dose_freq Show the field ONLY if: [a3_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1 Day 2 Week 3 Month 4 Year Custom alignment: LV
4284	a4_medications Show the field ONLY if: [a3_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1 Yes 0 No Custom alignment: LV

4285	amed4name Show the field ONLY if: [a4_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4286	amed4strength Show the field ONLY if: [a4_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4287	amed4dose Show the field ONLY if: [a4_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4288	amed4dose_times Show the field ONLY if: [a4_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4289	amed4dose_freq Show the field ONLY if: [a4_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4290	a5_medications Show the field ONLY if: [a4_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4291	amed5name Show the field ONLY if: [a5_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4292	amed5strength Show the field ONLY if: [a5_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4293	amed5dose Show the field ONLY if: [a5_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4294	amed5dose_times Show the field ONLY if: [a5_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4295	amed5dose_freq Show the field ONLY if: [a5_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4296	a6_medications Show the field ONLY if: [a5_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4297	amed6name Show the field ONLY if: [a6_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4298	amed6strength Show the field ONLY if: [a6_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH

4299	amed6dose Show the field ONLY if: [a6_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4300	amed6dose_times Show the field ONLY if: [a6_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4301	amed6dose_freq Show the field ONLY if: [a6_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4302	a7_medications Show the field ONLY if: [a6_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4303	amed7name Show the field ONLY if: [a7_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4304	amed7strength Show the field ONLY if: [a7_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4305	amed7dose Show the field ONLY if: [a7_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4306	amed7dose_times Show the field ONLY if: [a7_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4307	amed7dose_freq Show the field ONLY if: [a7_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4308	a8_medications Show the field ONLY if: [a7_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4309	amed8name Show the field ONLY if: [a8_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4310	amed8strength Show the field ONLY if: [a8_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4311	amed8dose Show the field ONLY if: [a8_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4312	amed8dose_times Show the field ONLY if: [a8_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV

4313	amed8dose_freq Show the field ONLY if: [a8_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4314	a9_medications Show the field ONLY if: [a8_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4315	amed9name Show the field ONLY if: [a9_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4316	amed9strength Show the field ONLY if: [a9_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4317	amed9dose Show the field ONLY if: [a9_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4318	amed9dose_times Show the field ONLY if: [a9_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV
4319	amed9dose_freq Show the field ONLY if: [a9_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1, Day 2, Week 3, Month 4, Year Custom alignment: LV
4320	a10_medications Show the field ONLY if: [a9_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno 1, Yes 0, No Custom alignment: LV
4321	amed10name Show the field ONLY if: [a10_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? *PLEASE ENTER MEDICATION NAMES ONE AT A TIME*	text Custom alignment: LH
4322	amed10strength Show the field ONLY if: [a10_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH
4323	amed10dose Show the field ONLY if: [a10_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV
4324	amed10dose_times Show the field ONLY if: [a10_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? *Number of times per day, week, month or year*	text (number, Min: 1, Max: 99) Custom alignment: LV

4325	amed10dose_freq Show the field ONLY if: [a10_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) *Per day, week, month or year*	dropdown 1 Day 2 Week 3 Month 4 Year Custom alignment: LV
4326	amedhx1	Section Header: *Medication History This section asks about prescription medications you are currently taking or have taken in the past to treat specific health conditions. Indicate whether you have NEVER used the medication, have used the medication in the PAST, or are CURRENTLY taking the medication to treat the types of health conditions listed. Have you ever taken prescription medications to treat Cardiovascular Health?* Abnormal Heart Rhythm (Arrhythmia or Atrial Fibrillation [A-fib])	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4327	amedhx2	Angina (Chest Pain)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4328	amedhx3	Blood Thinners	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4329	amedhx4	Coronary Heart Disease	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4330	amedhx5	Heart Failure (Congestive Heart Failure)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4331	amedhx6	Hypercholesterolemia (High Cholesterol)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4332	amedhx7	Hypertension (High Blood Pressure)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4333	amedhx8	Stroke or Transient Ischemic Attack (TIA) or Mini Stroke	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4334	amedhx9	Section Header: *Have you ever taken prescription medications to treat Endocrine Health?* Diabetes (High Blood Sugar)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4335	amedhx10	Thyroid Disease/Condition	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using

4336	amedhx11	Section Header: *Have you ever taken prescription medications to treat Mental Health?* Anxiety	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4337	amedhx12	Depression	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4338	amedhx13	Section Header: *Have you ever taken prescription medications to treat Respiratory Health?* Asthma	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4339	amedhx14	Chronic Bronchitis or Emphysema (Chronic Obstructive Pulmonary Disease [COPD])	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4340	amedhx15	Section Header: *Have you ever taken prescription medications to treat Other Health Conditions?* Acid Reflux or Gastroesophageal Reflux Disease (GERD)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4341	amedhx16	Chronic Pain	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4342	amedhx17	Insomnia or Sleep Disorders	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4343	amedhx18 Show the field ONLY if: [health_and_exposur_arm_1] [gender] = 2	Section Header: *Have you ever taken prescription medications to treat Reproductive Health? (FEMALES ONLY, MALES SKIP TO SECTION C: CHEMOTHERAPY/RADIATION THERAPY)* Birth Control	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4344	amedhx19 Show the field ONLY if: [health_and_exposur_arm_1] [gender] = 2	Hormone Replacement Therapy (HRT)	radio (Matrix) 1 Never Used 2 Used in the Past 3 Currently Using
4345	c1_first	Have you ever been diagnosed with cancer?	yesno 1 Yes 0 No

4346	c2_a1 Show the field ONLY if: [c1_first] = '1'	What was the cancer site/type for the first diagnosed cancer? (such as breast or colon)	radio 1, Bladder 9, Gallbladder 17, Melanoma 25, Skin (don't know what kind) 2, Blood 10, Kidney 18, Mouth/tongue/lip 26, Soft Tissue (muscle or fat) 3, Bone 11, Larynx/windpipe 19, Spinal cord 27, Stomach 4, Brain 12, Leukemia 20, Ovary (ovarian) 28, Testis (testicular) 5, Breast, including ductal carcinoma in situ (DCIS) 13, Liver 21, Pancreas (pancreatic) 29, Throat/pharynx 6, Cervix (cervical) 14, Lung 22, Prostate 30, Thyroid 7, Colon 15, Lymphoma/Hodgkin's lymphoma 23, Rectum (rectal) 31, Uterus (uterine) 8, Esophagus (esophageal) 16, Non-Hodgkin's lymphoma 24, Skin (non-melanoma) 97, Other
4347	c2_a1_sp Show the field ONLY if: [c2_a1] = '97'	If other, specify:	notes
4348	c2_b1_descr Show the field ONLY if: [c1_first] = '1'	What was the date of diagnosis for the first cancer?	descriptive

