

# Module: colon-epi-followup

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1	<b>CENTER_NO</b>	number (2,0)	Required: true
Center identification number.			

Allowable Values	
11	Cancer Care Ontario
12	USC Consortium
13	University of Melbourne
14	Cancer Research Center of Hawaii
15	Mayo Clinic
16	Fred Hutchinson, Seattle
17	Northern California (NCCC)

2	<b>PERSON_ID (*PK)</b>	string (12)	Required: true
Number that uniquely identifies an individual. *PERSON_ID + FU_ID are the primary key for the table.			

Error Description
First 2 digits must equal CENTER_NO

3	<b>FU_ID (*PK)</b>	number (1,0)	Required: true
Follow-up questionnaire that participant completed. *PERSON_ID + FU_ID are the primary key for the table.			

Allowable Values	
1	1st Follow-up
2	2nd Follow-up
3	3rd Follow-up

**Error Description**

Each PERSON\_ID may only have one row per follow-up questionnaire [FU\_ID]

**FU\_TYPE**

number (1,0)

Required: true

4

Version number of the first follow-up questionnaire administered. Version 1 is a 4-year 1st follow-up designed in phase II to be administered to phase I participants. Version 2 is a 5-year 1st follow-up designed in phase III to be administered to phase II participants. \* Note, version 2 is also administered as a 10-year 2nd follow-up to phase I participants in phase III.

Allowable Values

**1** Version 1

**2** Version 2

**CMPLDATE\_FU**

string (8)

Required: true

5

Date participant completed follow-up questionnaire

Date Value Check

The date must follow to the following format:

Format YYYYMMDD. Must consist of valid date.

Components of date should be right justified and zero filled.

MM = 01 - 12, 88, 99

DD = 01 - 31, 88, 99

YYYY = **Minimum year** - system date year, 8888, 9999

Use 88, 8888 for not currently known, in progress to obtain information.

Use 99, 9999 for not known.

If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.

If MM = 99 then DD must = 99.

If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.

If YYYY = 9999 then MM and DD must = 99.

The following special parameters are used:

(YYYYMMDD)

YYYY 2002 - system year, 8888, 9999

MM 01 - 12 or 88, 99

DD 01 - 31 or 88, 99

**Error Description**

If FU\_ID=3, CMPLDATE\_FU must be greater than CMPLDATE\_FU where FU\_ID=2 and FU\_ID=1

If FU\_ID=2, CMPLDATE\_FU must be greater than CMPLDATE\_FU where FU\_ID=1

**AGE\_EPI\_FU**

number (3,0)

Required: true

6

Age at the time follow-up questionnaire completed

Allowable Values

**22 to 120 or 999** Range

**999** UNKNOWN/REFUSED

**Error Description**

If FU\_ID=3, must be >AGE\_EPI\_FU in FU\_ID=2

If FU\_ID=2, must be >AGE\_EPI\_FU in FU\_ID=1

**SEX** number (1,0) Required: false

7

Participant's gender

Allowable Values

- 1 Male
- 2 Female
- 9 Unknown

**WEIGHT\_FU** number (3,0) Required: true

8

How much do you currently weigh (in kilograms)? (1 pound = 0.453 kilogram)

Allowable Values

- 25 to 450 or 888,999 Range
- 888 Not asked/Dropped
- 999 UNKNOWN/REFUSED

**Error Description**

- If FU\_ID=1 & FU\_TYPE = 1, then must not be 888
- If FU\_ID=1 & FU\_TYPE in (2,3) & CENTER\_NO IN(11,15,16), then must not be 888
- If FU\_ID=1 & FU\_TYPE in (2,3) & CENTER\_NO NOT IN(11,15,16), then must be 888
- If FU\_ID=2 or 3 & CENTER\_NO IN(11,12,15,16), then must not be 888
- If FU\_ID=2 or 3 & CENTER\_NO IN(13,14,17), then must be 888

**ETHNIC\_FU** number (1,0) Required: true

9

Do you consider yourself to be Hispanic or Latino?

Allowable Values

- 1 Yes, HISPANIC OR LATINO
- 2 No, HISPANIC OR LATINO
- 8 Not asked
- 9 UNKNOWN/REFUSED

**Error Description**

- If FU\_TYPE equals 1, ETHNIC\_FU must be 8
- If FU\_TYPE equals 2 and CENTER\_NO NOT IN(11,13) , ETHNIC\_FU must not be 8
- If FU\_TYPE equals1 and CENTER\_NO IN(11,13), ETHNIC\_FU must be 8

**S\_RACE1\_FU** number (2,0) Required: true

10

What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)

Allowable Values	
1 to 19 or 88, 98, 99	Range
88	Not Asked/Dropped
98	OTHER
99	UNKNOWN/REFUSED

Error Description
If FU_ID=1 & FU_TYPE = 1, then must not be 88
If FU_ID=1 & FU_TYPE = 2, then must be 88
If FU_ID= 2 or 3, then must be 88

11 **S\_RACE1\_OTH\_FU** string (30) Required: false  
Specification of self-identification as other race.

Error Description
If S_RACE1_OTH_FU = 98, then must not be null
If S_RACE1_OTH_FU <> 98, then must be null

12 **S\_RACE2\_FU** number (2,0) Required: false  
What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)

Allowable Values	
1 to 19 or 88, 98, 99	Range
88	Not Asked/Dropped
98	OTHER
99	UNKNOWN/REFUSED

Error Description
If FU_ID=1 & FU_TYPE = 1, then must not be 88
If FU_ID=1 & FU_TYPE = 2, then must be 88
If FU_ID= 2 or 3, then must be 88

13 **S\_RACE2\_OTH\_FU** string (30) Required: false  
Specification of self-identification as other race.

Error Description
If S_RACE2_OTH_FU = 98, then must not be null
If S_RACE2_OTH_FU <> 98, then must be null

14 **S\_RACE3\_FU** number (2,0) Required: false

What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)

Allowable Values	
1 to 19 or 88, 98, 99	Range
88	Not Asked/Dropped
98	OTHER
99	UNKNOWN/REFUSED

Error Description
If FU_ID=1 & FU_TYPE = 1, then must not be 88
If FU_ID=1 & FU_TYPE = 2, then must be 88
If FU_ID= 2 or 3, then must be 88

15 **S\_RACE3\_OTH\_FU** string (30) Required: false  
Specification of self-identification as other race.

Error Description
If S_RACE3_OTH_FU = 98, then must not be null
If S_RACE3_OTH_FU <> 98, then must be null

16 **S\_RACE4\_FU** number (2,0) Required: false  
What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)

Allowable Values	
1 to 19 or 88, 98, 99	Range
88	Not Asked/Dropped
98	OTHER
99	UNKNOWN/REFUSED

Error Description
If FU_ID=1 & FU_TYPE = 1, then must not be 88
If FU_ID=1 & FU_TYPE = 2, then must be 88
If FU_ID= 2 or 3, then must be 88

17 **S\_RACE4\_OTH\_FU** string (30) Required: false  
Specification of self-identification as other race.

Error Description
If S_RACE4_OTH_FU = 98, then must not be null
If S_RACE4_OTH_FU <> 98, then must be null

18 **HEMOCCULT\_FU** number (1,0) Required: true



Since the date of the last interview, have you had a fecal occult blood test (FOBT)?

Allowable Values

- 1 YES
- 2 NO
- 9 UNKNOWN/REFUSED

19 **HEMOCCULT\_NO\_FU** number (2,0) Required: false

Since the date of your last interview, how many separate hemoccult tests have you had?

Allowable Values

- 1 to 80 or 99 Range
- 99 UNKNOW/REFUSED

Error Description

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

20 **HEMOCCULT\_LST\_AGE\_FU** number (3,0) Required: false

How old were you at your most recent hemoccult test?

Allowable Values

- 18 to 120 or 999 Range
- 999 UNKNOWN/REFUSED

Error Description

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

If HEMOCCULT\_FU = 1, must be <= AGE\_EPI\_FU

21 **H\_LST\_PROBLEM\_FU** number (1,0) Required: false

Does the reason for your most recent hemoccult test include "to investigate a new problem"?

This question is asked as:

What were the reasons for the test? [SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE A NEW PROBLEM
- 2 FAMILY HISTORY OF COLORECTAL CANCER
- 3 ROUTINE EXAM OR CHECK-UP
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM
- 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
- 6 OTHER, SPECIFY: \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)
- 9 UNKNOWN/REFUSED

**Error Description**

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

22	<b>H_LST_FAMHX_FU</b>	number (1,0)	Required:false
Does the reason for your most recent hemoccult test include "family history of colorectal cancer"?			

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)
- 9 UNKNOWN/REFUSED

**Error Description**

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

23	<b>H_LST_ROUTINE_FU</b>	number (1,0)	Required:false
Does the reason for your most recent hemoccult test include "routine/yearly exam or check-up"?			

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)
- 9 UNKNOWN/REFUSED

**Error Description**

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

24	<b>H_LST_FU_PROB_FU</b>	number (1,0)	Required:false
Does the reason for your most recent hemoccult test include "follow-up of a previous problem"?			

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

**Error Description**

If HEMOCCULT\_FU = 1, then must not be null

If HEMOCCULT\_FU <> 1, then must be null

25	<b>H_LST_FU_FOBT_FU</b>	number (1,0)	Required:false
Does the reason for your most recent hemoccult test include "follow-up of a previous FOBT result"?			

Allowable Values

- |   |                         |
|---|-------------------------|
| 1 | Yes                     |
| 2 | No (not selected, NULL) |
| 8 | Not Asked               |
| 9 | Unknown/Refused         |

Error Description
If HEMOCCULT_FU = 1, then must not be null
If HEMOCCULT_FU <> 1, then must be null

26	<b>H_LST_OTHER_FU</b>	number (1,0)	Required:false
Does the reason for your most recent hemoccult test include "other reasons"?			

- | Allowable Values |                          |
|------------------|--------------------------|
| 1                | YES                      |
| 2                | NO (not selected, NULL)* |
| 9                | UNKNOWN/REFUSED*         |

Error Description
If HEMOCCULT_FU equals 1, H_LST_OTHER_FU must not be null
If HEMOCCULT_FU is not equal to 1, H_LST_OTHER_FU must be null

27	<b>H_LST_OTH_TEXT_FU</b>	string (40)	Required:false
Does the reason for your most recent hemoccult test include "other reasons"? SPECIFY			

Error Description
If H_LST_OTHER_FU = 1, then must not be null
If H_LST_OTHER_FU <> 1, then must be null

28	<b>SIGSCOPE_FU</b>	number (40,0)	Required:false
Since the date of your last interview, have you had a sigmoidoscopy?			

- | Allowable Values |                 |
|------------------|-----------------|
| 1                | YES             |
| 2                | NO              |
| 9                | UNKNOWN/REFUSED |

29	<b>SIGSCOPE_NO_FU</b>	number (2,0)	Required:false
Since the date of your last interview, how many separate sigmoidoscopies have you had?			

- | Allowable Values |       |
|------------------|-------|
| 1 to 10 or 99    | Range |

99 UNKNOWN/REFUSED

**Error Description**

If SIGSCOPE\_FU = 1, then must not be null

If SIGSCOPE\_FU <> 1, then must be null

30 SIGSCOPE\_LST\_AGE\_FU number (3,0) Required:false

How old were you at your most recent sigmoidoscopy?

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If SIGSCOPE\_FU = 1, then must not be null

If SIGSCOPE\_FU <> 1, then must be null

If SIGSCOPE\_FU = 1, must be <= AGE\_EPI\_FU

31 S\_LST\_PROBLEM\_FU number (1,0) Required:false

Does the reason for your most recent sigmoidoscopy include "to investigate a new problem"?

This question is asked as:

What were the reasons for the test?

[SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE A NEW PROBLEM
- 2 FAMILY HISTORY OF COLORECTAL CANCER
- 3 ROUTINE EXAM OR CHECK-UP
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM
- 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
- 6 OTHER, SPECIFY: \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If SIGSCOPE\_FU = 1, then must not be null

If SIGSCOPE\_FU <> 1, then must be null

32 S\_LST\_FAMHX\_FU number (1,0) Required:false

Does the reason for your most recent sigmoidoscopy include "family history of colorectal cancer"?

Allowable Values

1 YES

2 NO (not selected, NULL)

9 UNKNOWN/REFUSED

Error Description
If SIGSCOPE_FU = 1, then must not be null
If SIGSCOPE_FU <> 1, then must be null

33	<b>S_LST_ROUTINE_FU</b>	number (1,0)	Required: false
Does the reason for your most recent sigmoidoscopy include "routine/yearly exam or check-up"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If SIGSCOPE_FU = 1, then must not be null
If SIGSCOPE_FU <> 1, then must be null

34	<b>S_LST_FU_PROB_FU</b>	number (1,0)	Required: false
Does the reason for your most recent sigmoidoscopy include "follow-up of a previous problem"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If SIGSCOPE_FU = 1, then must not be null
If SIGSCOPE_FU <> 1, then must be null

35	<b>S_LST_FU_FOBT_FU</b>	number (1,0)	Required: false
Does the reason for your most recent sigmoidoscopy include "follow-up of a previous FOBT result"?			

Allowable Values	
1	Yes
2	No (not selected, NULL)
8	Not Asked
9	Unknown/Refused

Error Description
If SIGSCOPE_FU = 1, then must not be null
If SIGSCOPE_FU <> 1, then must be null

36	<b>S_LST_OTHER_FU</b>	number (1,0)	Required: false
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Does the reason for your most recent sigmoidoscopy include "other reasons"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)
- 9 UNKNOWN/REFUSED

**Error Description**

If SIGSCOPE\_FU = 1, then must not be null

If SIGSCOPE\_FU <> 1, then must be null

**S\_LST\_OTH\_TEXT\_FU**

string (40)

Required: false

Does the reason for your most recent sigmoidoscopy include "other reasons"? SPECIFY

**Error Description**

If S\_LST\_OTHER\_FU = 1, then must not be null

If S\_LST\_OTHER\_FU <> 1, then must be null

**COLSCOPE\_FU**

number (1,0)

Required: true

Since the date of your last interview, have you had a colonoscopy?

Allowable Values

- 1 YES
- 2 NO
- 9 UNKNOWN/REFUSED

**COLSCOPE\_NO\_FU**

number (2,0)

Required: false

Since the date of your last interview, how many separate colonoscopies have you had?

Allowable Values

- 1 to 10 or 99 Range
- 99 UNKNOWN/REFUSED

**Error Description**

If COLSCOPE\_FU = 1, then must not be null

If COLSCOPE\_FU <> 1, then must be null

**COLSCOPE\_LST\_AGE\_FU**

number (3,0)

Required: false

How old were you at your most recent colonoscopy?

Allowable Values

- 18 to 120 or 999 Range
- 999 UNKNOWN/REFUSED

**Error Description**

If COLSCOPE \_FU = 1, then must not be null

If COLSCOPE \_FU <> 1, then must be null

If COLSCOPE \_FU = 1, must be <= AGE\_EPI\_FU

**C\_LST\_PROBLEM\_FU**

number (1,0)

Required:false

Does the reason for your most recent colonoscopy include "to investigate a new problem"?