4349	c2_b1_month Show the field ONLY if: [c1_first] = '1'	Month	dropdown 1, January 2, Februaru 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December Custom alignment: RH
4350	c2_b1_day Show the field ONLY if: [c1_first] = '1'	Day	dropdown 1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 11, 11 12, 12 13, 13 14, 14 15, 15 16, 16 17, 17 18, 18 19, 19 20, 20 21, 21 22, 22 23, 23 24, 24 25, 25 26, 26 27, 27 28, 28 29, 29 30, 30 31, 31 Custom alignment: RH

4351	c2_b1_year Show the field ONLY if: [c1_first] = '1'	Year	text (integer, Min: 1910) Custom alignment: RH
4352	c2_c1 Show the field ONLY if: [c1_first] = '1'	How old were you when you were diagnosed with cancer?	text (integer, Min: 0, Max: 89)
4353	c2_d1 Show the field ONLY if: [c1_first] = '1'	Section Header: *Please complete the following questions about your first cancer diagnosis* Did you have surgery for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4354	c2_e1 Show the field ONLY if: [c1_first] = '1'	Did you receive chemotherapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4355	c2_f1 Show the field ONLY if: [c1_first] = '1'	Did you receive radiation for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4356	c2_g1 Show the field ONLY if: [c1_first] = '1'	Did you receive hormonal therapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4357	c2_h1 Show the field ONLY if: [c1_first] = '1'	Did you receive any other type(s) of therapy?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4358	c1_second Show the field ONLY if: [c1_first] = '1'	Have you ever been diagnosed with cancer a second time? Please do not include a recurrence of the first diagnosed cancer.	yesno 1 Yes 0 No

4359	c2_a2 Show the field ONLY if: [c1_first] = '1'	What was the cancer site/type for the first diagnosed cancer? (such as breast or colon)	radio 1, Bladder 9, Gallbladder 17, Melanoma 25, Skin (don't know what kind) 2, Blood 10, Kidney 18, Mouth/tongue/lip 26, Soft Tissue (muscle or fat) 3, Bone 11, Larynx/windpipe 19, Spinal cord 27, Stomach 4, Brain 12, Leukemia 20, Ovary (ovarian) 28, Testis (testicular) 5, Breast, including ductal carcinoma in situ (DCIS) 13, Liver 21, Pancreas (pancreatic) 29, Throat/pharynx 6, Cervix (cervical) 14, Lung 22, Prostate 30, Thyroid 7, Colon 15, Lymphoma/Hodgkin's lymphoma 23, Rectum (rectal) 31, Uterus (uterine) 8, Esophagus (esophageal) 16, Non-Hodgkin's lymphoma 24, Skin (non-melanoma) 97, Other
4360	c2_a2_sp Show the field ONLY if: [c2_a2] = '97'	If other, specify	notes
4361	c2_b2_descr Show the field ONLY if: [c1_second] = '1'	What was the date of diagnosis for the second cancer?	descriptive

4362	c2_b2_month Show the field ONLY if: [c1_second] = '1'	Month	dropdown 1, January 2, February 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December
4363	c2_b2_day Show the field ONLY if: [c1_second] = '1'	Day	dropdown 1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 11, 11 12, 12 13, 13 14, 14 15, 15 16, 16 17, 17 18, 18 19, 19 20, 20 21, 21 22, 22 23, 23 24, 24 25, 25 26, 26 27, 27 28, 28 29, 29 30, 30 31, 31
4364	c2_b2_year Show the field ONLY if: [c1_second] = '1'	Year	text (integer, Min: 1910)

4365	c2_c2 Show the field ONLY if: [c1_second] = '1'	How old were you when you were diagnosed with your second cancer?	text (integer, Min: 0, Max: 89)
4366	c2_d2 Show the field ONLY if: [c1_second] = '1'	Section Header: *Please complete the following questions about your second cancer diagnosis* Did you have surgery for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4367	c2_e2 Show the field ONLY if: [c1_second] = '1'	Did you receive chemotherapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4368	c2_f2 Show the field ONLY if: [c1_second] = '1'	Did you receive radiation for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4369	c2_g2 Show the field ONLY if: [c1_second] = '1'	Did you receive hormonal therapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4370	c2_h2 Show the field ONLY if: [c1_second] = '1'	Did you receive any other type(s) of therapy?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4371	c3_b Show the field ONLY if: [c1_first] = '1'	Would you be willing to be contacted to answer follow-up questions related to your cancer diagnosis and treatment?	yesno 1 Yes 0 No
4372	d1a_b	Section Header: *D. Physical Activity For the job (includes homemaking) you have held the longest, approximately how much of the time where you engaged in each of the following activities? Physical Activities* Sitting	radio (Matrix) 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
4373	d1b_b	Standing	radio (Matrix) 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
4374	d1c_b	Walking	radio (Matrix) 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time

4375	d1d_b	Light manual labor	radio (Matrix) 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
4376	d1e_b	Heavy manual labor	radio (Matrix) 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
4377	d2a	Section Header: *Considering a 7-day period (a week), how many times on average do you do the following kinds of exercise for more than 15 minutes during your free time? Kinds of Exercise* Strenuous exercise (heart beats rapidly) (i.e., running, jogging, vigorous swimming, vigorous long-distance bicycling, hockey, basketball, cross-country skiing, soccer)	radio 0 None 1 1 times 2 2 times 3 3 times 4 4 times 5 5 times 6 6 times 7 7 times 8 8 times or more
4378	d2b	Moderate exercise (not exhausting) i.e., fast walking, easy swimming, alpine skiing, popular and folk dancing, tennis, easy bicycling, baseball, volleyball)	radio 0 None 1 1 times 2 2 times 3 3 times 4 4 times 5 5 times 6 6 times 7 7 times 8 8 times or more
4379	d2c	Mild exercise (minimal effort) (i.e., easy walking, archery, bowling, hoursehoes, golf, snowmobiling)	radio 0 None 1 1 times 2 2 times 3 3 times 4 4 times 5 5 times 6 6 times 7 7 times 8 8 times or more
4380	e1_stress	Section Header: *E. Stress This section asks about your feelings and thoughts during the past month. For each question below, select a response to indicate how often you have felt or thought a certain way during the past month. In the last month, how often have you...* Been upset because of something that happened unexpectedly?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often

4381	e2_stress	Felt that you were unable to control the important things in your life?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4382	e3_stress	Felt nervous and 'stressed'?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4383	e4_stress	Felt confident about your ability to handle your personal problems?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4384	e5_stress	Felt that things were going your way?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4385	e6_stress	Found that you could not cope with all the things that you had to?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4386	e7_stress	Been able to control irritations in your life?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4387	e8_stress	Felt that you were on top of things?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4388	e9_stress	Been angered because of things that were outside of your control?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often