This question is asked as:

What were the reasons for the test?

[SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE ANEW PROBLEM
- 2 FAMILY HISTORY OF COLORECTAL CANCER
- 3 ROUTINE EXAM OR CHECK-UP
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM
- 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
- 6 OTHER, SPECIFY: \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If COLSCOPE \_FU = 1, then must not be null

If COLSCOPE \_FU <> 1, then must be null

**C\_LST\_FAMHX\_FU**

number (1,0)

Required:false

Does the reason for your most recent colonoscopy include "family history of colorectal cancer"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If COLSCOPE \_FU = 1, then must not be null

If COLSCOPE \_FU <> 1, then must be null

**C\_LST\_ROUTINE\_FU**

number (1,0)

Required:false

Does the reason for your most recent colonoscopy include "routine/yearly exam or check-up"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

41

42

43

Error Description
If COLSCOPE _FU = 1, then must not be null
If COLSCOPE _FU <> 1, then must be null

44	<b>C_LST_FU_PROB_FU</b>	number (1,0)	Required:false
Does the reason for your most recent sigmoidoscopy include "follow-up of a previous problem"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If COLSCOPE _FU = 1, then must not be null
If COLSCOPE _FU <> 1, then must be null

45	<b>C_LST_FU_FOBT_FU</b>	number (1,0)	Required:false
Does the reason for your most recent colonoscopy include "follow-up of a previous FOBT result"?			

Allowable Values	
1	Yes
2	No (not selected, NULL)
8	Not Asked
9	Unknown/Refused

Error Description
If COLSCOPE _FU = 1, then must not be null
If COLSCOPE _FU <> 1, then must be null

46	<b>C_LST_OTHER_FU</b>	number (1,0)	Required:false
Does the reason for your most recent colonoscopy include "other reasons"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If COLSCOPE _FU = 1, then must not be null
If COLSCOPE _FU <> 1, then must be null

	<b>C_LST_OTH_TEXT_FU</b>	string (40)	Required:false
--	--------------------------	-------------	----------------



47

Does the reason for your most recent colonoscopy include "other reasons? SPECIFY

**Error Description**

If C\_LST\_OTHER\_FU = 1, then must not be null

If C\_LST\_OTHER\_FU <> 1, then must be null

48

**BARIUM\_EVER\_FU**

number (1,0)

Required:true

Have you ever had a barium enema?

Allowable Values

1 YES

2 NO

8 Not Asked

9 UNKNOWN/REFUSED

**Error Description**

If FU\_ID=1, then must not be 8 or null

If FU\_ID>1, then must be 8

49

**BARIUM\_EVER\_NO\_FU**

number (2,0)

Required:false

How many separate barium enemas have you ever had?

Allowable Values

88 not asked

99 Unknown/Refused

**Error Description**

If BARIUM\_EVER\_FU = 1, then must not be null

If BARIUM\_EVER\_FU <> 1, then must be null

50

**BARIUM\_FST\_AGE\_FU**

number (3,0)

Required:false

How old were you when you had your first barium enema?

Allowable Values

1 to 120 or 888, 999 Range

888 NOT ASKED/DROPPED

999 UNKNOWN/REFUSED

**Error Description**

If BARIUM\_EVER\_FU = 1, then must not be null

If BARIUM\_EVER\_FU <> 1, then must be null

If BARIUM\_EVER\_FU = 1, must be <=AGE\_EPI\_FU

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE (2,3), then must be 888

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1, then must not be 888

**B\_FST\_PROBLEM\_FU**

number (1,0)

Required:false

51

Does the reason for your first barium enema include "to investigate a new problem"?  
This question is asked as: What were the reasons for the test?

[SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE ANEW PROBLEM
- 2 FAMILY HISTORY OF COLORECTAL CANCER
- 3 ROUTINE EXAM OR CHECK-UP
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM
- 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
- 6 OTHER, SPECIFY: \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)\*

8 Not asked/Dropped

9 UNKNOWN/REFUSED\*

**Error Description**

If BARIUM\_EVER\_FU = 1, then must not be null

If BARIUM\_EVER\_FU <> 1, then must be null

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE in (2,3), then must be 8

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1, then must not be 8

**B\_FST\_FAMHX\_FU**

number (1,0)

Required:false

52

Does the reason for your first barium enema include "family history of colorectal cancer"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

8 Not asked/Dropped

9 UNKNOWN/REFUSED\*

**Error Description**

If BARIUM\_EVER\_FU = 1, then must not be null

If BARIUM\_EVER\_FU <> 1, then must be null

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE in (2,3), then must be 8

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1, then must not be 8

**B\_FST\_ROUTINE\_FU**

number (1,0)

Required:false

53

Does the reason for your first barium enema include "routine/yearly exam or check-up"?

Allowable Values

1 YES

2	NO (not selected, NULL)*
8	Not asked/Dropped
9	UNKNOWN/REFUSED*

Error Description
If BARIUM_EVER_FU = 1, then must not be null
If BARIUM_EVER_FU <> 1, then must be null
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE in (2,3), then must be 8
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 8

54	<b>B_FST_FU_PROB_FU</b>	number (1,0)	Required:false
Does the reason for your first barium enema include "follow-up of a previous problem"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not asked/Dropped
9	UNKNOWN/REFUSED*

Error Description
If BARIUM_EVER_FU = 1, then must not be null
If BARIUM_EVER_FU <> 1, then must be null
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE in (2,3), then must be 8
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 8

55	<b>B_FST_FU_FOBT_FU</b>	number (1,0)	Required:false
Does the reason for your first barium enema include "follow-up of a previous FOBT result"?			

Allowable Values	
1	Yes
2	No (not selected, NULL)
8	Not Asked/Dropped
9	Unknown/Refused

Error Description
If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null
If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE =1, must be 8

56	<b>B_FST_OTHER_FU</b>	number (1,0)	Required:false
Does the reason for your first barium enema include "other reasons"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not asked/Dropped
9	UNKNOWN/REFUSED*

Error Description
If BARIUM_EVER_FU = 1, then must not be null
If BARIUM_EVER_FU <> 1, then must be null
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE in (2,3), then must be 8
If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 8

57	<b>B_FST_OTH_TEXT_FU</b>	string (40)	Required:false
Does the reason for your first barium enema include "other reasons"? SPECIFY			

Error Description
If B_FST_OTH_TEXT_FU=1, then must not be null
If B_FST_OTH_TEXT_FU <> 1, then must be null

58	<b>BARIUM_SINCE_FU</b>	number (1,0)	Required:TRUE
Since the date of your last interview, have you had a barium enema?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not asked/Dropped
9	UNKNOWN/REFUSED*

Error Description
If FU_ID=1, must be 8
If FU_ID>1, must not be null or 8

59	<b>BARIUM_SINCE_NO_FU</b>	number (1,0)	Required:false
How many separate barium enemas have you had since your last interview?			

Allowable Values	
88	Not Asked
99	Unknown/Refused"

Error Description
BARIUM_SINCE_FU= 1, then must not be null
BARIUM_SINCE_FU<> 1, then must be null

60	<b>BARIUM_LST_AGE_FU</b>	number (3,0)	Required: false								
How old were you when you had your most recent barium enema?											
<table border="1" style="margin: auto;"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td style="width: 50px;"><b>1 to 120 or 999</b></td><td>Range</td></tr> <tr><td><b>999</b></td><td>UNKNOWN/REFUSED</td></tr> </table>				Allowable Values		<b>1 to 120 or 999</b>	Range	<b>999</b>	UNKNOWN/REFUSED		
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<b>Error Description</b>											
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If BARIUM_EVER_FU = 1, must be >=BARIUM_FST_AGE_FU											
If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then be <= AGE_EPI_FU											
61	<b>B_LST_PROBLEM_FU</b>	number (1,0)	Required: false								
Does the reason for your most recent barium enema include "to investigate a new problem"? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1 TO INVESTIGATE A NEW PROBLEM 2 FAMILY HISTORY OF COLORECTAL CANCER 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLEM 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT 6 OTHER, SPECIFY: _____ 9 DON'T KNOW											
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<b>Error Description</b>											
If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null											
If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null											
62	<b>B_LST_FAMHX_FU</b>	number (1,0)	Required: false								
Does the reason for your most recent barium enema include "family history of colorectal cancer"?											
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If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null											
If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null											
	<b>B_LST_ROUTINE_FU</b>	number (1,0)	Required: false								

63

Does the reason for your most recent barium enema include "routine/yearly exam or check-up"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

Error Description

If BARIUM\_EVER\_FU = 1 or BARIUM\_SINCE\_FU= 1, then must not be null

If BARIUM\_EVER\_FU <> 1 & BARIUM\_SINCE\_FU<> 1, then must be null

64

B\_LST\_FU\_PROB\_FU

number (1,0)

Required:false

Does the reason for your most recent barium enema include "follow-up of a previous problem"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

Error Description

If BARIUM\_EVER\_FU = 1, then must not be null

If BARIUM\_EVER\_FU <> 1, then must be null

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1, then must be 8

If BARIUM\_EVER\_FU = 1 & FU\_ID<>1 & FU\_TYPE<>1, then must not be 8

65

B\_LST\_FU\_FOBT\_FU

number (1,0)

Required:true

Does the reason for your most recent barium enema include "follow-up of a previous FOBT result"?

Allowable Values

1 Yes

2 No (not selected, NULL)

8 Not Asked/Dropped

9 Unknown/Refused

Error Description

If BARIUM\_EVER\_FU = 1 or BARIUM\_SINCE\_FU= 1, then must not be null

If BARIUM\_EVER\_FU <> 1 & BARIUM\_SINCE\_FU<> 1, then must be null

If BARIUM\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, must be 8

66

B\_LST\_OTHER\_FU

number (1,0)

Required:false

Does the reason for your most recent barium enema include "other reasons"?

Allowable Values

1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null
If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

67	<b>B_LST_OTH_TEXT_FU</b>	string (40)	Required:false
Does the reason for your most recent barium enema include "other reasons"? SPECIFY			

Error Description
If B_LST_OTHER_FU = 1, then must not be null
If B_LST_OTHER_FU <> 1, then must be null

68	<b>VIRTUAL_C_EVER_FU</b>	number (1,0)	Required:true
(For first Follow-Up interview Only) Have you ever had a virtual colonoscopy?			

Allowable Values	
1	YES
2	NO
9	UNKNOWN/REFUSED

Error Description
If FU_ID=1, then must not be null or 8
If FU_ID>1, then must be 8

69	<b>VIRTUAL_C_NO_FU</b>	number (2,0)	Required:false
(For first Follow-Up interview Only) How many times have you had a virtual colonoscopy?			

Allowable Values	
1 to 10 or 88, 99	Range
88	Not asked
99	Unknown/Refused

Error Description
If VIRTUAL_C_EVER_FU = 1, then must not be null
If VIRTUAL_C_EVER_FU <> 1, then must be null
If VIRTUAL_C_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1 & CENTER_NO=14, then must equal 8

70	<b>VIRTUAL_C_SINCE_FU</b>	number (1,0)	Required:true
Since your last follow-up questionnaire, have you had a virtual colonoscopy or CT Colonograph?			

Allowable Values

- 1 Yes
- 2 No
- 8 Not Asked
- 9 Unknown/Refused

**Error Description**

If FU\_ID=1, must be 8

If FU\_ID>1, must not be 8 or null

71

**VIRTUAL\_C\_SINCE\_NO\_FU**

number (2,0)

Required:false

How many times have you had a virtual colonoscopy since your last follow-up questionnaire?

Allowable Values

- 1 to 10 or 88, 99 Range
- 88 Not asked
- 99 Unknown/Refused

**Error Description**

If VIRTUAL\_C\_SINCE\_FU=1, must not be null

If VIRTUAL\_C\_SINCE\_FU<>1, must be null

72

**VIRTUAL\_LST\_AGE\_FU**

number (3,0)

Required:false

How old were you when you had your most recent virtual colonoscopy?

Allowable Values

- 1 to 120 or 888, 999 Range
- 888 Not asked
- 999 Unknown/Refused

**Error Description**

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null

If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, must be <=AGE\_EPI\_FU

If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1 & CENTER\_NO=14, then must equal 8

73

**VC\_LST\_PROBLEM\_FU**

number (1,0)

Required:false

Does the reason for your most recent virtual colonoscopy include "to investigate a new problem"?

This question is asked as:

What were the reasons for the test? [SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE ANEW PROBLEM
- 2 FAMILY HISTORY OF COLORECTAL CANCER
- 3 ROUTINE EXAM OR CHECK-UP
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM
- 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT



6 OTHER, SPECIFY: \_\_\_\_\_  
9 DON'T KNOW

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

**Error Description**

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null  
If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null  
If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1 & CENTER\_NO=14, then must equal 8

74 **VC\_LST\_FAMHX\_FU** number (1,0) Required:false  
Does the reason for your most recent virtual colonoscopy include "family history of colorectal cancer"?

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

**Error Description**

When VIRTUAL\_C\_EVER\_FU equals 1, VC\_LST\_FAMHX\_FU must not be null  
When VIRTUAL\_C\_EVER\_FU is not equal to 1, VC\_LST\_FAMHX\_FU must be null  
When FU\_TYPE equals 2, VC\_LST\_FAMHX\_FU must not be 8

75 **VC\_LST\_ROUTINE\_FU** number (1,0) Required:false  
Does the reason for your most recent virtual colonoscopy include "routine/yearly exam or check-up"?

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

**Error Description**

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null  
If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null  
If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1 & CENTER\_NO=14, then must equal 8

**VC\_LST\_FU\_PROB\_FU** number (1,0) Required:false

76

Does the reason for your most recent virtual colonoscopy include "follow-up of a previous problem"?

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

Error Description

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null

If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null

If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1 & CENTER\_NO=14, then must equal 8

VC\_LST\_FU\_FOBT\_FU

number (1,0)

Required:false

77

Does the reason for your most recent virtual colonoscopy include "follow-up of a previous FOBT result"?

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

Error Description

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null

If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null

If FU\_ID in (1,2) & FU\_TYPE in (2,5), then must not equal 8

If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1, then must equal 8

VC\_LST\_OTHER\_FU

number (1,0)

Required:false

78

Does the reason for your most recent virtual colonoscopy include "other reasons"?

Allowable Values

- 1 Yes
- 2 No (not selected, NULL)
- 8 Not Asked
- 9 Unknown/refused

Error Description

If VIRTUAL\_C\_EVER\_FU = 1 or VIRTUAL\_C\_SINCE\_FU=1, then must not be null

If VIRTUAL\_C\_EVER\_FU <> 1 & VIRTUAL\_C\_SINCE\_FU<>1, then must be null

If VIRTUAL\_C\_EVER\_FU = 1 & FU\_ID=1 & FU\_TYPE=1 & CENTER\_NO=14, then must equal 8

79	<b>VC_LST_OTH_TEXT_FU</b>	string (200)	Required:false
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Does the reason for your most recent virtual colonoscopy include "other reasons"? SPECIFY

<b>Error Description</b>
If VC_LST_OTHER_FU=1, then must not be null
If VC_LST_OTHER_FU <> 1, then must be null

80	<b>POLYPS_FU</b>	number (1,0)	Required:true
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Since the date of your last interview, has a doctor told you that you had polyps in your large bowel/colon/rectum?

Allowable Values	
1	YES
2	NO
9	UNKNOWN/REFUSED

81	<b>POLYP_REM_FU</b>	number (1,0)	Required:false
----	---------------------	--------------	----------------

Since the date of your last interview, have you had any polyps removed?

Allowable Values	
1	YES
2	NO
9	UNKNOWN/REFUSED

<b>Error Description</b>
If POLYPS_FU = 1, then must not be null
If POLYPS_FU <> 1, then must be null

82	<b>POLYP_REM_NO_FU</b>	number (2,0)	Required:false
----	------------------------	--------------	----------------

Since the date of your last interview, on how many separate occasions have you had polyps removed?

Allowable Values	
1 to 10 or 99	Range
99	UNKNOWN/REFUSED

<b>Error Description</b>
If POLYP_REM_FU = 1, then must not be null
If POLYP_REM_FU <> 1, then must be null
If FU_ID=1 & FU_TYPE=2 & POLYP_REM_FU = 1, then must equal 88
If FU_TYPE=5 & POLYP_REM_FU = 1, then must equal 88
If FU_ID=3 & POLYP_REM_FU = 1, then must not equal 88
If FU_ID=1 & FU_TYPE=1 & POLYP_REM_FU = 1, then must not equal 88

83 POLYP\_REM1\_AGE\_FU number (3,0) Required:false

How old were you the first time you had polyps removed since the date of your last interview?

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If POLYP\_REM\_FU = 1, then must not be null

If POLYP\_REM\_FU <> 1, then must be null

If POLYP\_REM\_FU = 1, must be <=AGE\_EPI\_FU

If POLYP\_REM\_NO\_FU = 88, then must be null

84 POLYP\_REM2\_AGE\_FU number (3,0) Required:false

How old were you the second time you had polyps removed since the date of your last interview?

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If POLYP\_REM\_NO\_FU >= 2 and POLYP\_REM\_NO\_FU <> 99, then must not be null

If POLYP\_REM\_FU <> 1, then must be null

If POLYP\_REM\_NO\_FU < 2, then must be null

If POLYP\_REM1\_AGE\_FU is null, then must be null

If POLYP\_REM\_NO\_FU >= 2 & POLYP\_REM1\_AGE\_FU <> 999, must be >= POLYP\_REM1\_AGE\_FU

If POLYP\_REM\_NO\_FU = 88, then must be null

85 POLYP\_REM3\_AGE\_FU number (3,0) Required:false

How old were you the third time you had polyps removed since the date of your last interview?

Allowable Values

18 to 120 Range

999 UNKNOWN/REFUSED

**Error Description**

must be 18-120 or 999

If POLYP\_REM\_NO\_FU >= 3 and POLYP\_REM\_NO\_FU <> 99, then must not be null

If POLYP\_REM\_FU <> 1, then must be null

If POLYP\_REM\_NO\_FU < 3, then must be null

If POLYP\_REM2\_AGE\_FU is null, then must be null

If POLYP\_REM\_NO\_FU >= 3 & POLYP\_REM2\_AGE\_FU <> 999, must be >= POLYP\_REM2\_AGE\_FU

If POLYP\_REM\_NO\_FU = 88, then must equal 888

86

**POLYP\_REM4\_AGE\_FU**

number (3,0)

Required: false

How old were you the fourth time you had polyps removed since the date of your last interview?

Allowable Values

**18 to 120** Range

**999** UNKNOWN/REFUSED

**Error Description**

must be 18-120 or 999

If POLYP\_REM\_NO\_FU >= 4 and POLYP\_REM\_NO\_FU <> 99, then must not be null

If POLYP\_REM\_FU <> 1, then must be null

If POLYP\_REM\_NO\_FU < 4, then must be null

If POLYP\_REM3\_AGE\_FU is null, then must be null

If POLYP\_REM\_NO\_FU >= 4 & POLYP\_REM3\_AGE\_FU <> 999, must be >= POLYP\_REM3\_AGE\_FU

If POLYP\_REM\_NO\_FU = 88, then must equal 888

87

**POLYP\_REM5\_AGE\_FU**

number (3,0)

Required: false

How old were you the fifth time you had polyps removed since the date of your last interview?

Allowable Values

**18 to 120 or 999** Range

**999** UNKNOWN/REFUSED

**Error Description**

If POLYP\_REM\_NO\_FU >= 5 and POLYP\_REM\_NO\_FU <> 99, then must not be null

If POLYP\_REM\_FU <> 1, then must be null

If POLYP\_REM\_NO\_FU < 5, then must be null

If POLYP\_REM4\_AGE\_FU is null, then must be null

If POLYP\_REM\_NO\_FU >= 5 & POLYP\_REM4\_AGE\_FU <> 999, must be >= POLYP\_REM4\_AGE\_FU

If POLYP\_REM\_NO\_FU = 88, then must be null

88

**CRSRG\_FU**

number (1,0)

Required: true

Since the date of your last interview, have you had surgery to remove any of your colon or large bowel?

Allowable Values

**1** YES

**2** NO

**9** UNKNOWN/REFUSED

**Error Description**

Colon EPI: COLON\_REM\_EXT=1, then <> 1

89 **CRSRG\_NO\_FU** number (2,0) Required: false

Since the date of your last interview, how many separate surgeries to remove any of your colon or large bowel have you had?

Allowable Values	
1 to 10 or 99	Range
99	UNKNOWN/REFUSED

Error Description
If CRSRG_FU = 1, then must not be null
If CRSRG_FU <> 1, then must be null
If FU_ID=1 & FU_TYPE=1 & CRSRG_FU = 1, then must not equal 88
If FU_ID<>1 & FU_TYPE<>1 & CRSRG_FU = 1, then must equal 88

90 **CRSRG1\_AGE\_FU** number (3,0) Required: false

How old were you when you had your first surgery since the date of your last interview?

Allowable Values	
18 to 120 or 999	Range
999	UNKNOWN/REFUSED

Error Description
If CRSRG_FU = 1, then must not be null
If CRSRG_FU = 1, must be <= AGE_EPI_FU
If CRSRG_FU <> 1, then must be null

91 **CRSRG1\_T\_FU** number (1,0) Required: false

During that surgery, was your colon completely or only partially removed?

Allowable Values	
1	COMPLETELY
2	PARTIALLY
9	UNKNOWN/REFUSED

Error Description
If CRSRG_FU=1, then must not be null
If CRSRG_FU <> 1, then must be null

92 **CRSRG1\_R\_TUMOR\_FU** number (1,0) Required: false

Did the reasons for your first CRC surgery include "BENIGN OR MALIGNANT TUMOR"?  
This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY]  
1. BENIGN OR MALIGNANT TUMOR  
2. DIVERTICULAR DISEASE  
3. INFLAMMATORY BOWEL DISEASE

4. OTHER\_SPECIFY, \_\_\_\_\_  
5. DON'T KNOW

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must be 8

If CRSRG\_FU=1, then must not be null

If CRSRG\_FU <> 1, then must be null

93

**CRSRG1\_R\_CAN\_FU**

number (1,0)

Required:false

Did the reasons for your first CRC surgery include "CANCER"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=1 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

94

**CRSRG1\_R\_DIV\_FU**

number (1,0)

Required:false

Did the reasons for your first CRC surgery include "DIVERTICULAR DISEASE"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=1 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

**CRSRG1\_R\_COLITIS\_FU**

number (1,0)

Required:false

95

Did the reasons for your first CRC surgery include "ULCERATIVE COLITIS"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

Error Description

- If CRSRG\_NO\_FU >=1 & CRSRG\_NO\_FU <>99, then must not be null
- If CRSRG\_FU <> 1, then must be null
- If CRSRG\_NO\_FU =88, then must equal 8
- If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

CRSRG1\_R\_IBD\_FU

number (1,0)

Required:false

96

Did the reasons for your first CRC surgery include "INFLAMMATORY BOWEL DISEASE"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

Error Description

- If CRSRG\_NO\_FU >=1 & CRSRG\_NO\_FU <>99, then must not be null
- If CRSRG\_FU <> 1, then must be null
- If CRSRG\_NO\_FU =88, then must equal 8

CRSRG1\_R\_CROHN\_FU

number (1,0)

Required:false

97

Did the reasons for your first CRC surgery include "CROHN'S DISEASE"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

Error Description

- If CRSRG\_NO\_FU >=1 & CRSRG\_NO\_FU <>99, then must not be null
- If CRSRG\_FU <> 1, then must be null
- If CRSRG\_NO\_FU =88, then must equal 8



If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

98	<b>CRSRG1_R_OTHER_FU</b>	number (1,0)	Required:false
Did the reasons for your first CRC surgery include "OTHER REASONS"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

99	<b>CRSRG1_R_OTH_TEXT_FU</b>	string (40)	Required:false
Did the reasons for your first CRC surgery include "OTHER REASONS"? SPECIFY			

Error Description
If CRSRG1_R_OTHER_FU = 1, then must not be null
If CRSRG1_R_OTHER_FU <> 1, then must be null

100	<b>CRSRG2_AGE_FU</b>	number (3,0)	Required:false
How old were you when you had your second surgery since the date of your last interview?			

Allowable Values	
18 to 120 or 999	Range
999	UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 2 or null, then must be null
If CRSRG_NO_FU >=2, must be >= CRSRG1_AGE_FU
If CRSRG_NO_FU =88, then must equal 888
If CRSRG1_T_FU=1, then must be null

101	<b>CRSRG2_T_FU</b>	number (1,0)	Required:false
During that surgery, was your colon completely or only partially removed?			

Allowable Values	
1	COMPLETELY
2	PARTIALLY
8	NOT ASKED

9 UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 2 or null, then must be null
If CRSRG1_T_FU=1, then must be null

102	<b>CRSRG2_R_TUMOR_FU</b>		Required:
<p>Did the reasons for your second CRC surgery include "BENIGN OR MALIGNANT TUMOR"?          This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY]</p> <ol style="list-style-type: none"> <li>1. BENIGN OR MALIGNANT TUMOR</li> <li>2. DIVERTICULAR DISEASE</li> <li>3. INFLAMMATORY BOWEL DISEASE</li> <li>4. OTHER_SPECIFY, _____</li> <li>5. DON'T KNOW</li> </ol>			

Error Description
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must be 8
If CRSRG_FU=1, then must not be null
If CRSRG_FU <> 1, then must be null

103	<b>CRSRG2_R_CAN_FU</b>	number (1,0)	Required: false
Did the reasons for your second CRC surgery include "CANCER"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

104	<b>CRSRG2_R_DIV_FU</b>	number (1,0)	Required: false
Did the reasons for your second CRC surgery include "DIVERTICULAR DISEASE"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

105	<b>CRSRG2_R_COLITIS_FU</b>	number (1,0)	Required: false
Did the reasons for your second CRC surgery include "ULCERATIVE COLITIS"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

106	<b>CRSRG2_R_IBD_FU</b>	number (1,0)	Required: false
Did the reasons for your second CRC surgery include "INFLAMMATORY BOWEL DISEASE"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

107	<b>CRSRG2_R_CROHN_FU</b>	number (1,0)	Required: false
Did the reasons for your second CRC surgery include "CROHN'S DISEASE"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked

9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=2 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

108

**CRSRG2\_R\_OTHER\_FU**

number (1,0)

Required: false

Did the reasons for your second CRC surgery include "OTHER REASONS"?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

8 Not Asked

9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=2 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

109

**CRSRG2\_R\_OTH\_TEXT\_FU**

string (40)

Required: false

Did the reasons for your second CRC surgery include "OTHER REASONS"? SPECIFY

**Error Description**

If CRSRG2\_R\_OTHER\_FU = 1, then must not be null

If CRSRG2\_R\_OTHER\_FU <> 1, then must be null

110

**CRSRG3\_AGE\_FU**

number (3,0)

Required: false

How old were you when you had your third surgery since the date of your last interview?

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If CRSRG\_NO\_FU >=3 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_NO\_FU < 3 or null, then must be null

If CRSRG\_NO\_FU >=3, must be >= CRSRG2\_AGE\_FU

If CRSRG\_NO\_FU =88, then must equal 888

If CRSRG1\_T\_FU=1, then must be null

111	<b>CRSRG3_T_FU</b>	number (1,0)	Required:false								
During that surgery, was your colon completely or only partially removed?											
<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>COMPLETELY</td></tr> <tr><td>2</td><td>PARTIALLY</td></tr> <tr><td>9</td><td>UNKNOWN/REFUSED</td></tr> </table>				Allowable Values		1	COMPLETELY	2	PARTIALLY	9	UNKNOWN/REFUSED
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If CRSRG_NO_FU < 3 or null, then must be null											
If CRSRG1_T_FU=1, then must be null											

112	<b>CRSRG3_R_TUMOR_FU</b>		Required:
Did the reasons for your third CRC surgery include "BENIGN OR MALIGNANT TUMOR"? This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY]			
1. BENIGN OR MALIGNANT TUMOR 2. DIVERTICULAR DISEASE 3. INFLAMMATORY BOWEL DISEASE 4. OTHER_SPECIFY, _____ 5. DON'T KNOW			

<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>YES</td></tr> <tr><td>2</td><td>NO (not selected, NULL)*</td></tr> <tr><td>8</td><td>Not Asked</td></tr> <tr><td>9</td><td>UNKNOWN/REFUSED*</td></tr> </table>				Allowable Values		1	YES	2	NO (not selected, NULL)*	8	Not Asked	9	UNKNOWN/REFUSED*
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<b>Error Description</b>													
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must be 8													
If CRSRG_FU=1, then must not be null													
If CRSRG_FU <> 1, then must be null													

113	<b>CRSRG3_R_CAN_FU</b>	number (1,0)	Required:false
Did the reasons for your third CRC surgery include "CANCER"?			

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8	Not Asked												
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<b>Error Description</b>													
If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null													

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

114	<b>CRSRG3_R_DIV_FU</b>	number (1,0)	Required: false
Did the reasons for your third CRC surgery include "DIVERTICULAR DISEASE"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=3 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

115	<b>CRSRG3_R_COLITIS_FU</b>	number (1,0)	Required: false
Did the reasons for your third CRC surgery include "ULCERATIVE COLITIS"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=3 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

116	<b>CRSRG3_R_IBD_FU</b>	number (1,0)	Required: false
Did the reasons for your third CRC surgery include "INFLAMMATORY BOWEL DISEASE"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

Error Description
If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

117	<a href="#">CRSRG3_R_CROHN_FU</a>	number (1,0)	Required: false
Did the reasons for your third CRC surgery include "CROHN'S DISEASE"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

118	<a href="#">CRSRG3_R_OTHER_FU</a>	number (1,0)	Required: false
Did the reasons for your third CRC surgery include "OTHER REASONS"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

119	<a href="#">CRSRG3_R_OTH_TEXT_FU</a>	string (40)	Required: false
Did the reasons for your third CRC surgery include "OTHER REASONS"? SPECIFY			

Error Description
If CRSRG3_R_OTHER_FU = 1, then must not be null
If CRSRG3_R_OTHER_FU <> 1, then must be null

120	<a href="#">CRSRG4_AGE_FU</a>	number (3,0)	Required: false
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How old were you when you had your fourth surgery since the date of your last interview?