4389	e10_stress	Felt difficulties were piling up so high that you could not overcome them?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often
4390	f1	Section Header: *F. Infectious Disease This section asks about various types of infectious diseases with which you may have been diagnosed. Any information you provide in the survey will be kept confidential, and you are not required to answer any question(s) that you do not want to answer. Have you ever been diagnosed with any of the diseases listed below?* Chicken Pox (Varicella)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4391	f2	Chlamydia (Chlamydia trachomatis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4392	f3	Cold sores (Herpes simplex 1)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4393	f4	Cryptosporidiosis (Crypto, parasitic diarrhea) (Cryptosporidium)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4394	f5	Dysentery (Shigellosis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4395	f6	Flu (Influenza)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4396	f7	Food Poisoning, bacterial (E. Coli Enteritis) (Escherichia coli)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4397	f8	Food Poisoning, viral (Norovirus)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4398	f9	Section Header: *Have you ever been diagnosed with any of the diseases listed below?* Genital Herpes (Herpes simplex 2)	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4399	f10	Genital warts (Human papillomavirus (HPV))	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse

4400	f11	German Measles (Rubella)	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4401	f12	Gonorrhea (Neisseria gonorrhea)	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4402	f13	Hepatitis A	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4403	f14	Hepatitis B	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4404	f15	Hepatitis C	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4405	f16	HIV/AIDS (Human immunodeficiency virus)	radio (Matrix) 1 Yes 0 No 8 Don't know/Refuse
4406	f17	Section Header: *Have you ever been diagnosed with any of the diseases listed below?* Legionellosis or Legionnaires' Disease (Legionella pneumophila)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4407	f18	Lyme Disease (Lyme borreliosis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4408	f19	Malaria (Plasmodium)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4409	f20	Measles (Rubeola)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4410	f21	Meningitis (bacterial) (Hemophilus influenza)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4411	f22	Meningitis (virus) (Enterovirus)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse

4412	f23	Mononucleosis (Mono) (Epstein-Barr)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4413	f24	Mumps (Paramyxovirus)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4414	f25	Section Header: *Have you ever been diagnosed with any of the diseases listed below?* Pneumonia (bacterial) (Streptococcus pneumonia, hemophilus influenza)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4415	f26	Pneumonia (virus) (flu virus, respiratory syncytial virus, cold virus, rhinovirus)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4416	f27	Rocky Mountain spotted fever (Rickettsia rickettsia)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4417	f28	Salmonella infection (Salmonellosis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4418	f29	Shingles (Herpes zoster)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4419	f30	Staph infection (Staphylococcus aureus)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4420	f31	Streptococcal invasive disease (Streptococcus pneumonia)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4421	f32	Syphilis (Treponema pallidum)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4422	f33	Section Header: *Have you ever been diagnosed with any of the diseases listed below?* Tuberculosis - Active TB, not a positive TB test (TB) (Mycobacterium tuberculosis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4423	f34	Ulcers (Helicobacter pylori)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse

4424	f35	Whooping cough (Pertussis)	radio (Matrix) 1 Yes 0 No 8 Don't Know/Refuse
4425	g1	Section Header: *G. Sleep The following questions ask about your usual sleep habits during the past month.* In a typical week, on average, how many days do you nap for at least 20 minutes? (Note: You do not need to be in bed to nap).	radio 1 None 2 1 or 2 days 3 3 - 4 days 4 5-6 days 5 Almost every day
4426	g2	During the past month, on average, how many hours of actual sleep did you get most nights during the week (Monday - Friday)?	dropdown 1 Less than 4 hours 2 4 hours 3 5 hours 4 6 hours 5 7 hours 6 8 hours 7 9 hours 8 10 hours 9 11 + hours
4427	g3	During the past month, on average, how long has it taken for you to fall asleep each night during the week (Monday - Friday)?	radio 1 1 - 4 minutes 2 5 -19 minutes 3 20 - 59 minutes 4 1 hour 5 1-1.5 hours 6 More than 1.5 hours Field Annotation: @HIDECHOICE='4'
4428	g4	During the past month, on average, how many hours of actual sleep did you get most nights on the weekends (Saturday-Sunday)?	dropdown 1 Less than 4 hours 2 4 hours 3 5 hours 4 6 hours 5 7 hours 6 8 hours 7 9 hours 8 10 hours 9 11 + hours
4429	g5	During the past month, on average, how long has it taken for you to fall asleep on the weekends (Saturday-Sunday)?	radio 1 1 - 4 minutes 2 5 -19 minutes 3 20 - 59 minutes 4 1 hour 5 1-1.5 hours 6 More than 1.5 hours Field Annotation: @HIDECHOICE='4'

4430	g6	During the past month, on average, what time have you typically gone to sleep during the week (Monday - Friday)? Example: 9:30 p.m.	descriptive
4431	g6_hour	Hour	text (integer, Min: 1, Max: 12)
4432	g6_minute	Minute	text (integer, Min: 00, Max: 59)
4433	g6_ampm		radio 1 AM 2 PM Custom alignment: RH
4434	g7	During the past month, on average, what time have you typically woken up during the week (Monday - Friday)? Example: 6:30 a.m.	descriptive
4435	g7_hour	Hour	text (integer, Min: 1, Max: 12)
4436	g7_minute	Minute	text (integer, Min: 00, Max: 59)
4437	g7_ampm		radio 1 AM 2 PM Custom alignment: RH
4438	g8	During the past month, on average, what time have you typically gone to sleep on the weekends (Saturday-Sunday)? Example: 10:30 p.m.	descriptive
4439	g8_hour	Hour	text (integer, Min: 1, Max: 12)
4440	g8_minute	Minute	text (integer, Min: 00, Max: 59)
4441	g8_ampm		radio 1 AM 2 PM Custom alignment: RH
4442	g9	During the past month, on average, what time have you typically woken up on the weekends (Saturday-Sunday)? Example: 7:30 a.m.	descriptive
4443	g9_hour	Hour	text (integer, Min: 1, Max: 12)
4444	g9_minute	Minute	text (integer, Min: 00, Max: 59)
4445	g9_ampm		radio 1 AM 2 PM Custom alignment: RH
4446	g10a	Section Header: *Trouble sleeping During the past month, on average, how often have you had trouble sleeping because you...* Woke up in the middle of the night or early morning?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know

4447	g10b	Had to get up to use the bathroom?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4448	g10c	Could not breath comfortably?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4449	g10d	Coughed loudly?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4450	g10e	Snored loudly?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4451	g10f	Felt too cold?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4452	g10g	Felt too hot?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know