Allowable Values	
18 to 120 or 888,999	Range
888	Not Asked
999	UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 4 or null, then must be null
If CRSRG_NO_FU >=4, must be >= CRSRG2_AGE_FU
If CRSRG_NO_FU =88, then must equal 888
If CRSRG1_T_FU=1, then must be null

121	<b>CRSRG4_T_FU</b>	number (1,0)	Required: false
During that surgery, was your colon completely or only partially removed?			

Allowable Values	
1	COMPLETELY
2	PARTIALLY
8	Not asked
9	UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 4 or null, then must be null
If CRSRG1_T_FU=1, then must be null

122	<b>CRSRG4_R_TUMOR_FU</b>	number (1,0)	Required: false
Did the reasons for your fourth CRC surgery include "BENIGN OR MALIGNANT TUMOR"? This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY]			
1. BENIGN OR MALIGNANT TUMOR 2. DIVERTICULAR DISEASE 3. INFLAMMATORY BOWEL DISEASE 4. OTHER_SPECIFY, _____ 5. DON'T KNOW			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must be 8



If CRSRG\_FU=1, then must not be null

If CRSRG\_FU <> 1, then must be null

123

**CRSRG4\_R\_CAN\_FU**

number (1,0)

Required: false

Did the reasons for your fourth CRC surgery include "CANCER"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=4 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

124

**CRSRG4\_R\_DIV\_FU**

number (1,0)

Required: false

Did the reasons for your fourth CRC surgery include "DIVERTICULAR DISEASE"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not asked
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=4 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

125

**CRSRG4\_R\_COLITIS\_FU**

number (1,0)

Required: false

Did the reasons for your fourth CRC surgery include "ULCERATIVE COLITIS"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=4 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

126	<b>CRSRG4_R_IBD_FU</b>	number (1,0)	Required:false
Did the reasons for your fourth CRC surgery include "INFLAMMATORY BOWEL DISEASE"?			

- | Allowable Values |                          |
|------------------|--------------------------|
| 1                | YES                      |
| 2                | NO (not selected, NULL)* |
| 8                | Not Asked                |
| 9                | UNKNOWN/REFUSED*         |

Error Description	
If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null	
If CRSRG_FU <> 1, then must be null	
If CRSRG_NO_FU =88, then must equal 8	

127	<b>CRSRG4_R_CROHN_FU</b>	number (1,0)	Required:false
Did the reasons for your fourth CRC surgery include "CROHN'S DISEASE"?			

- | Allowable Values |                          |
|------------------|--------------------------|
| 1                | YES                      |
| 2                | NO (not selected, NULL)* |
| 8                | Not Asked                |
| 9                | UNKNOWN/REFUSED*         |

Error Description	
If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null	
If CRSRG_FU <> 1, then must be null	
If CRSRG_NO_FU =88, then must equal 8	
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8	

128	<b>CRSRG4_R_OTHER_FU</b>	number (1,0)	Required:false
Did the reasons for your fourth CRC surgery include "OTHER REASONS"?			

- | Allowable Values |                          |
|------------------|--------------------------|
| 1                | YES                      |
| 2                | NO (not selected, NULL)* |
| 8                | Not asked                |
| 9                | UNKNOWN/REFUSED*         |

Error Description
If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

129	<a href="#">CRSRG4_R_OTH_TEXT_FU</a>	string (40)	Required: false
Did the reasons for your fourth CRC surgery include "OTHER REASONS"? SPECIFY			

Error Description
If CRSRG4_R_OTHER_FU = 1, then must not be null
If CRSRG4_R_OTHER_FU <> 1, then must be null

130	<a href="#">CRSRG5_AGE_FU</a>	number (3,0)	Required: false
How old were you when you had your fifth surgery since the date of your last interview?			

Allowable Values	
18 to 120 or 888,999	Range
888	Not asked
999	UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 5 or null, then must be null
If CRSRG_NO_FU >=5, must be >= CRSRG2_AGE_FU
If CRSRG_NO_FU =88, then must equal 888
If CRSRG1_T_FU=1, then must be null

131	<a href="#">CRSRG5_T_FU</a>	number (1,0)	Required: false
During that surgery, was your colon completely or only partially removed?			

Allowable Values	
1	COMPLETELY
2	PARTIALLY
8	Not asked
9	UNKNOWN/REFUSED

Error Description
If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_NO_FU < 5 or null, then must be null
If CRSRG1_T_FU=1, then must be null

CRSRG5\_R\_TUMOR\_FU

number (1,0)

Required: false

132

Did the reasons for your fifth CRC surgery include "BENIGN OR MALIGNANT TUMOR"?  
 This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY]

1. BENIGN OR MALIGNANT TUMOR
2. DIVERTICULAR DISEASE
3. INFLAMMATORY BOWEL DISEASE
4. OTHER\_SPECIFY, \_\_\_\_\_
5. DON'T KNOW

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

Error Description

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must be 8

If CRSRG\_FU=1, then must not be null

If CRSRG\_FU <> 1, then must be null

CRSRG5\_R\_CAN\_FU

number (1,0)

Required: false

133

Did the reasons for your fifth CRC surgery include "CANCER"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not Asked
- 9 UNKNOWN/REFUSED\*

Error Description

If CRSRG\_NO\_FU >=5 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

CRSRG5\_R\_DIV\_FU

number (1,0)

Required: false

134

Did the reasons for your fifth CRC surgery include "DIVERTICULAR DISEASE"?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 8 Not asked
- 9 UNKNOWN/REFUSED\*

Error Description

If CRSRG\_NO\_FU >=5 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

135	<b>CRSRG5_R_COLITIS_FU</b>	number (1,0)	Required: false
Did the reasons for your fifth CRC surgery include "ULCERATIVE COLITIS"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=5 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

If CRSRG\_FU = 1 & FU\_ID=1 & FU\_TYPE =1, then must not be 8

136	<b>CRSRG5_R_IBD_FU</b>	number (1,0)	Required: false
Did the reasons for your fifth CRC surgery include "INFLAMMATORY BOWEL DISEASE"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

**Error Description**

If CRSRG\_NO\_FU >=5 & CRSRG\_NO\_FU <>99, then must not be null

If CRSRG\_FU <> 1, then must be null

If CRSRG\_NO\_FU =88, then must equal 8

137	<b>CRSRG5_R_CROHN_FU</b>	number (1,0)	Required: false
Did the reasons for your fifth CRC surgery include "CROHN'S DISEASE"?			

- Allowable Values
- 1 YES
  - 2 NO (not selected, NULL)\*
  - 8 Not Asked
  - 9 UNKNOWN/REFUSED\*

---

Error Description
If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8
If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

138	<b>CRSRG5_R_OTHER_FU</b>	number (1,0)	Required: false
Did the reasons for your fifth CRC surgery include "OTHER REASONS"?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

Error Description
If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null
If CRSRG_FU <> 1, then must be null
If CRSRG_NO_FU =88, then must equal 8

139	<b>CRSRG5_R_OTH_TEXT_FU</b>	string (40)	Required: false
Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY			

Error Description
If CRSRG5_R_OTHER_FU = 1, then must not be null
If CRSRG5_R_OTHER_FU <> 1, then must be null

140	<b>CANCER_TOLD_FU</b>	number (1,0)	Required: true
Since the date of your last interview, has a doctor told you that you had any type of cancer, leukemia or malignant tumor?			

Allowable Values	
1	YES
2	NO
8	Not Asked
9	UNKNOWN/REFUSED

141	<b>SITE1_FU</b>	string (4)	Required: false
What type of cancer was it?			

Allowable Values
<b>ICDO-3 site code</b>

	<b>Error Description</b>	
	If CANCER_TOLD_FU = 1, then must not be null	
	If CANCER_TOLD_FU <> 1, then must be null	

142	<b>SITE2_FU</b>	string (4)	Required: false
	What type of cancer was it?		

Allowable Values	
<b>ICDO-3 site code</b>	
<b>Error Description</b>	
If CANCER_TOLD_FU = 1, then must not be null	
If CANCER_TOLD_FU <> 1, then must be null	

143	<b>SITE3_FU</b>	string (4)	Required: false
	What type of cancer was it? (Ref. Q_CANCER3_T).		

Allowable Values	
<b>ICDO-3 site code</b>	
<b>Error Description</b>	
If CANCER_TOLD_FU = 1, then must not be null	
If CANCER_TOLD_FU <> 1, then must be null	

144	<b>SITE4_FU</b>	string (4)	Required: false
	What type of cancer was it?		

Allowable Values	
<b>ICDO-3 site code</b>	
<b>Error Description</b>	
If CANCER_TOLD_FU = 1, then must not be null	
If CANCER_TOLD_FU <> 1, then must be null	

145	<b>SITE5_FU</b>	string (4)	Required: false
	What type of cancer was it?		

Allowable Values	
<b>ICDO-3 site code</b>	
<b>Error Description</b>	
If CANCER_TOLD_FU = 1, then must not be null	
If CANCER_TOLD_FU <> 1, then must be null	

	<b>SITE6_FU</b>	string (4)	Required: false
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146

What type of cancer was it?

Allowable Values

ICDO-3 site code

**Error Description**

If CANCER\_TOLD\_FU = 1, then must not be null

If CANCER\_TOLD\_FU <> 1, then must be null

147

**AGEDX1\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?

Allowable Values

**18 to 120 or 999**

Range

**999**

UNKNOWN/REFUSED

**Error Description**

If CANCER\_TOLD\_FU = 1, then must not be null

If CANCER\_TOLD\_FU <> 1, then must be null

If CANCER\_TOLD\_FU = 1, must be <= AGE\_EPI\_FU

148

**AGEDX2\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?

Allowable Values

**18 to 120 or 999**

Range

**999**

UNKNOWN/REFUSED

**Error Description**

If CANCER\_TOLD\_FU = 1 and SITE2\_FU <> null, must be >= AGEDX1\_FU

149

**AGEDX3\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?

Allowable Values

**18 to 120 or 999**

Range

**999**

UNKNOWN/REFUSED

**Error Description**

If CANCER\_TOLD\_FU = 1 and SITE3\_FU <> null, must be >= AGEDX2\_FU

150

**AGEDX4\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?



Allowable Values

**18 to 120** Range

**999** UNKNOWN/REFUSED

**Error Description**

must be 18-120 or 999

If CANCER\_TOLD\_FU = 1 and SITE4\_FU <> null, must be >= AGEDX3\_FU

151

**AGEDX5\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?

Allowable Values

**18 to 120 or 999** Range

**999** UNKNOWN/REFUSED

**Error Description**

If CANCER\_TOLD\_FU = 1 and SITE5\_FU <> null, must be >= AGEDX4\_FU

152

**AGEDX6\_FU**

number (3,0)

Required: false

How old were you when your doctor told you that you had this type of cancer?

Allowable Values

**18 to 120 or 999** Range

**999** UNKNOWN/REFUSED

**Error Description**

If CANCER\_TOLD\_FU = 1 and SITE6\_FU <> null, must be >= AGEDX5\_FU

153

**CHEMO\_RAD1\_FU**

number (1,0)

Required: false

Did you receive chemotherapy or radiation for this cancer?

Allowable Values

**1** Yes, chemotherapy

**2** Yes, radiation

**3** Yes, both

**4** No, neither

**8** Not asked

**9** Unknown/refused

**Error Description**

If CANCER\_TOLD\_FU = 1, then must not be null

If CANCER\_TOLD\_FU <> 1, then must be null

If FU\_TYPE=4, then must not be 8

154 **CHEMO\_RAD2\_FU** number (1,0) Required: false

Did you receive chemotherapy or radiation for this cancer?

Allowable Values

1 Yes, chemotherapy

2 Yes, radiation

3 Yes, both

4 No, neither

8 Not asked

9 Unknown/refused

**Error Description**

If SITE2\_FU is not null, then must not be 8

155 **CHEMO\_RAD3\_FU** number (1,0) Required: false

Did you receive chemotherapy or radiation for this cancer?

Allowable Values

1 Yes, chemotherapy

2 Yes, radiation

3 Yes, both

4 No, neither

8 Not asked

9 Unknown/refused

**Error Description**

If SITE3\_FU is not null, then must not be 8

156 **CHEMO\_RAD4\_FU** number (1,0) Required: false

Did you receive chemotherapy or radiation for this cancer?

Allowable Values

1 Yes, chemotherapy

2 Yes, radiation

3 Yes, both

4 No, neither

8 Not asked

9 Unknown/refused

**Error Description**

If SITE4\_FU is not null, then must not be 8

157	<b>CHEMO_RAD5_FU</b>	number (1,0)	Required: false
Did you receive chemotherapy or radiation for this cancer?			

- | Allowable Values |                   |
|------------------|-------------------|
| 1                | Yes, chemotherapy |
| 2                | Yes, radiation    |
| 3                | Yes, both         |
| 4                | No, neither       |
| 8                | Not asked         |
| 9                | Unknown/refused   |

Error Description
If SITE5_FU is not null, then must not be 8

158	<b>CHEMO_RAD6_FU</b>	number (1,0)	Required: false
Did you receive chemotherapy or radiation for this cancer?			

- | Allowable Values |                   |
|------------------|-------------------|
| 1                | Yes, chemotherapy |
| 2                | Yes, radiation    |
| 3                | Yes, both         |
| 4                | No, neither       |
| 8                | Not asked         |
| 9                | Unknown/refused   |

Error Description
If SITE6_FU is not null, then must not be 8

159	<b>HRT_FU</b>	number (1,0)	Required: false
(For FEMALES only) Since the date of your last interview, have you been prescribed an estrogen pill or patch, alone or in combination with another hormone that you used for 6 months or longer?			

- | Allowable Values |                 |
|------------------|-----------------|
| 1                | YES             |
| 2                | NO              |
| 8                | Not asked       |
| 9                | UNKNOWN/REFUSED |

Error Description
If SEX=1, then must be null
If FU_ID=1 & FU_TYPE=1, then must not be 8
If FU_ID in ( 1, 2) & FU_TYPE in (2,5), then must equal 8

If FU\_TYPE=4, then must equal 8

160	<b>HRT_LEN_FU</b>	number (3,0)	Required:false
(For FEMALES only) In total how many months or years did you take estrogen (in any form)?			