4453	g10h	Had a bad dream?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4454	g10i	Had pain?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4455	g10j	Felt stressed or anxious?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4456	g10k	Were affected by your spouse's/significant other's snoring or sleep habits?	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often 5 Very Often 8 Don't Know
4457	g11	During the past month, on average, how would you rate your sleep quality overall?	radio 1 Very good 2 Fairly good 3 Neither good nor bad 4 Fairly bad 5 Very bad
4458	g12	During the past month, on average, how often have you taken prescription or over-the-counter medicine to help you sleep?	radio 1 Not during the past month 2 Less than once per week 3 1 or 2 times per week 4 3+ times per week
4459	g13	During the past month, on average, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	radio 1 Not during the past month 2 Less than once per week 3 1 or 2 times per week 4 3+ times per week
4460	g14	Section Header: *The following section asks about your sleep habits in general.* Has anyone noticed that you stop breathing during your sleep?	yesno 1 Yes 0 No

4461	g15	Have you ever been told by a doctor or other health professional that you have a sleep disorder?	yesno 1 Yes 0 No
4462	g16 Show the field ONLY if: [g15]='1'	What was the sleep disorder? Select all that apply.	checkbox 01 g16___01 Sleep apnea 02 g16___02 Insomnia 03 g16___03 Restless Legs 04 g16___04 Other (please specify) 08 g16___08 Don't know
4463	g16_04_spec Show the field ONLY if: [g16(04)] = '1'	Specify other sleep disorder:	text
4464	h1	Section Header: *H. Dietary Behavior For each question below, select a response that most closely indicates the number of times per week you eat out or bring home ready-to-eat/prepared foods. How often do you usually go out to eat at or bring home ready-to-eat foods from .....* Fast Food Restaurants?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4465	h2	Sit-down Restaurants (with table service/wait staff)?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4466	h3	Buffet Restaurants?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4467	h4	Takeout Restaurants?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4468	h5	Grocery Stores (hot or cold ready-to-eat food from store)?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4469	h6	Cafeterias (school or work)?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week

4470	h7	Vending Machines?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4471	h8	On-street Vendors (including food trucks/carts)?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4472	h9	Other Places (such as gas station, quick marts, bakeries)?	radio (Matrix) 1 Never 2 Less than once per week 3 1 - 2 times per week 4 3 - 4 times per week 5 5 or more times per week
4473	h10_hour	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please enter the hour of day here. *Hour (1 - 12)*	text (integer, Min: 1, Max: 12) Custom alignment: LH
4474	h10_minute	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please enter the minute of the hour here. *Minute (0 - 59)*	text (integer, Min: 0, Max: 59) Custom alignment: LH
4475	h10_ampm	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please indicate AM or PM here. *AM/PM*	dropdown 1 AM 2 PM Custom alignment: LH
4476	h11	On average, how many times a day do you eat snacks? Select a response to indicate the average number of times below. --- *Select One* ---	dropdown 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 or more Custom alignment: LH

4477	i1a	Section Header: *I. Dietary Intake For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Dairy Foods and Non-Dairy Alternatives in the Past Year* Milk (8 oz. glass) - Skim milk	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4478	i1b	Milk (8 oz. glass) - 1% or 2% milk	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4479	i1c	Milk (8 oz. glass) - Whole milk	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4480	i1d	Milk (8 oz. glass) - non-dairy milk alternatives (such as soy milk, almond milk, rice milk or coconut milk)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4481	i2	Cream, such as coffee, sour (exclude fat free) (1 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4482	i3	Non-dairy coffee whitener (exclude fat free) (1Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4483	i4	Frozen yogurt, sherbert, sorbet or low-fat ice cream (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4484	i5	Regular ice cream (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4485	i6a	Spreads added to food or bread (exclude use in cooking): Pure butter	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4486	i6b	Spreads added to food or bread exlude use in cooking): Margarine (such as Country Crock)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4487	i6c	Spreads added to food or bread (exclude use in cooking): 'Spreadable butter' - butter/oil blend	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4488	i7a	Yogurt (4-6 oz.) Nonfat or 'Light' artificially sweetened yogurt (plain or flavored)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4489	i7b	Yogurt (4-6 oz.) Low-fat yogurt (plain or flavored)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4490	i7c	Yogurt (4-6 oz.) 'Regular' or full fat yogurt (plain or flavored)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4491	i8a	Cheese: Cottage or ricotta cheese (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4492	i8b	Cheese: Cream Cheese (1 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4493	i8c	Cheese: Nonfat cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4494	i8d	Cheese: Low-fat or 'light' cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4495	i8e	Cheese: 'Regular' or full fat cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4496	i9	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Fruits in the Past Year* Apple (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4497	i10	Avocado (1/2 or 1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4498	i11	Banana (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4499	i12	Blueberries (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4500	i13	Cantaloupe or Honeydew melon (1/4 melon)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4501	i14	Grapes (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4502	i15	Grapefruit (1/2)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4503	i16	Orange (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4504	i17	Peaches, plums or apricots (1 fresh or 1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4505	i18	Pear (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4506	i19	Raspberries (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4507	i20	Strawberries (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4508	i21	Tomatoes (2 slices)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4509	i22	Tomato or V-8 juice (small glass)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4510	i23	Tomato sauce (1/2 cup) such as spaghetti sauce	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4511	i24	Watermelon (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4512	i25	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Vegetables in the Past Year* Beans or lentils (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4513	i26	Bell peppers: green, yellow or red (1/4 small)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4514	i27	Broccoli (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4515	i28	Brussels sprouts (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4516	i29	Cabbage or coleslaw (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4517	i30	Carrots (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4518	i31	Cauliflower (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4519	i32	Corn (1 ear or 1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4520	i33	Eggplant, zucchini or summer squash (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4521	i34	Kale, collard greens, mustard greens, or Swiss chard (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4522	i35	Onions (raw or cooked) (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4523	i36	Peas or lima beans (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4524	i37	Spinach, cooked (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4525	i38	Spinach, raw as in salad (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4526	i39	String beans, green beans (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4527	i40	Tofu, soy burger, soybeans, miso or other soy protein (1/2 cup or one burger patty)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4528	i41	Winter squash (dark orange) (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4529	i42	Yams or sweet potatoes (1/2 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4530	i43	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Eggs, Meat, Fish in the Past Year Note: 3-4 ounces of chicken, red meat, or fish is about the size of a deck of playing cards.* Egg (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4531	i44	Beef or pork hot dogs (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4532	i45	Chicken or turkey hot dogs or sausage (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4533	i46	Chicken or turkey, including ground (3 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4534	i47	Bacon (2 slices)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4535	i48	Salami, bologna, or processed deli/sandwich meat	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4536	i49	Sausage, kielbasa, or other processed meats (2 oz. or 2 links)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4537	i50	Hamburger or ground beef (1 patty)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4538	i51	Beef, pork, or lamb (4-6 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4539	i52	Ham (4-6 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4540	i53	Canned tuna fish (3-4 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4541	i54	Shrimp, lobster, or scallops as a main dish	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4542	i55	Dark meat fish, such as tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4543	i56	Other fish, such as cod, haddock, halibut (3-5 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4544	i57a	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Cereals, Breads, Starches in the Past Year* Cereals (1 cup): Cold breakfast cereal	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4545	i57b	Cereals (1 cup): Cooked oatmeal or cooked oat bran	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4546	i57c	Cereals (1 cup): Other cooked breakfast cereal	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4547	i58a	Crackers (6): Whole grain/whole wheat crackers	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4548	i58b	Crackers (6) Other crackers	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4549	i59a	Breads (1 slice): White bread, including pita	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4550	i59b	Breads (1 slice): Rye or pumpernickel bread	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4551	i59c	Breads (1 slice): Whole wheat, oat, other whole grain bread	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4552	i59d	Breads: Bagels, English muffins, or rolls (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4553	i60	Muffins or biscuits (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4554	i61	Pancakes or waffles (2 small pieces)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4555	i62	Brown rice (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4556	i63	White rice (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4557	i64	Pasta, such as spaghetti, noodles, couscous, etc. (1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4558	i65	Tortillas: corn, or flour (2)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4559	i66	French fries (6 oz. or 1 serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4560	i67	Potatoes, baked, boiled or mashed (1 potato or 1 cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4561	i68	Pizza (2 slices)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4562	i69a_01	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Beverages in the Past Year* Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Low-calorie sugar-free beverage with caffeine, such as Diet Coke	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4563	i69a_02	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Other low-calorie sugar-free beverage without caffeine, such as Diet 7-Up	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4564	i69b_01	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): with caffeine and sugar, such as Coke, Pepsi, Mt. Dew, Dr. Pepper, Cheerwine, Red Bull	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4565	i69b_02	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Other carbonated beverage with sugar, such as 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4566	i70a	Other Beverages: Decaffeinated tea, exclude herbal (8 oz. cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4567	i70b	Other Beverages: Tea with caffeine (8 oz. cup), including green tea	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4568	i70c	Other Beverages: Decaffeinated coffee (8 oz. cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4569	i70d	Other Beverages: Coffee with caffeine (8 oz. cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4570	i70e	Other Beverages: Dairy coffee drink (hot/cold) such as medium/'grande' size (16 oz. cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4571	i70f	Other Beverages: Plain water: bottled, sparkling, or tap (8 oz. cup)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4572	i71	Section Header: *For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Sweets, Baked Goods, Snacks, Miscellaneous in the Past Year* Milk chocolate (bar or packet), such as Hershey's, M&M's	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4573	i72	Dark Chocolate, such as Hershey's Dark or Dove Dark	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4574	i73	Candy without chocolate (1 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4575	i74	Cookies, brownies, doughnuts, or pastry (1)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4576	i75	Cake or pie (1 slice)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4577	i76	Jams, jellies, preserves, syrup, or honey (1 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4578	i77	Peanut butter (1 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4579	i78	Potato chips (1 small bag or serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4580	i79	Pretzels (1 small bag or serving)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4581	i80	Peanuts (small packet or 1 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4582	i81	Walnuts (1 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4583	i82	Other nuts (small packet or 1 oz.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4584	i83	Olive oil added to food or bread (1 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4585	i84	Mayonnaise (1 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4586	i85	Salad dressing (2 Tbs.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4587	i86a	Artificial sweeteners (1 packet): Splenda	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4588	i86b	Artificial sweeteners (1 packet): Equal	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4589	i86c	Artificial sweeteners (1 packet): NutraSweet	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4590	i86d	Artificial sweeteners (1 packet): Sweet'N Low	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day