Allowable Values	
<b>1 to 900 or 999</b>	Range
<b>999</b>	UNKNOWN/REFUSED

Error Description
If HRT_FU = 1, then must not be null
If HRT_FU <> 1, then must be null
If HRT_TIME_FU = 9, then must be 999
If HRT_TIME_FU <> 9, then must not be 999

161	<b>HRT_TIME_FU</b>	number (1,0)	Required:false
(For FEMALES only) Interval for frequency of estrogen medication taken?			

Allowable Values	
<b>1</b>	NUMBER OF MONTHS
<b>2</b>	NUMBER OF YEARS
<b>9</b>	UNKNOWN/REFUSED

Error Description
If HRT_FU = 1, then must not be null
If HRT_FU <> 1, then must be null
If HRT_LEN_FU = 999, then must be 9
If HRT_TIME_FU <> 999, then must not be 9

162	<b>HYST_SINCE_FU</b>	number (1,0)	Required:false
(For females only) Since the date of your last interview, have you had surgeries on your ovaries and/or uterus?			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not Asked
<b>9</b>	Unknown/Refused

Error Description
If SEX=1, then must be null
If FU_ID in ( 1, 2), then must not be 8

163	<b>HYST_NO_FU</b>	number (2,0)	Required:false
-----	-------------------	--------------	----------------

(For females only) Since the date of your last interview, how many surgeries have you had on your ovaries and/or uterus?

Allowable Values	
1 to 10 or 88, 99	Range
88	Not Asked
99	Unknown/Refused

**Error Description**

If HYST\_SINCE\_FU = 1, then must not be null

If HYST\_SINCE\_FU <> 1, then must be null

164

**HYST1\_AGE\_FU**

number (3,0)

Required:false

(For females only) How old were you when you first had this type of surgery?

Allowable Values	
18 to 120 or 999	Range
999	UNKNOWN/REFUSED

**Error Description**

If HYST\_SINCE\_FU = 1, then must not be null

If HYST\_SINCE\_FU <> 1, then must be null

165

**HYST1\_T\_P\_OV\_FU**

number (1,0)

Required:false

(For females only) During your first gynecological surgery, did you have a HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY?

This question is asked as: What type of gynecologic surgery did you have?

- 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY
- 2 HYSTERECTOMY ALONG WITH BOTH OVARIES
- 3 HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)
- 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY
- 5 BOTH OVARIES WERE REMOVED WITHOUT HYSTERECTOMY
- 6 OTHER, SPECIFY \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

**Error Description**

If HYST\_SINCE\_FU = 1, then must not be null

If HYST\_SINCE\_FU <> 1, then must be null

If Colon EPI: HYST\_ONLY=1, then must not be 1

If Colon EPI: HYST\_P\_OV=1, then must not be 1

If Colon EPI: HYST\_B\_OV=1, then must not be 1

If Colon EPI: OV\_B\_REM=1, then must not be 1

166	<b>HYST1_T_B_OV_FU</b>	number (1,0)	Required:false																										
(For females only) During your first gynecological surgery, did you have a HYSTERECTOMY ALONG WITH BOTH OVARIES?																													
<table border="1"> <tr> <th colspan="2">Allowable Values</th> </tr> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO (not selected, NULL)*</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED*</td> </tr> </table> <table border="1"> <tr> <th colspan="2">Error Description</th> </tr> <tr> <td colspan="2">If HYST_SINCE_FU =1, then must not be null</td> </tr> <tr> <td colspan="2">If HYST_SINCE_FU &lt;&gt; 1, then must be null</td> </tr> <tr> <td colspan="2">If HYST_SINCE_FU = 1 &amp; HYST_NO_FU=88, then must equal 8</td> </tr> <tr> <td colspan="2">If Colon EPI: HYST_ONLY=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI: HYST_P_OV=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI: HYST_B_OV=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI: HYST_B_OV=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI: OV_B_REM=1, then must not be 1</td> </tr> </table>				Allowable Values		1	YES	2	NO (not selected, NULL)*	9	UNKNOWN/REFUSED*	Error Description		If HYST_SINCE_FU =1, then must not be null		If HYST_SINCE_FU <> 1, then must be null		If HYST_SINCE_FU = 1 & HYST_NO_FU=88, then must equal 8		If Colon EPI: HYST_ONLY=1, then must not be 1		If Colon EPI: HYST_P_OV=1, then must not be 1		If Colon EPI: HYST_B_OV=1, then must not be 1		If Colon EPI: HYST_B_OV=1, then must not be 1		If Colon EPI: OV_B_REM=1, then must not be 1	
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1	YES																												
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If Colon EPI: OV_B_REM=1, then must not be 1																													

167	<b>HYST1_T_ONLY_FU</b>	number (1,0)	Required:false																				
(For females only) During your first gynecological surgery, did you have a HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)?																							
<table border="1"> <tr> <th colspan="2">Allowable Values</th> </tr> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO (not selected, NULL)*</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED*</td> </tr> </table> <table border="1"> <tr> <th colspan="2">Error Description</th> </tr> <tr> <td colspan="2">If HYST_SINCE_FU =1, then must not be null</td> </tr> <tr> <td colspan="2">If HYST_SINCE_FU &lt;&gt; 1, then must be null</td> </tr> <tr> <td colspan="2">If Colon EPI HYST_ONLY=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI HYST_P_OV=1, then must not be 1</td> </tr> <tr> <td colspan="2">If Colon EPI HYST_B_OV=1, then must not be 1</td> </tr> </table>				Allowable Values		1	YES	2	NO (not selected, NULL)*	9	UNKNOWN/REFUSED*	Error Description		If HYST_SINCE_FU =1, then must not be null		If HYST_SINCE_FU <> 1, then must be null		If Colon EPI HYST_ONLY=1, then must not be 1		If Colon EPI HYST_P_OV=1, then must not be 1		If Colon EPI HYST_B_OV=1, then must not be 1	
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If Colon EPI HYST_B_OV=1, then must not be 1																							

168	<b>OV_P_REM1_FU</b>	number (1,0)	Required:false								
(For females only) During your first gynecological surgery, did you have a ONE OVARY REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY?											
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Allowable Values											
1	YES										
2	NO (not selected, NULL)*										
9	UNKNOWN/REFUSED*										

Error Description
If HYST_SINCE_FU =1, then must not be null
If HYST_SINCE_FU <> 1, then must be null
If Colon EPI: HYST_B_OV=1, then must not be 1
If Colon EPI: OV_B_REM=1, then must not be 1

169	<b>OV_B_REM1_FU</b>	number (1,0)	Required:false
(For females only) During your first gynecological surgery, did you have BOTH OVARIES REMOVED WITHOUT HYSTERECTOMY?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If HYST_SINCE_FU =1, then must not be null
If HYST_SINCE_FU <> 1, then must be null
If Colon EPI: HYST_B_OV=1, then must not be 1
If Colon EPI: OV_B_REM=1, then must not be 1

170	<b>FEM_SURG_OTHER1_FU</b>	number (1,0)	Required:false
(For females only) During your first gynecological surgery, did you have other gynecological organs removed?			

Allowable Values	
1	YES
2	NO
9	UNKNOWN/REFUSED

Error Description
If HYST_SINCE_FU =1, then must not be null
If HYST_SINCE_FU <> 1, then must be null

171	<b>FEM_SURG_OTH_TEXT1_FU</b>	string (40)	Required:false
(For females only) During your first gynecological surgery, what other gynecological organs were removed? SPECIFY			

172	<b>HYST2_AGE_FU</b>	number (3,0)	Required:FALSE
(For females only) How old were you when you second had this type of surgery?			

Allowable Values	
888	Not Asked
999	Unknown/Refused

	<b>HYST2_T_P_OV_FU</b>	number (1,0)	Required:false
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173

(For females only) During your second gynecological surgery, did you have a HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY?

This question is asked as: What type of gynecologic surgery did you have?

- 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY
- 2 HYSTERECTOMY ALONG WITH BOTH OVARIES
- 3 HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)
- 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY
- 5 BOTH OVARIES WERE REMOVED WITHOUT HYSTERECTOMY
- 6 OTHER, SPECIFY \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

Error Description

- If HYST\_NO\_FU > 1, then must not be null
- If HYST\_NO\_FU < 2, then must be null
- If HSYT1\_AGE\_FU is null, then must be null
- If HYST1\_T\_P\_OV\_FU=1, then <>1
- If HYST1\_T\_B\_OV\_FU=1, then <>1
- If HYST1\_T ONLY\_FU=1, then <>1
- If Colon EPI HYST\_ONLY=1, then must not be 1
- If Colon EPI HYST\_P\_OV=1, then must not be 1
- If Colon EPI HYST\_B\_OV=1, then must not be 1
- If Colon EPI OV\_B\_REM=1, then must not be 1

**HYST2\_T\_B\_OV\_FU**

number (1,0)

Required: false

174

(For females only) During your second gynecological surgery, did you have a HYSTERECTOMY ALONG WITH BOTH OVARIES?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

Error Description

- If HYST\_NO\_FU > 1, then must not be null
- If HYST\_NO\_FU < 2, then must be null
- If HSYT1\_AGE\_FU is null, then must be null
- If HYST1\_T\_P\_OV\_FU=1, then <>1
- If HYST1\_T\_B\_OV\_FU=1, then <>1
- If OV\_B\_REM1\_FU=1, then <>1
- If Colon EPI HYST\_ONLY=1, then must not be 1



If Colon EPI HYST\_P\_OV=1, then must not be 1

If Colon EPI HYST\_B\_OV=1, then must not be 1

If Colon EPI OV\_B\_REM=1, then must not be 1

**HYST2\_T\_ONLY\_FU**

number (1,0)

Required: false

175

(For females only) During your second gynecological surgery, did you have a HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If HYST\_NO\_FU > 1, then must not be null

If HYST\_NO\_FU < 2, then must be null

If HSYT1\_AGE\_FU is null, then must be null

If HYST1\_T\_P\_OV\_FU=1, then <>1

If HYST1\_T\_B\_OV\_FU=1, then <>1

If HYST1\_T ONLY\_FU=1, then <>1

If Colon EPI HYST\_ONLY=1, then must not be 1

If Colon EPI HYST\_P\_OV=1, then must not be 1

If Colon EPI HYST\_B\_OV=1, then must not be 1

**OV\_P\_REM2\_FU**

number (1,0)

Required: false

176

(For females only) During your second gynecological surgery, did you have ONE OVARY REMOVED, IN WHOLE OR PART, WITHOUT A HYSTERECTOMY?

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If HYST\_NO\_FU > 1, then must not be null

If HYST\_NO\_FU < 2, then must be null

If HSYT1\_AGE\_FU is null, then must be null

If HYST1\_T\_B\_OV\_FU=1, then <>1

If Colon EPI HYST\_ONLY=1, then must not be 1

If Colon EPI HYST\_B\_OV=1, then must not be 1

If Colon EPI OV\_B\_REM=1, then must not be 1

177 **OV\_B\_REM2\_FU** number (1,0) Required: false

(For females only) During your second gynecological surgery, did you have BOTH OVARIES REMOVED WITHOUT A HYSTERECTOMY?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

**Error Description**

- If HYST\_NO\_FU > 1, then must not be null
- If HYST\_NO\_FU < 2, then must be null
- If HSYT1\_AGE\_FU is null, then must be null
- If HYST1\_T\_P\_OV\_FU=1, then <>1
- If HYST1\_T\_B\_OV\_FU=1, then <>1
- If OV\_P\_REM1\_FU=1, then <>1
- If OV\_B\_REM1\_FU=1, then <>1
- If Colon EPI HYST\_B\_OV=1, then must not be 1
- If colon EPI HYST\_P\_OV=1, then <>1
- If Colon EPI OV\_B\_REM=1, then must not be 1

178 **FEM\_SURG\_OTHER2\_FU** number (1,0) Required: false

(For females only) During your second gynecological surgery, did you have other gynecological organs removed?

Allowable Values

- 1 YES
- 2 NO (not selected, NULL)\*
- 9 UNKNOWN/REFUSED\*

**Error Description**

- If HYST\_NO\_FU > 1, then must not be null
- If HYST\_NO\_FU < 2, then must be null
- If HSYT1\_AGE\_FU is null, then must be null

179 **FEM\_SURG\_OTH\_TEXT2\_FU** string (40) Required: false

(For females only) During your second gynecological surgery, what other gynecological organs were removed?

**Error Description**

- If FEM\_SURG\_OTHER2\_FU = 1, then must not be null
- If FEM\_SURG\_OTHER2\_FU <> 1, then must be null

180 **HYST3\_AGE\_FU** number (3,0) Required: FALSE

(For females only) How old were you when you third had this type of surgery?

Allowable Values

888 Not Asked

999 Unknown/Refused

**Error Description**

If HYST\_NO\_FU > 2, then must not be null

If HYST\_NO\_FU < 3, then must be null

If HSYT2\_AGE\_FU is null, then must be null

If HYST\_NO\_FU > 2, must be >= HYST2\_AGE\_FU

If HYST\_SINCE\_FU = 1 & HYST\_NO\_FU=88, then must equal 8

**HYST3\_T\_P\_OV\_FU**

number (1,0)

Required: false

181

(For females only) During your third gynecological surgery, did you have a HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY?

This question is asked as: What type of gynecologic surgery did you have?

- 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY
- 3 HYSTERECTOMY ALONG WITH BOTH OVARIES
- 3 HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)
- 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY
- 5 BOTH OVARIES WERE REMOVED WITHOUT HYSTERECTOMY
- 6 OTHER, SPECIFY \_\_\_\_\_
- 9 DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)\*

9 UNKNOWN/REFUSED\*

**Error Description**

If HYST\_NO\_FU > 2, then must not be null

If HYST\_NO\_FU < 3, then must be null

If HSYT2\_AGE\_FU is null, then must be null

If HYST2\_T\_P\_OV\_FU=1, then <>1

If HYST2\_T\_B\_OV\_FU=1, then <>1

If HYST2\_T ONLY\_FU=1, then <>1

If Colon EPI HYST\_ONLY=1, then must not be 1

If Colon EPI HYST\_P\_OV=1, then must not be 1

If Colon EPI HYST\_B\_OV=1, then must not be 1

If Colon EPI OV\_B\_REM=1, then must not be 1

**HYST3\_T\_B\_OV\_FU**

number (1,0)

Required: false

182

(For females only) During your third gynecological surgery, did you have a HYSTERECTOMY ALONG WITH BOTH OVARIES?

Allowable Values

1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If HYST_NO_FU > 2, then must not be null
If HYST_NO_FU < 3, then must be null
If HSYT2_AGE_FU is null, then must be null
If HYST2_T_P_OV_FU=1, then <>1
If HYST2_T_B_OV_FU=1, then <>1
If OV_B_REM2_FU=1, then <>1
If Colon EPI HYST_ONLY=1, then must not be 1
If Colon EPI HYST_P_OV=1, then must not be 1
If Colon EPI HYST_B_OV=1, then must not be 1
If Colon EPI OV_B_REM=1, then must not be 1

**HYST3\_T\_ONLY\_FU**

number (1,0)

Required: false

183

(For females only) During your third gynecological surgery, did you have a HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)?

Allowable Values

1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If HYST_NO_FU > 2, then must not be null
If HYST_NO_FU < 3, then must be null
If HSYT2_AGE_FU is null, then must be null
If HYST2_T_P_OV_FU=1, then <>1
If HYST2_T_B_OV_FU=1, then <>1
If HYST2_T ONLY_FU=1, then <>1
If Colon EPI HYST_ONLY=1, then must not be 1
If Colon EPI HYST_P_OV=1, then must not be 1
If Colon EPI HYST_B_OV=1, then must not be 1

**OV\_P\_REM3\_FU**

number (1,0)

Required: false

184

(For females only) During your third gynecological surgery, did you have ONE OVARY REMOVED, IN WHOLE OR PART, WITHOUT A HYSTERECTOMY?

Allowable Values

1	YES
---	-----

2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If HYST_NO_FU > 2, then must not be null
If HYST_NO_FU < 3, then must be null
If HSYT2_AGE_FU is null, then must be null
If HYST2_T_B_OV_FU=1, then <>1
If Colon EPI HYST_ONLY=1, then must not be 1
If Colon EPI HYST_B_OV=1, then must not be 1
If Colon EPI OV_B_REM=1, then must not be 1

185	<b>OV_B_REM3_FU</b>	number (1,0)	Required: false
(For females only) During your third gynecological surgery, did you have BOTH OVARIES REMOVED WITHOUT A HYSTERECTOMY?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
If HYST_NO_FU > 2, then must not be null
If HYST_NO_FU < 3, then must be null
If HSYT2_AGE_FU is null, then must be null
If HYST2_T_P_OV_FU=1, then <>1
If HYST2_T_B_OV_FU=1, then <>1
If OV_P_REM2_FU=1, then <>1
If OV_B_REM2_FU=1, then <>1
If Colon EPI HYST_B_OV=1, then must not be 1
If colon EPI HYST_P_OV=1, then <>1
If Colon EPI OV_B_REM=1, then must not be 1

186	<b>FEM_SURG_OTHER3_FU</b>	number (1,0)	Required: false
(For females only) During your third gynecological surgery, did you have other gynecological organs removed?			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
9	UNKNOWN/REFUSED*

Error Description
-------------------

If HYST\_NO\_FU > 2, then must not be null

If HYST\_NO\_FU < 3, then must be null

If HSYT2\_AGE\_FU is null, then must be null

187

**FEM\_SURG\_OTH\_TEXT3\_FU**

string (40)

Required: false

(For females only) During your third gynecological surgery, what other gynecological organs were removed?

**Error Description**

If FEM\_SURG\_OTHER3\_FU = 1, then must not be null

If FEM\_SURG\_OTHER3\_FU <> 1, then must be null

188

**ASPIRIN\_FU**

number (1,0)

Required: true

Since the date of your last interview, have you ever taken aspirin, such as An+C190acin, Bufferin, Bayer, Excedrin, or Ecotrin, at least twice a week for more than a month?

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

189

**ASPIRIN\_FRQ\_FU**

number (3,0)

Required: false

Since the date of your last interview, how often did you take aspirin when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 70 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If ASPIRIN\_FU = 1, then must not be null

If ASPIRIN\_FU <> 1, then must be null

If ASPIRIN\_INT\_FU = 9, then must be 999

If ASPIRIN\_INT\_FU <> 9, then must not be 999

190

**ASPIRIN\_INT\_FU**

number (1,0)

Required: false

Interval in which aspirin was taken.

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

Error Description
If ASPIRIN_FU = 1, then must not be null
If ASPIRIN_FU <> 1, then must be null
If ASPIRIN_FRQ_FU = 999, then must be 9
If ASPIRIN_FRQ_FU <> 999, then must not be 9

191	<b>ASPIRIN_LEN_FU</b>	number (3,0)	Required: false
Since the date of your last interview, how many months or years in total have you taken aspirin?			

Allowable Values	
<b>1 to 60 or 999</b>	Range
<b>999</b>	UNKNOWN/REFUSED

Error Description
If ASPIRIN_FU = 1, then must not be null
If ASPIRIN_FU <> 1, then must be null
If ASPIRIN_FRQ_FU = 999, then must be 9
If ASPIRIN_FRQ_FU <> 999, then must not be 9

192	<b>ASPIRIN_TIME_FU</b>	number (1,0)	Required: false
Interval for total time aspirin was taken.			

Allowable Values	
<b>1</b>	NUMBER OF MONTHS
<b>2</b>	NUMBER OF YEARS
<b>9</b>	UNKNOWN/REFUSED

Error Description
If ASPIRIN_FU = 1, then must not be null
If ASPIRIN_FU <> 1, then must be null
If ASPIRIN_LEN_FU = 999, then must be 9
If ASPIRIN_LEN_FU <> 999, then must not be 9

193	<b>IBUPROFEN_FU</b>	number (1,0)	Required: true
Since the date of your last interview, have you ever taken any other non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice a week for more than a month? DO NOT INCLUDE COX-2 INHIBITORS.			

Allowable Values	
<b>1</b>	YES
<b>2</b>	NO
<b>8</b>	Not asked
<b>9</b>	UNKNOWN/REFUSED

194	<b>IB_FRQ_FU</b>	number (3,0)	Required: false
Since the date of your last interview, how often did you take type of medication (IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, OR MEDIPREN) when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 70 or 999</b>	Range
<b>999</b>	UNKNOWN/REFUSED

Error Description
If IBUPROFEN_FU = 1, then must not be null
If IBUPROFEN_FU <> 1, then must be null
If IB_INT_FU = 9, then must be 999
If IB_INT_FU <> 9, then must not be 999

195	<b>IB_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which ibuprofen-based medications were taken.			

Allowable Values	
<b>1</b>	PER DAY
<b>2</b>	PER WEEK
<b>9</b>	UNKNOWN/REFUSED

Error Description
If IBUPROFEN_FU = 1, then must not be null
If IBUPROFEN_FU <> 1, then must be null
If IB_FRQ_FU = 999, then must be 9
If IB_FRQ_FU <> 999, then must not be 9

196	<b>IB_LEN_FU</b>	number (3,0)	Required: false
Since your last interview, how many months or years in total did you take this type of medication? (IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, MEDIPREN)			

Allowable Values	
<b>1 to 60 or 999</b>	Range
<b>999</b>	UNKNOWN/REFUSED

Error Description
If IBUPROFEN_FU = 1, then must not be null
If IBUPROFEN_FU <> 1, then must be null
If IB_TIME_FU = 9, then must be 999
If IB_TIME_FU <> 9, then must not be 999



197 **IB\_TIME\_FU** number (1,0) Required: false

Interval for total time ibuprofen-based medication was taken.

Allowable Values

- 1** NUMBER OF MONTHS
- 2** NUMBER OF YEARS
- 9** UNKNOWN/REFUSED

**Error Description**

- If IBUPROFEN\_FU = 1, then must not be null
- If IBUPROFEN\_FU <> 1, then must be null
- If IB\_LEN\_FU = 999, then must be 9
- If IB\_LEN\_FU <> 999, then must not be 9

198 **COX2\_FU** number (1,0) Required: true

Since the date of your last interview, have you ever taken Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib also known as COX-2 Inhibitors, at least twice a week for more than a month?

Allowable Values

- 1** YES
- 2** NO
- 8** Not asked
- 9** UNKNOWN/REFUSED

199 **COX2\_FRQ\_FU** number (3,0) Required: false

Since the date of your last interview, how often did you take Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib when you were using it at least 2 times a week for more than a month?

Allowable Values

- 1 to 28 or 999** Range
- 999** UNKNOWN/REFUSED

**Error Description**

- If COX2\_FU = 1, then must not be null
- If COX2\_FU <> 1, then must be null
- If COX2\_INT\_FU = 9, then must be 999
- If COX2\_INT\_FU <> 9, then must not be 999

200 **COX2\_INT\_FU** number (1,0) Required: false

Interval for frequency in which Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib were taken.

Allowable Values

- 1** PER DAY

- 2 PER WEEK
- 9 UNKNOWN/REFUSED

Error Description
If COX2_FU = 1, then must not be null
If COX2_FU <> 1, then must be null
If COX2_FRQ_FU = 999, then must be 9
If COX2_FRQ_FU <> 999, then must not be 9

201	<b>COX2_LEN_FU</b>	number (3,0)	Required: false
Since your last interview, how many months or years in total did you take Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib?			

- | Allowable Values                        |                 |
|---|-----------------|
| <input type="checkbox"/> 1 to 60 or 999 | Range           |
| <input type="checkbox"/> 999            | UNKNOWN/REFUSED |

Error Description
If COX2_FU = 1, then must not be null
If COX2_FU <> 1, then must be null
If COX2_TIME_FU = 9, then must be 999
If COX2_TIME_FU <> 9, then must not be 999

202	<b>COX2_TIME_FU</b>	number (1,0)	Required: false
Interval for total time Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib was taken. (Ref. Q_COX2_D)			

- | Allowable Values           |                  |
|----------------------------|------------------|
| <input type="checkbox"/> 1 | NUMBER OF MONTHS |
| <input type="checkbox"/> 2 | NUMBER OF YEARS  |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED  |

Error Description
If COX2_FU = 1, then must not be null
If COX2_FU <> 1, then must be null
If COX2_LEN_FU = 999, then must be 9
If COX2_LEN_FU <> 999, then must not be 9

203	<b>ACETAMIN_FU</b>	number (1,0)	Required: true
Since the date of your last interview, have you ever taken acetaminophen-based medications, such as Tylenol, Anacin-3, or Pando, at least twice a week for more than a month?			

- | Allowable Values           |     |
|----------------------------|-----|
| <input type="checkbox"/> 1 | YES |
| <input type="checkbox"/>   |     |

2	NO
8	Not asked
9	UNKNOWN/REFUSED

204	<b>ACET_FRQ_FU</b>	number (3,0)	Required:false
Since the date of your last interview, how often did you take ACETAMINOPHEN-BASED MEDICATIONS when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 70 or 999	Range
999	UNKNOWN/REFUSED

<b>Error Description</b>
If ACETAMIN_FU = 1, then must not be null
If ACETAMIN_FU <> 1, then must be null
If ACET_INT_FU = 9, then must be 999
If ACET_INT_FU <> 9, then must not be 999

205	<b>ACET_INT_FU</b>	number (1,0)	Required:false
Interval in which acetaminophen was taken.			

Allowable Values	
1	PER DAY
2	PER WEEK
9	UNKNOWN/REFUSED

<b>Error Description</b>
If ACETAMIN_FU = 1, then must not be null
If ACETAMIN_FU <> 1, then must be null
If ACET_FRQ_FU = 999, then must be 9
If ACET_FRQ_FU <> 999, then must not be 9

206	<b>ACET_LEN_FU</b>	number (3,0)	Required:false
Since your last interview, how many months or years in total did you take ACETAMINOPHEN-BASED MEDICATIONS?			

Allowable Values	
1 to 60 or 999	Range
999	UNKNOWN/REFUSED

<b>Error Description</b>
If ACETAMIN_FU = 1, then must not be null
If ACETAMIN_FU <> 1, then must be null

If ACET\_TIME\_FU = 9, then must be 999

If ACET\_TIME\_FU <> 9, then must not be 999

207 **ACET\_TIME\_FU** number (1,0) Required: false

Interval for total time acetaminophen was taken.

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

9 UNKNOWN/REFUSED

Error Description

If ACETAMIN\_FU = 1, then must not be null

If ACETAMIN\_FU <> 1, then must be null

If ACET\_LEN\_FU = 999, then must be 9

If ACET\_LEN\_FU <> 999, then must not be 9

208 **MULTIVITAMIN\_FU** number (1,0) Required: true

Since the date of your last interview, have you taken multivitamin pills or tablets (not individual vitamins) at least twice a week for more than a month?

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

209 **MV\_FRO\_FU** number (3,0) Required: false

Since the date of your last interview, how often did you take multivitamin pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 28 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If MULTIVITAMIN\_FU = 1, then must not be null

If MULTIVITAMIN\_FU <> 1, then must be null

If MV\_INT\_FU = 9, then must be 999

If MV\_INT\_FU <> 9, then must not be 999

210 **MV\_INT\_FU** number (1,0) Required: false

Interval for frequency in which multivitamin pills or tablets were taken.

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

**Error Description**

If MULTIVITAMIN\_FU = 1, then must not be null

If MULTIVITAMIN\_FU <> 1, then must be null

If MV\_FRO\_FU = 999, then must be 9

If MV\_FRO\_FU <> 999, then must not be 9

211 [MV\\_LEN\\_FU](#)

number (3,0)

Required: false

Since the date of your last interview, how many months or years in total did you take multivitamins?

Allowable Values

1 to 60 or 999 Range

999 UNKNOWN/REFUSED

**Error Description**

If MULTIVITAMIN\_FU = 1, then must not be null

If MULTIVITAMIN\_FU <> 1, then must be null

If MV\_TIME\_FU = 9, then must be 999

If MV\_TIME\_FU <> 9, then must not be 999

212 [MV\\_TIME\\_FU](#)

number (1,0)

Required: false

Interval for total time multivitamin pills or tablets were taken.

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

9 UNKNOWN/REFUSED

**Error Description**

If MULTIVITAMIN\_FU = 1, then must not be null

If MULTIVITAMIN\_FU <> 1, then must be null

If MV\_LEN\_FU = 999, then must be 9

If MV\_LEN\_FU <> 999, then must not be 9

213 [FOLATE\\_FU](#)

number (1,0)

Required: true

Since the date of your last interview, have you taken folic acid or folate pills or tablets at least twice a week for more than a month?

Allowable Values

1	YES
2	NO
8	Not asked
9	UNKNOWN/REFUSED

214	<b>FA_FRQ_FU</b>	number (3,0)	Required: false
Since the date of your last interview, how often did you take folate or folic acid when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 28 or 999</b>	Range
<b>999</b>	UNKNOWN/REFUSED
<b>Error Description</b>	
If FOLATE_FU = 1, then must not be null	
If FOLATE_FU <> 1, then must be null	
If FA_INT_FU = 9, then must be 999	
If FA_INT_FU <> 9, then must not be 999	

215	<b>FA_INT_FU</b>	number (1,0)	Required: false
Interval for frequency folic acid or folate pills were taken.			

Allowable Values	
<b>1</b>	PER DAY
<b>2</b>	PER WEEK
<b>9</b>	UNKNOWN/REFUSED
<b>Error Description</b>	
If FOLATE_FU = 1, then must not be null	
If FOLATE_FU <> 1, then must be null	
If FA_FRQ_FU = 999, then must be 9	
If FA_FRQ_FU <> 999, then must not be 9	

216	<b>FA_LEN_FU</b>	number (3,0)	Required: false
Since your last interview, how many months or years in total did you take folate or folic acid?			