4591	i86e	Artificial sweeteners (1 packet): Saccharin	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4592	i86f	Table sugar (1 packet or 1 tsp.)	radio (Matrix) 1 Never 2 Less than once a week 3 Once a week 4 2-6 times a week 5 Once a day 6 Two or more times per day
4593	j1	Section Header: *J. Twin/Triplet Siblings and Birth Order The following questions ask whether you are a twin or triplet, and if so, whether you are an identical twin or triplet. You will also be asked about your birth order.* Are you a twin? (you have a sibling that is your twin)	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4594	j2 Show the field ONLY if: [j1] = 1	Are you and your twin identical or not identical (fraternal)?	radio 1 Identical 2 Not Identical (Fraternal) 8 Don't know Custom alignment: LV
4595	j3	Do you have a triplet brother or sister?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4596	j4 Show the field ONLY if: [j3] = 1	Are you and your triplet identical, not identical, or both?	radio 1 Identical 2 Not Identical (Fraternal) 3 Both (one identical, one not identical) 8 Don't know Custom alignment: LV
4597	j5	What is your birth order? Select all that apply.	checkbox 1 j5___1 I am an only child 2 j5___2 I am a first born 3 j5___3 I am a middle born child 4 j5___4 I am a last born child 5 j5___5 I am adopted 8 j5___8 Don't know Custom alignment: LV

4598	k1	Section Header: *K. Genetic History The following section asks about your blood type, and whether you or an immediate family member have ever been diagnosed with particular genetic disorders.* What is your blood type? *-- Select One --*	dropdown 1, O Positive 2, O Negative 3, A Positive 4, A Negative 5, B Positive 6, B Negative 7, AB Positive 8, AB Negative 9, Don't Know Custom alignment: LV
4599	k2	Section Header: *For each condition listed below, select a response to indicate if you or your immediate family members (i.e., Mother, Father, Brother, Sister, or Child) have ever been diagnosed with the genetic disorders listed. Only include immediate family members who are related to you by blood. Select all that apply.* Color Blindness	checkbox 1, k2___1, You 2, k2___2, Mother 3, k2___3, Father 4, k2___4, Brother 5, k2___5, Sister 6, k2___6, Child 7, k2___7, None 8, k2___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4600	k3	Cystic Fibrosis	checkbox 1, k3___1, You 2, k3___2, Mother 3, k3___3, Father 4, k3___4, Brother 5, k3___5, Sister 6, k3___6, Child 7, k3___7, None 8, k3___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4601	k4	Down Syndrome	checkbox 1, k4___1, You 2, k4___2, Mother 3, k4___3, Father 4, k4___4, Brother 5, k4___5, Sister 6, k4___6, Child 7, k4___7, None 8, k4___8, Don't know Field Annotation: @NONEOFTHEABOVE=7

4602	k5	Hemochromatosis	checkbox 1 k5___1 You 2 k5___2 Mother 3 k5___3 Father 4 k5___4 Brother 5 k5___5 Sister 6 k5___6 Child 7 k5___7 None 8 k5___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4603	k6	Hemophilia	checkbox 1 k6___1 You 2 k6___2 Mother 3 k6___3 Father 4 k6___4 Brother 5 k6___5 Sister 6 k6___6 Child 7 k6___7 None 8 k6___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4604	k7	Familial Combined Hyperlipidemia and Familial Hypercholesterolemia	checkbox 1 k7___1 You 2 k7___2 Mother 3 k7___3 Father 4 k7___4 Brother 5 k7___5 Sister 6 k7___6 Child 7 k7___7 None 8 k7___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4605	k8	Huntington's Disease	checkbox 1 k8___1 You 2 k8___2 Mother 3 k8___3 Father 4 k8___4 Brother 5 k8___5 Sister 6 k8___6 Child 7 k8___7 None 8 k8___8 Don't know Field Annotation: @NONEOFTHEABOVE=7