Allowable Values	
<b>1 to 60 or 99</b>	Range
<b>999</b>	UNKNOWN/REFUSED
<b>Error Description</b>	
If FOLATE_FU = 1, then must not be null	

If FOLATE\_FU <> 1, then must be null

If FA\_TIME\_FU = 9, then must be 999

If FA\_TIME\_FU <> 9, then must not be 999

217 **FA\_TIME\_FU** number (1,0) Required: false

Interval for total amount of time folic acid or folate pills or tablets were taken.

Allowable Values

1 NUMBER IN MONTHS

2 NUMBER IN YEARS

9 UNKNOWN/REFUSED

Error Description

If FOLATE\_FU = 1, then must not be null

If FOLATE\_FU <> 1, then must be null

If FA\_LEN\_FU = 999, then must be 9

If FA\_LEN\_FU <> 999, then must not be 9

218 **CALCIUM\_FU** number (1,0) Required: true

Since the date of your last interview, have you ever taken calcium pills or tablets (not including antacids) at least twice a week for more than a month?

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

219 **CALCIUM\_FRQ\_FU** number (3,0) Required: false

Since the date of your last interview, how often did you take calcium pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 28 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If CALCIUM\_FU = 1, then must not be null

If CALCIUM\_FU <> 1, then must be null

If CALCIUM\_INT\_FU = 9, then must be 999

If CALCIUM\_INT\_FU <> 9, then must not be 999

220 **CALCIUM\_INT\_FU** number (1,0) Required: false

Interval for frequency calcium pills or tablets were taken.

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

Error Description

If CALCIUM\_FU = 1, then must not be null

If CALCIUM\_FU <> 1, then must be null

If CALCIUM\_FRQ\_FU = 999, then must be 9

If CALCIUM\_FRQ\_FU <> 999, then must not be 9

221

**CALCIUM\_LEN\_FU**

number (3,0)

Required: false

Since your last interview, how long, in total, have you taken calcium pills or tablets?

Allowable Values

1 to 60 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If CALCIUM\_FU = 1, then must not be null

If CALCIUM\_FU <> 1, then must be null

If CALCIUM\_TIME\_FU = 9, then must be 999

If CALCIUM\_TIME\_FU <> 9, then must not be 999

222

**CALCIUM\_TIME\_FU**

number (1,0)

Required: false

Interval for total time calcium pills or tablets were taken.

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

9 UNKNOWN/REFUSED

Error Description

If CALCIUM\_FU = 1, then must not be null

If CALCIUM\_FU <> 1, then must be null

If CALCIUM\_LEN\_FU = 999, then must be 9

If CALCIUM\_LEN\_FU <> 999, then must not be 9

223

**ANTACIDS\_FU**

number (1,0)

Required: true

Since the date of your last interview, have you ever taken calcium-based antacids (such as Tums, Rolaids, Extra-Strength Rolaids, Alka-Mints, and Chooz Antacid gum) at least twice a week for more than a month?



Allowable Values	
1	YES
2	NO
8	Not asked
9	UNKNOWN/REFUSED

224	<b>ANTACIDS_FRQ_FU</b>	number (3,0)	Required: false
Since the date of your last interview, how often did you take calcium-based antacids when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 105 or 888,999	Range
888	Not asked
999	UNKNOWN/REFUSED

Error Description
If ANTACIDS_FU = 1, then must not be null
If ANTACIDS_FU <> 1, then must be null
If ANTACIDS_INT_FU = 9, then must be 999
If ANTACIDS_INT_FU <> 9, then must not be 999

225	<b>ANTACIDS_INT_FU</b>	number (1,0)	Required: false
Interval for frequency calcium-based antacids were taken.			

Allowable Values	
1	PER DAY
2	PER WEEK
8	Not asked
9	UNKNOWN/REFUSED

Error Description
If ANTACIDS_FU = 1, then must not be null
If ANTACIDS_FU <> 1, then must be null
If ANTACIDS_FRQ_FU = 999, then must be 9
If ANTACIDS_FRQ_FU <> 999, then must not be 9

226	<b>ANTACIDS_LEN_FU</b>	number (3,0)	Required: false
Since your last interview, how long, in total, have you taken calcium-based antacids?			

Allowable Values	
1 to 60 or 888,999	Range
888	Not asked

999	UNKNOWN/REFUSED
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Error Description
If ANTACIDS_FU = 1, then must not be null
If ANTACIDS_FU <> 1, then must be null
If ANTACIDS_TIME_FU = 9, then must be 999
If ANTACIDS_TIME_FU <> 9, then must not be 999

227	<b>ANTACIDS_TIME_FU</b>	number (1,0)	Required: false
Interval for total time calcium-based antacids were taken.			

Allowable Values	
1	NUMBER OF MONTHS
2	NUMBER OF YEARS
8	Not asked
9	UNKNOWN/REFUSED

Error Description
If ANTACIDS_FU = 1, then must not be null
If ANTACIDS_FU <> 1, then must be null
If ANTACIDS_LEN_FU = 999, then must be 9
If ANTACIDS_LEN_FU <> 999, then must not be 9

228	<b>Q_RISK_FU</b>	number (1,0)	Required: false
Do you think your chance of getting colon [bowel] cancer is higher or lower than the average person of your age and sex? According to the Questionnaire, participant can skip this question if he/she has ever been diagnosed with Colorectal Cancer.			

Allowable Values	
1	MUCH LOWER
2	SOMEWHAT LOWER
3	THE SAME
4	SOMEWHAT HIGHER
5	MUCH HIGHER
8	Not asked/Dropped
9	UNKNOWN/REFUSED, dont include on self

Error Description
If FU_ID>1, must equal 8

229	<b>Q_TEST_FU</b>	number (1,0)	Required: false
Have you ever had a blood test to look for genes for colorectal cancer as part of your health care [DO NOT INCLUDE TESTS CONDUCTED AS PART OF THIS RESEARCH STUDY OR OTHER RESEARCH STUDIES]?			

Allowable Values	
1	YES
2	NO
8	Not asked/Dropped
9	UNKNOWN/REFUSED

230	<b>Q_SF1_FU</b>	number (1,0)	Required:false
In general, would you say your health is... ?			

Allowable Values	
1	EXCELLENT
2	VERY GOOD
3	GOOD
4	FAIR
5	POOR
8	Not asked/Dropped
9	UNKNOWN/REFUSED

231	<b>Q_SF2_FU</b>	number (1,0)	Required:false
During a typical day, does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?			

Allowable Values	
1	YES, LIMITED A LOT
2	YES, LIMITED A LITTLE
3	NO, NOT LIMITED AT ALL
8	Not asked/Dropped
9	UNKNOWN/REFUSED

232	<b>Q_SF3_FU</b>	number (1,0)	Required:false
During a typical day, does your health now limit you in climbing several flights of stairs?			

Allowable Values	
1	YES, LIMITED A LOT
2	YES, LIMITED A LITTLE
3	NO, NOT LIMITED AT ALL
8	Not asked/Dropped
9	UNKNOWN/REFUSED

233	<b>Q_SF4_FU</b>	number (1,0)	Required:false
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During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q\_SF5\_FU

number (1,0)

Required: false

234

During the past four weeks, were you limited in the kind of work or other activities as a result of your physical health?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q\_SF6\_FU

number (1,0)

Required: false

235

During the past four weeks, have you accomplished less than you would like as a result of emotional problems?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q\_SF7\_FU

number (1,0)

Required: false

236

During the past four weeks, have you done work or other activities less carefully than usual as a result of any emotional problems?

Allowable Values

0 ALL OF THE TIME

- 1 MOST OF THE TIME
- 2 SOME OF THE TIME
- 3 A LITTLE OF THE TIME
- 4 NONE OF THE TIME
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

237	<a href="#">Q_SF8_FU</a>	number (1,0)	Required: false
During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?			

- | Allowable Values |                   |
|------------------|-------------------|
| 1                | NOT AT ALL        |
| 2                | A LITTLE BIT      |
| 3                | MODERATELY        |
| 4                | QUITE A BIT       |
| 5                | EXTREMELY         |
| 8                | Not asked/Dropped |
| 9                | UNKNOWN/REFUSED   |

238	<a href="#">Q_SF9_FU</a>	number (1,0)	Required: false
During the past four weeks, have you felt calm and peaceful?			

- | Allowable Values |                      |
|------------------|----------------------|
| 0                | ALL OF THE TIME      |
| 1                | MOST OF THE TIME     |
| 2                | SOME OF THE TIME     |
| 3                | A LITTLE OF THE TIME |
| 4                | NONE OF THE TIME     |
| 8                | Not asked/Dropped    |
| 9                | UNKNOWN/REFUSED      |

239	<a href="#">Q_SF10_FU</a>	number (1,0)	Required: false
During the past four weeks, have you felt like you have a lot of energy?			

- | Allowable Values |                      |
|------------------|----------------------|
| 0                | ALL OF THE TIME      |
| 1                | MOST OF THE TIME     |
| 2                | SOME OF THE TIME     |
| 3                | A LITTLE OF THE TIME |
|                  |                      |

- 4 NONE OF THE TIME
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

240	<a href="#">Q_SF11_FU</a>	number (1,0)	Required: false
During the past four weeks, have you felt downhearted and depressed?			

- | Allowable Values           |                      |
|----------------------------|----------------------|
| <input type="checkbox"/> 0 | ALL OF THE TIME      |
| <input type="checkbox"/> 1 | MOST OF THE TIME     |
| <input type="checkbox"/> 2 | SOME OF THE TIME     |
| <input type="checkbox"/> 3 | A LITTLE OF THE TIME |
| <input type="checkbox"/> 4 | NONE OF THE TIME     |
| <input type="checkbox"/> 8 | Not asked/Dropped    |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED      |

241	<a href="#">Q_SF12_FU</a>	number (1,0)	Required: false
During the past four weeks, have your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?			

- | Allowable Values           |                      |
|----------------------------|----------------------|
| <input type="checkbox"/> 0 | ALL OF THE TIME      |
| <input type="checkbox"/> 1 | MOST OF THE TIME     |
| <input type="checkbox"/> 2 | SOME OF THE TIME     |
| <input type="checkbox"/> 3 | A LITTLE OF THE TIME |
| <input type="checkbox"/> 4 | NONE OF THE TIME     |
| <input type="checkbox"/> 8 | Not asked/Dropped    |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED      |

242	<a href="#">Q_STUDIES_FU</a>	number (1,0)	Required: false
Have you ever participated in any other genetic or family-based cancer studies, other than this study?			

- | Allowable Values           |                   |
|----------------------------|-------------------|
| <input type="checkbox"/> 1 | YES               |
| <input type="checkbox"/> 2 | NO                |
| <input type="checkbox"/> 8 | Not asked/Dropped |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED   |

243	<a href="#">Q_STUDIES_TEXT_FU</a>	string (40)	Required: false
Which studies have you participated in?			

Error Description
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If Q_STUDIES_FU = 1, then must not be null
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If Q_STUDIES_FU <> 1, then must be null
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# Module: colon-epi-followup

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- 196.[CIG FU](#)
- 197.[CIG CURR FU](#)
- 198.[CIG STOP AGE FU](#)

1	<b>CENTER_NO</b>	number (2,0)	Required: true
Center identification number.			

Allowable Values	
<b>11</b>	Cancer Care Ontario - Colon
<b>12</b>	USC Consortium - Colon
<b>13</b>	University of Melbourne - Colon
<b>14</b>	Cancer Research Center of Hawaii - Colon
<b>15</b>	Mayo Clinic - Colon

16	Fred Hutchinson, Seattle - Colon
17	Northern California (NCCC) ? Colon

2	<b>PERSON_ID (*PK)</b>	string (12)	Required: true
Number that uniquely identifies an individual. *PERSON_ID + FU_ID are the primary key for the table.			

3	<b>FU_ID (*PK)</b>	number (1,0)	Required: true
Follow-up questionnaire that participant completed. *PERSON_ID + FU_ID are the primary key for the table.			

Allowable Values	
1	1st Follow-up
2	2nd Follow-up
3	3rd Follow-up

4	<b>FU_TYPE</b>	number (1,0)	Required: true
Version number of the first follow-up questionnaire administered. Version 1 is a 4-year 1st follow-up designed in phase II to be administered to phase I participants. Version 2 is a 5-year 1st follow-up designed in phase III to be administered to phase II participants. * Note, version 2 is also administered as a 10-year 2nd follow-up to phase I participants in phase III.			

Allowable Values	
1	Version 1
2	Version 2

5	<b>CMPDATE_FU</b>	string (8)	Required: true
Date participant completed follow-up questionnaire			

Date Value Check	
The date must follow to the following format:	
Format YYYYMMDD. Must consist of valid date.	
Components of date should be right justified and zero filled.	
MM = 01 - 12, 88, 99	
DD = 01 - 31, 88, 99	
YYYY = <b>Minimum year</b> - system date year, 8888, 9999	
Use 88, 8888 for not currently known, in progress to obtain information.	
Use 99, 9999 for not known.	
If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.	
If MM = 99 then DD must = 99.	
If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.	
If YYYY = 9999 then MM and DD must = 99.	
The following special parameters are used:	
	(YYYYMMDD)
	YYYY 2002 - system year or 8888, 9999
	MM 01 - 12 or 88, 99
	DD 01 - 31 or 88, 99

6	<b>AGE_EPI_FU</b>	number (3,0)	Required: true						
Age at the time follow-up questionnaire completed									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>22 to 120 or 999</b></td> <td>Range</td> </tr> <tr> <td><b>999</b></td> <td>UNKNOWN/REFUSED</td> </tr> </table>				Allowable Values		<b>22 to 120 or 999</b>	Range	<b>999</b>	UNKNOWN/REFUSED
Allowable Values									
<b>22 to 120 or 999</b>	Range								
<b>999</b>	UNKNOWN/REFUSED								

7	<b>SEX</b>	number (1,0)	Required: false								
Participant's gender.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>1</b></td> <td>Male</td> </tr> <tr> <td><b>2</b></td> <td>Female</td> </tr> <tr> <td><b>9</b></td> <td>Unknown</td> </tr> </table>				Allowable Values		<b>1</b>	Male	<b>2</b>	Female	<b>9</b>	Unknown
Allowable Values											
<b>1</b>	Male										
<b>2</b>	Female										
<b>9</b>	Unknown										

8	<b>SUN_EXP</b>	number (1,0)	Required: true						
psedo entry question (not asked) to use for validations if sun exposure questions were asked									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>1</b></td> <td>Yes</td> </tr> <tr> <td><b>2</b></td> <td>No</td> </tr> </table>				Allowable Values		<b>1</b>	Yes	<b>2</b>	No
Allowable Values									
<b>1</b>	Yes								
<b>2</b>	No								

9	<b>SUN_EXP_WKDAY_40_FU</b>	number (1,0)	Required: false														
In your 40s and 50s (age: 40 to 59 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?																	
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>1</b></td> <td>Less than 1 hour</td> </tr> <tr> <td><b>2</b></td> <td>1 to 2 hours</td> </tr> <tr> <td><b>3</b></td> <td>3 to 4 hours</td> </tr> <tr> <td><b>4</b></td> <td>More than 4 hours</td> </tr> <tr> <td><b>8</b></td> <td>Not asked/dropped</td> </tr> <tr> <td><b>9</b></td> <td>Don't know</td> </tr> </table>				Allowable Values		<b>1</b>	Less than 1 hour	<b>2</b>	1 to 2 hours	<b>3</b>	3 to 4 hours	<b>4</b>	More than 4 hours	<b>8</b>	Not asked/dropped	<b>9</b>	Don't know
Allowable Values																	
<b>1</b>	Less than 1 hour																
<b>2</b>	1 to 2 hours																
<b>3</b>	3 to 4 hours																
<b>4</b>	More than 4 hours																
<b>8</b>	Not asked/dropped																
<b>9</b>	Don't know																

10	<b>SUN_EXP_WKND_40_FU</b>	number (1,0)	Required: false										
In your 40s and 50s (age: 40 to 59 years), on a typical weekend (Saturday and Sunday) in the summer, (May-September), about how many hours per day did you spend outside in the sun?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>1</b></td> <td>Less than 1 hour</td> </tr> <tr> <td><b>2</b></td> <td>1 to 2 hours</td> </tr> <tr> <td><b>3</b></td> <td>3 to 4 hours</td> </tr> <tr> <td><b></b></td> <td></td> </tr> </table>				Allowable Values		<b>1</b>	Less than 1 hour	<b>2</b>	1 to 2 hours	<b>3</b>	3 to 4 hours	<b></b>	
Allowable Values													
<b>1</b>	Less than 1 hour												
<b>2</b>	1 to 2 hours												
<b>3</b>	3 to 4 hours												
<b></b>													

- 4 More than 4 hours
- 8 Not asked/dropped
- 9 Don't know

11	<b>SUNSCREEN_40_FU</b>	number (1,0)	Required: false
In your 40s and 50s (age: 40 to 59 years) , when in the sun, did you wear sunscreen or protective clothing such as long sleeves, etc.?			