4606	k9	Inherited Clotting Problems	checkbox 1 k9___1 You 2 k9___2 Mother 3 k9___3 Father 4 k9___4 Brother 5 k9___5 Sister 6 k9___6 Child 7 k9___7 None 8 k9___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4607	k10	Klinefelter Syndrome	checkbox 1 k10___1 You 2 k10___2 Mother 3 k10___3 Father 4 k10___4 Brother 5 k10___5 Sister 6 k10___6 Child 7 k10___7 None 8 k10___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4608	k11	Section Header: *For each condition listed below, select a response to indicate if you or your immediate family members (i.e., Mother, Father, Brother, Sister, or Child) have ever been diagnosed with the genetic disorders listed. Only included immediate family members who are related to you by blood. Select all that apply.* Muscular Dystrophy (Becker or Duchenne)	checkbox 1 k11___1 You 2 k11___2 Mother 3 k11___3 Father 4 k11___4 Brother 5 k11___5 Sister 6 k11___6 Child 7 k11___7 None 8 k11___8 Don't know Field Annotation: @NONEOFTHEABOVE=7
4609	k12	Niemann-Pick Disease	checkbox 1 k12___1 You 2 k12___2 Mother 3 k12___3 Father 4 k12___4 Brother 5 k12___5 Sister 6 k12___6 Child 7 k12___7 None 8 k12___8 Don't know Field Annotation: @NONEOFTHEABOVE=7

4610	k13	Phenylketonuria (PKU)	checkbox 1, k13___1, You 2, k13___2, Mother 3, k13___3, Father 4, k13___4, Brother 5, k13___5, Sister 6, k13___6, Child 7, k13___7, None 8, k13___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4611	k14	Polycystic Kidney Disease (PKD)	checkbox 1, k14___1, You 2, k14___2, Mother 3, k14___3, Father 4, k14___4, Brother 5, k14___5, Sister 6, k14___6, Child 7, k14___7, None 8, k14___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4612	k15	Sickle Cell Anemia	checkbox 1, k15___1, You 2, k15___2, Mother 3, k15___3, Father 4, k15___4, Brother 5, k15___5, Sister 6, k15___6, Child 7, k15___7, None 8, k15___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4613	k16	Tay-Sachs Disease	checkbox 1, k16___1, You 2, k16___2, Mother 3, k16___3, Father 4, k16___4, Brother 5, k16___5, Sister 6, k16___6, Child 7, k16___7, None 8, k16___8, Don't know Field Annotation: @NONEOFTHEABOVE=7

4614	k17	Thalassemia	checkbox 1, k17___1, You 2, k17___2, Mother 3, k17___3, Father 4, k17___4, Brother 5, k17___5, Sister 6, k17___6, Child 7, k17___7, None 8, k17___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4615	k18	Turner Syndrome	checkbox 1, k18___1, You 2, k18___2, Mother 3, k18___3, Father 4, k18___4, Brother 5, k18___5, Sister 6, k18___6, Child 7, k18___7, None 8, k18___8, Don't know Field Annotation: @NONEOFTHEABOVE=7
4616	l1	Section Header: *L. Other Pulse Rate Measurement The following question asks you to measure your resting pulse rate. Your pulse rate is the number of times your heart beats each minute. You should measure your pulse rate after you have been sitting quietly for a few minutes. To measure your pulse rate: 1. Sit comfortably in a chair. 2. Place your index and middle fingers, NOT YOUR THUMB, gently against your wrist. 3. Press lightly until you feel a pulse. 4. Count the beats for 30 seconds and record the number of beats in the box for Pulse 1. 5. Repeat and record the number in the second box.* Pulse 1: Number of beats counted in 30 seconds	text (integer, Min: 15, Max: 55) Custom alignment: LH
4617	l2	Pulse 2: Number of beats counted in 30 seconds	text (integer, Min: 15, Max: 55) Custom alignment: LH
4618	m1 Show the field ONLY if: [health_and_exposur_arm_1][gender] = 2	Section Header: *M. Reproductive History* Have you ever been pregnant?	radio 1, Yes 0, No 3, Don't Know Custom alignment: LV
4619	m1a Show the field ONLY if: [m1] = 1	Are you currently pregnant?	yesno 1, Yes 0, No Custom alignment: LV

4620	m2 Show the field ONLY if: [m1]=1	Including live births, stillbirths, miscarriages, abortions, and tubal and other ectopic pregnancies, how many times have you been pregnant? Be sure to count this pregnancy if you are currently pregnant. *--- Select One ---*	dropdown 1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 or more 98, Don't Know Custom alignment: LV
4621	m3_desc Show the field ONLY if: [m2] > 0 and [m2] < 98	During any of your pregnancies, did you ever develop....	descriptive
4622	m3_a Show the field ONLY if: [m2] > 0 and [m2] < 98	Hypertension or high blood pressure?	radio (Matrix) 1, Yes 0, No 3, Don't know
4623	m3_b Show the field ONLY if: [m2] > 0 and [m2] < 98	Preeclampsia or toxemia?	radio (Matrix) 1, Yes 0, No 3, Don't know
4624	m3_c Show the field ONLY if: [m2] > 0 and [m2] < 98	Diabetes or high blood sugar?	radio (Matrix) 1, Yes 0, No 3, Don't know
4625	m3_d Show the field ONLY if: [m2] > 0 and [m2] < 98	Problems with the placenta (such as abruptio placentae, placenta previa or other placenta problems)?	radio (Matrix) 1, Yes 0, No 3, Don't know
4626	m3_e Show the field ONLY if: [m2] > 0 and [m2] < 98	Intra-uterine growth restriction (poor growth of the baby while in the womb)?	radio (Matrix) 1, Yes 0, No 3, Don't know
4627	m3_f Show the field ONLY if: [m2] > 0 and [m2] < 98	Any other pregnancy-related complications?	radio (Matrix) 1, Yes 0, No 3, Don't know
4628	m4_a Show the field ONLY if: [m3_a] = 1	For how many of your pregnancies did you have hypertension or high blood pressure? *Number of pregnancies*	text (integer, Min: 1) Custom alignment: LH
4629	m4_b Show the field ONLY if: [m3_b] = 1	For how many of your pregnancies did you have preeclampsia or toxemia? *Number of pregnancies*	text (number, Min: 1) Custom alignment: LH
4630	m4_c Show the field ONLY if: [m3_c] = 1	For how many of your pregnancies did you have diabetes or high blood sugar? *Number of pregnancies*	text (integer, Min: 1) Custom alignment: LH