- |                            |                   |
|----------------------------|-------------------|
| Allowable Values           |                   |
| <input type="checkbox"/> 1 | Never             |
| <input type="checkbox"/> 2 | Sometimes         |
| <input type="checkbox"/> 3 | Always            |
| <input type="checkbox"/> 8 | Not asked/dropped |
| <input type="checkbox"/> 9 | Don't know        |

12	<b>SUN_EXP_40_CITY1_FU</b>	string (200)	Required: false
In your 40s and 50s (age: 40-59 years), which is the first city where lived for at least 1 year?			

13	<b>SUN_EXP_40_COUNTRY1_FU</b>	number (3,0)	Required: false
In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the first city where lived for at least 1 year?			

14	<b>SUN_EXP_40_YR1_FU</b>	number (2,0)	Required: false
In your 40s and 50s (age: 40-59 years), how many years did you live in the first city where lived for at least 1 year?			

- |  |         |
|--|---------|
| Allowable Values                       |         |
| <input type="checkbox"/> 1 to 20 or 99 | Range   |
| <input type="checkbox"/> 99            | Unknown |

15	<b>SUN_EXP_40_CITY2_FU</b>	string (200)	Required: false
In your 40s and 50s (age: 40-59 years), which is the second city where lived for at least 1 year?			

16	<b>SUN_EXP_40_COUNTRY2_FU</b>	number (3,0)	Required: false
In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the second city where lived for at least 1 year?			

17	<b>SUN_EXP_40_YR2_FU</b>	number (2,0)	Required: false
In your 40s and 50s (age: 40-59 years), how many years did you live in the second city where lived for at least 1 year?			

- |  |         |
|--|---------|
| Allowable Values                       |         |
| <input type="checkbox"/> 1 to 20 or 99 | Range   |
| <input type="checkbox"/> 99            | Unknown |

18	<b>SUN_EXP_40_CITY3_FU</b>	string (200)	Required: false
In your 40s and 50s (age: 40-59 years), which is the third city where lived for at least 1 year?			

	<b>SUN_EXP_40_COUNTRY3_FU</b>	number (3,0)	Required: false
--	-------------------------------	--------------	-----------------

19 In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the third city where lived for at least 1 year?

**SUN\_EXP\_40\_YR3\_FU** number (2,0) Required:false

20 In your 40s and 50s (age: 40-59 years), how many years did you live in the third city where lived for at least 1 year?

Allowable Values	
<b>1 to 20 or 99</b>	Range
<b>99</b>	Unknown

21 **SUN\_EXP\_40\_CITY4\_FU** string (200) Required:false

21 In your 40s and 50s (age: 40-59 years), which is the fourth city where lived for at least 1 year?

22 **SUN\_EXP\_40\_COUNTRY4\_FU** number (3,0) Required:false

22 In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where lived for at least 1 year?

23 **SUN\_EXP\_40\_YR4\_FU** number (2,0) Required:false

23 In your 40s and 50s (age: 40-59 years), how many years did you live in the fourth city where lived for at least 1 year?

Allowable Values	
<b>1 to 20 or 99</b>	Range
<b>99</b>	Unknown

24 **SUN\_EXP\_WKDAY\_60\_FU** number (1,0) Required:false

24 In your 60s and 70s (age: 60 to 79 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values	
<b>1</b>	Less than 1 hour
<b>2</b>	1 to 2 hours
<b>3</b>	3 to 4 hours
<b>4</b>	More than 4 hours
<b>8</b>	Not asked/dropped
<b>9</b>	Don't know

25 **SUN\_EXP\_WKND\_60\_FU** number (1,0) Required:false

25 In your 60s and 70s (age: 60 to 79 years), on a typical weekend (Saturday and Sunday) in the summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values	
<b>1</b>	Less than 1 hour
<b>2</b>	1 to 2 hours
<b>3</b>	3 to 4 hours
<b>4</b>	More than 4 hours
<b>8</b>	Not asked/dropped

9 Don't know

26	<b>SUNSCREEN_60_FU</b>	number (1,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), when in the sun, did you wear sunscreen or protective clothing such as long sleeves, etc.?			

Allowable Values

1	Never
2	Sometimes
3	Always
8	Not asked/dropped
9	Don't know

27	<b>SUN_EXP_60_CITY1_FU</b>	string (200)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the first city where lived for at least 1 year?			

28	<b>SUN_EXP_60_COUNTRY1_FU</b>	number (3,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the first city where lived for at least 1 year?			

29	<b>SUN_EXP_60_YR1_FU</b>	number (2,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), how many years did you live in the first city where lived for at least 1 year?			

Allowable Values

1 to 20 or 99	Range
99	Unknown

30	<b>SUN_EXP_60_CITY2_FU</b>	string (200)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the second city where lived for at least 1 year?			

31	<b>SUN_EXP_60_COUNTRY2_FU</b>	number (3,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the second city where lived for at least 1 year?			

32	<b>SUN_EXP_60_YR2_FU</b>	number (2,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), how many years did you live in the second city where lived for at least 1 year?			

Allowable Values

1 to 20 or 99	Range
99	Unknown

33	<b>SUN_EXP_60_CITY3_FU</b>	string (200)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the third city where lived for at least 1 year?			

34	<b>SUN_EXP_60_COUNTRY3_FU</b>	number (3,0)	Required: false
In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the third city where lived for at least 1 year?			

35 **SUN\_EXP\_60\_YR3\_FU** number (2,0) Required: false

In your 60s and 70s (age: 60 to 79 years), how many years did you live in the third city where lived for at least 1 year?

Allowable Values

**1 to 20 or 99** Range

**99** Unknown

36 **SUN\_EXP\_60\_CITY4\_FU** string (200) Required: false

In your 60s and 70s (age: 60 to 79 years), which is the fourth city where lived for at least 1 year?

37 **SUN\_EXP\_60\_COUNTRY4\_FU** number (3,0) Required: false

In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where lived for at least 1 year?

38 **SUN\_EXP\_60\_YR4\_FU** number (2,0) Required: false

In your 60s and 70s (age: 60 to 79 years), , how many years did you live in the fourth city where lived for at least 1 year?

Allowable Values

**1 to 20 or 99** Range

**99** Unknown

39 **Q\_CRC\_OPINION** number (1,0) Required: true

pseudo entry question (not asked) for next block of questions

Allowable Values

**1** Yes

**2** No

40 **Q\_TEST\_ADVISE\_FU** number (1,0) Required: false

Has a doctor, nurse or other health professional ever advised you to get a test to check for colorectal cancer?

Allowable Values

**1** Yes

**2** No

**8** Not asked/dropped

**9** Unknown/Refused

41 **Q\_LOWER\_RISK\_FU** number (1,0) Required: false

There is not much people can do to lower their chances of getting colorectal cancer

Allowable Values

**1** Strongly agree

**2** Somewhat agree

**3** Somewhat disagree



- 4 Strongly disagree
- 8 Not asked/dropped
- 9 No opinion

42	<a href="#">Q_PREVENT_CRC_FU</a>	number (1,0)	Required: false
There are so many different recommendations about preventing colorectal cancer, it's hard to know which ones to follow			

- |                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| 1                | Strongly agree    |
| 2                | Somewhat agree    |
| 3                | Somewhat disagree |
| 4                | Strongly disagree |
| 8                | Not asked/dropped |
| 9                | No opinion        |

43	<a href="#">Q_CAUSE_CRC_FU</a>	number (1,0)	Required: false
It seems like almost everything causes colorectal cancer			

- |                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| 1                | Strongly agree    |
| 2                | Somewhat agree    |
| 3                | Somewhat disagree |
| 4                | Strongly disagree |
| 8                | Not asked/dropped |
| 9                | No opinion        |

44	<a href="#">Q_SCREEN_FAMILY_SUPPORT_FU</a>	number (1,0)	Required: false
I get encouragement from my family members to have a colorectal cancer screening test			

- |                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| 1                | Strongly agree    |
| 2                | Somewhat agree    |
| 3                | Somewhat disagree |
| 4                | Strongly disagree |
| 8                | Not asked/dropped |
| 9                | No opinion        |

45	<a href="#">Q_SCREEN_FRIEND_SUPPORT_FU</a>	number (1,0)	Required: false
I get encouragement from my friends to have a colorectal cancer screening test			

--	--	--	--

Allowable Values	
------------------	--

- |   |                   |
|---|-------------------|
| 1 | Rarely or never   |
| 2 | Sometimes         |
| 3 | Often             |
| 4 | All the time      |
| 8 | Not asked/dropped |
| 9 | No opinion        |

46	<b>Q_WORRY_FRQ_FU</b>	number (1,0)	Required:false
How often do you worry about colorectal cancer?			

Allowable Values	
------------------	--

- |   |                   |
|---|-------------------|
| 1 | Rarely or never   |
| 2 | Sometimes         |
| 3 | Often             |
| 4 | All the time      |
| 8 | Not asked/dropped |
| 9 | No opinion        |

47	<b>CHOLESTROL_FU</b>	number (1,0)	Required:false
Since the date of your last interview, have you ever taken Cholesterol lowering drugs (statins) [such as Lipitor, Mevacor, Altacor , Pravachol, Torvast, Lescol, Mevacor, Crestor, Zocor ] (do not include Zetia Ezetrol, and Ezemibe and/or niacin), at least			

Allowable Values	
------------------	--

- |   |                   |
|---|-------------------|
| 1 | Yes               |
| 2 | No                |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused   |

48	<b>CHOLESTROL_FRQ_FU</b>	number (4,0)	Required:false
Since the date of your last interview, how often did you take Cholesterol lowering drugs (statins) when you were using it at least 2 times a week for more than a month?			

Allowable Values	
------------------	--

- |                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

49	<b>CHOLESTROL_INT_FU</b>	number (1,0)	Required:false
Interval in which Cholesterol lowering drugs (statins) was taken.			

Allowable Values	
------------------	--

1	Per Day
2	Per Week
8	not asked
9	Unknown

50	<b>CHOLESTROL_LEN_FU</b>	number (4,0)	Required:false
Since your last interview, how many months or years in total did you take Cholesterol lowering drugs (statins) ?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

51	<b>CHOLESTROL_TIME_FU</b>	number (1,0)	Required:false
Interval for total time Cholesterol lowering drugs (statins) was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
8	Not asked
9	Unknown

52	<b>LAXATIVE_FU</b>	number (1,0)	Required:false
Since the date of your last interview, have you ever taken polyethylene glycol laxative such as MiraLax, Glyco Lax, or GoLYTELY (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), at least twice a week for more than			

Allowable Values	
1	Yes
2	No
8	Not asked/dropped
9	Unknown/Refused

53	<b>LAXATIVE_FRQ_FU</b>	number (4,0)	Required:false
Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

54 **LAXATIVE\_INT\_FU** number (1,0) Required:false

Interval in which polyethylene glycol laxative was taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

55 **LAXATIVE\_LEN\_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take polyethylene glycol laxative ?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

56 **LAXATIVE\_TIME\_FU** number (1,0) Required:false

Interval for total time polyethylene glycol laxative was taken.

Allowable Values

1 Number of Months

2 Number of Years

8 Not asked

9 Unknown

57 **DIABETES\_FU** number (1,0) Required:false

Since the date of your last interview, have you ever taken medication to control diabetes - either insulin or oral medications, at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

58 **DIAB\_MED\_TYPE\_FU** number (1,0) Required:false

Since the date of your last questionnaire , what type of medication to control diabetes did you take?

Allowable Values

1 Pills

2 Insulin Injections

3	Both Pills and Insulin Injections
4	Insulin Pump
5	Both Pills and Insulin Pump
6	Both Insulin Injections + Insulin Pump
7	Both Pills, Insulin Injections, + Insulin Pump
8	Not Asked
9	Unknown

59 **DIAB\_ORAL\_LEN\_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take oral medication to control diabetes ?

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

60 **DIAB\_ORAL\_TIME\_FU** number (1,0) Required:false

Interval for total time oral medication to control diabetes was taken.

Allowable Values	
1	Number of Months
2	Number of Years
8	Not Asked
9	Unknown

61 **DIAB\_INS\_INJ\_LEN\_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take insulin injections to control diabetes ?

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

62 **DIAB\_INS\_INJ\_TIME\_FU** number (1,0) Required:false

Interval for total time insulin injections to control diabetes was taken.

Allowable Values	
1	Number of Months
2	Number of Years
8	Not Asked

9 Unknown

DIAB\_INS\_PUMP\_LEN\_FU

number (4,0)

Required:false

63

Since your last interview, how many months or years in total did you use insulin pump to control diabetes ?

Allowable Values

1 to 900 or 8888, 9999

Range

8888

Not Asked

9999

Unknown

DIAB\_INS\_PUMP\_TIME\_FU

number (1,0)

Required:false

64

Interval for total time insulin pump to control diabetes was used.

Allowable Values

1 Number of Months

2 Number of