4631	m4_d Show the field ONLY if: [m3_d] = 1	For how many of your pregnancies did you have problems with the placenta (such as abruptio placentae, placenta previa or other placenta problems)? *Number of pregnancies*	text (integer, Min: 1) Custom alignment: LH
4632	m4_e Show the field ONLY if: [m3_e] = 1	For how many of your pregnancies did you have intra-uterine growth restriction (poor growth of the baby while in the womb)? *Number of pregnancies*	text (integer, Min: 1) Custom alignment: LH
4633	m4_f Show the field ONLY if: [m3_f] = 1	For how many of your pregnancies did you have any other pregnancy-related complications? *Number of pregnancies*	text (integer, Min: 1) Custom alignment: LH
4634	m5 Show the field ONLY if: [m2] > 0 and [m2] < 98	Including all pregnancies, how many babies have you delivered (including live births and stillbirths)? *--- Select One ---*	dropdown 0, 0 1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 or more 11, Don't Know Custom alignment: LH
4635	m6_01_desc Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 1	descriptive
4636	m6_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4637	m7lbs_01_desc Show the field ONLY if: [m7_dk_01(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive Custom alignment: LV
4638	m7ozs_01_desc Show the field ONLY if: [m7_dk_01(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4639	m7lbs_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7_dk_01(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4640	m7ozs_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7_dk_01(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4641	m7_dk_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7lbs_01]='')		checkbox 98, m7_dk_01___98, Don't Know Custom alignment: LV

4642	m8_01 Show the field ONLY if: [m7_dk_01(98)] = 1	What was the baby's birth weight?	radio 1, Less than 5 1/2 pounds 2, Between 5 1/2 and 9 pounds 3, More than 9 pounds 98, Don't know Custom alignment: LV
4643	m9_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1, More than one week before the due date 2, More than one week after the due date 3, On time (within one week of due date) 98, Don't know Custom alignment: LV
4644	m10_01 Show the field ONLY if: ([m9_01] = 1) or ([m9_01]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1, Less than 2 weeks 2, 2 to 4 weeks 3, 1 to 2 months 4, More than 2 months 98, Don't know Custom alignment: LV
4645	m6_02_desc Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 2	descriptive
4646	m6_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4647	m7_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno 1, Yes 0, No Custom alignment: LV
4648	m7lbs_02_desc Show the field ONLY if: [m7_dk_02(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4649	m7ozs_02_desc Show the field ONLY if: [m7_dk_02(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4650	m7lbs_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7_dk_02(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4651	m7ozs_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7_dk_02(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4652	m7_dk_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7lbs_02]='')		checkbox 98, m7_dk_02___98, Don't Know Custom alignment: LV

4653	m8_02 Show the field ONLY if: [m7_dk_02(98)] = 1	What was the baby's birth weight?	radio 1, Less than 5 1/2 pounds 2, Between 5 1/2 and 9 pounds 3, More than 9 pounds 98, Don't know Custom alignment: LV
4654	m9_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1, More than one week before the due date 2, More than one week after the due date 3, On time (within one week of due date) 98, Don't know Custom alignment: LV
4655	m10_02 Show the field ONLY if: ([m9_02] = 1) or ([m9_02]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1, Less than 2 weeks 2, 2 to 4 weeks 3, 1 to 2 months 4, More than 2 months 98, Don't know Custom alignment: LV
4656	m6_03_desc Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 3	descriptive
4657	m6_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4658	m7_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno 1, Yes 0, No Custom alignment: LV
4659	m7lbs_03_desc Show the field ONLY if: [m7_dk_03(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4660	m7ozs_03_desc Show the field ONLY if: [m7_dk_03(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4661	m7lbs_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7_dk_03(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4662	m7ozs_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7_dk_03(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4663	m7_dk_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7lbs_03]='')		checkbox 98, m7_dk_03___98, Don't Know Custom alignment: LV

4664	m8_03 Show the field ONLY if: [m7_dk_03(98)] = 1	What was the baby's birth weight?	radio 1, Less than 5 1/2 pounds 2, Between 5 1/2 and 9 pounds 3, More than 9 pounds 98, Don't know Custom alignment: LV
4665	m9_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1, More than one week before the due date 2, More than one week after the due date 3, On time (within one week of due date) 98, Don't know Custom alignment: LV
4666	m10_03 Show the field ONLY if: ([m9_03] = 1) or ([m9_03]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1, Less than 2 weeks 2, 2 to 4 weeks 3, 1 to 2 months 4, More than 2 months 98, Don't know Custom alignment: LV
4667	m6_04_desc Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 4	descriptive
4668	m6_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4669	m7_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno 1, Yes 0, No Custom alignment: LV
4670	m7lbs_04_desc Show the field ONLY if: [m7_dk_04(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4671	m7ozs_04_desc Show the field ONLY if: [m7_dk_04(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4672	m7lbs_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7_dk_04(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4673	m7ozs_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7_dk_04(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4674	m7_dk_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7lbs_04]='')		checkbox 98, m7_dk_04___98, Don't Know Custom alignment: LH

4675	m8_04 Show the field ONLY if: [m7_dk_04(98)] = 1	What was the baby's birth weight?	radio 1 Less than 5 1/2 pounds 2 Between 5 1/2 and 9 pounds 3 More than 9 pounds 98 Don't know Custom alignment: LV
4676	m9_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 More than one week before the due date 2 More than one week after the due date 3 On time (within one week of due date) 98 Don't know Custom alignment: LV
4677	m10_04 Show the field ONLY if: ([m9_04] = 1) or ([m9_04]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 Less than 2 weeks 2 2 to 4 weeks 3 1 to 2 months 4 More than 2 months 98 Don't know Custom alignment: LV
4678	m6_05_desc Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 5	descriptive
4679	m6_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4680	m7lbs_05_desc Show the field ONLY if: [m7_dk_05(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4681	m7ozs_05_desc Show the field ONLY if: [m7_dk_05(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4682	m7lbs_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7_dk_05(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4683	m7ozs_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7_dk_05(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4684	m7_dk_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7lbs_05]='')		checkbox 98 m7_dk_05___98 Don't Know Custom alignment: LV
4685	m8_05 Show the field ONLY if: [m7_dk_05(98)] = 1	What was the baby's birth weight?	radio 1 Less than 5 1/2 pounds 2 Between 5 1/2 and 9 pounds 3 More than 9 pounds 98 Don't know Custom alignment: LV

4686	m9_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 More than one week before the due date 2 More than one week after the due date 3 On time (within one week of due date) 98 Don't know Custom alignment: LV
4687	m10_05 Show the field ONLY if: ([m9_05] = 1) or ([m9_05]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 Less than 2 weeks 2 2 to 4 weeks 3 1 to 2 months 4 More than 2 months 98 Don't know Custom alignment: LV
4688	m6_06_desc Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 6	descriptive
4689	m6_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4690	m7lbs_06_desc Show the field ONLY if: [m7_dk_06(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4691	m7ozs_06_desc Show the field ONLY if: [m7_dk_06(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4692	m7lbs_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7_dk_06(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4693	m7ozs_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7_dk_06(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4694	m7_dk_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7lbs_06]='')		checkbox 98 m7_dk_06___98 Don't Know Custom alignment: LV
4695	m8_06 Show the field ONLY if: [m7_dk_06(98)] = 1	What was the baby's birth weight?	radio 1 Less than 5 1/2 pounds 2 Between 5 1/2 and 9 pounds 3 More than 9 pounds 98 Don't know Custom alignment: LV
4696	m9_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 More than one week before the due date 2 More than one week after the due date 3 On time (within one week of due date) 98 Don't know Custom alignment: LV

4697	m10_06 Show the field ONLY if: ([m9_06] = 1) or ([m9_06]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1, Less than 2 weeks 2, 2 to 4 weeks 3, 1 to 2 months 4, More than 2 months 98, Don't know Custom alignment: LV
4698	m6_07_desc Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 7	descriptive
4699	m6_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4700	m7lbs_07_desc Show the field ONLY if: [m7_dk_07(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4701	m7ozs_07_desc Show the field ONLY if: [m7_dk_07(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4702	m7lbs_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7_dk_07(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4703	m7ozs_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7_dk_07(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4704	m7_dk_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7lbs_07]='')		checkbox 98, m7_dk_07___98, Don't Know Custom alignment: LV
4705	m8_07 Show the field ONLY if: [m7_dk_07(98)] = 1	What was the baby's birth weight?	radio 1, Less than 5 1/2 pounds 2, Between 5 1/2 and 9 pounds 3, More than 9 pounds 98, Don't know Custom alignment: LV
4706	m9_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1, More than one week before the due date 2, More than one week after the due date 3, On time (within one week of due date) 98, Don't know Custom alignment: LV
4707	m10_07 Show the field ONLY if: ([m9_07] = 1) or ([m9_07]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1, Less than 2 weeks 2, 2 to 4 weeks 3, 1 to 2 months 4, More than 2 months 98, Don't know Custom alignment: LV

4708	m6_08_desc Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 8	descriptive
4709	m6_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4710	m7lbs_08_desc Show the field ONLY if: [m7_dk_08(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4711	m7ozs_08_desc Show the field ONLY if: [m7_dk_08(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4712	m7lbs_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7_dk_08(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4713	m7ozs_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7_dk_08(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4714	m7_dk_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7lbs_08]='')		checkbox 98 | m7_dk_08___98 | Don't Know Custom alignment: LV
4715	m8_08 Show the field ONLY if: [m7_dk_08(98)] = 1	What was the baby's birth weight?	radio 1 | Less than 5 1/2 pounds 2 | Between 5 1/2 and 9 pounds 3 | More than 9 pounds 98 | Don't know Custom alignment: LV
4716	m9_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 | More than one week before the due date 2 | More than one week after the due date 3 | On time (within one week of due date) 98 | Don't know Custom alignment: LV
4717	m10_08 Show the field ONLY if: ([m9_08] = 1) or ([m9_08]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 | Less than 2 weeks 2 | 2 to 4 weeks 3 | 1 to 2 months 4 | More than 2 months 98 | Don't know Custom alignment: LV
4718	m6_09_desc Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 9	descriptive
4719	m6_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH

4720	m7lbs_09_desc Show the field ONLY if: [m7_dk_09(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4721	m7ozs_09_desc Show the field ONLY if: [m7_dk_09(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4722	m7lbs_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7_dk_09(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4723	m7ozs_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7_dk_09(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4724	m7_dk_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7lbs_09]='')		checkbox 98 | m7_dk_09___98 | Don't Know Custom alignment: LV
4725	m8_09 Show the field ONLY if: [m7_dk_09(98)] = 1	What was the baby's birth weight?	radio 1 | Less than 5 1/2 pounds 2 | Between 5 1/2 and 9 pounds 3 | More than 9 pounds 98 | Don't know Custom alignment: LV
4726	m9_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 | More than one week before the due date 2 | More than one week after the due date 3 | On time (within one week of due date) 98 | Don't know Custom alignment: LV
4727	m10_09 Show the field ONLY if: ([m9_09] = 1) or ([m9_09]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 | Less than 2 weeks 2 | 2 to 4 weeks 3 | 1 to 2 months 4 | More than 2 months 98 | Don't know Custom alignment: LV
4728	m6_10_desc Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 10	descriptive
4729	m6_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	What year was the baby born? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4730	m7lbs_10_desc Show the field ONLY if: [m7_dk_10(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive
4731	m7ozs_10_desc Show the field ONLY if: [m7_dk_10(98)]='1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive

4732	m7lbs_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7_dk_10(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Pounds*	text (integer, Min: 0, Max: 22) Custom alignment: LH
4733	m7ozs_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7_dk_10(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: *Ounces*	text (integer, Min: 0, Max: 15) Custom alignment: LH
4734	m7_dk_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7lbs_10]='')		checkbox 98 | m7_dk_10___98 | Don't Know Custom alignment: LV
4735	m8_10 Show the field ONLY if: [m7_dk_10(98)] = 1	What was the baby's birth weight?	radio 1 | Less than 5 1/2 pounds 2 | Between 5 1/2 and 9 pounds 3 | More than 9 pounds 98 | Don't know Custom alignment: LV
4736	m9_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 | More than one week before the due date 2 | More than one week after the due date 3 | On time (within one week of due date) 98 | Don't know Custom alignment: LV
4737	m10_10 Show the field ONLY if: ([m9_10] = 1) or ([m9_10]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 | Less than 2 weeks 2 | 2 to 4 weeks 3 | 1 to 2 months 4 | More than 2 months 98 | Don't know Custom alignment: LV
4738	mdesc_end	Please check to see that all questions are answered. Thank you for completing Part B of the Exposome Survey and for your continued participation in the Environmental Polymorphisms Registry. Your responses will be used to study how our genes and environment interact to increase or decrease our risk for common diseases and health conditions. Please remember to also complete Part A of the survey. If needed, we may contact you in the future if we have questions about any of your responses. The Environmental Polymorphisms Registry (EPR) National Institutes of Health, DHHS National Institute of Environmental Health Sciences PO Box 12233 Research Triangle Park, NC 27709-9799 Phone: 1-866-809-1261; Email: info@eprdna.niehs.nih.gov	descriptive
4739	exposome_part_b_complete	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete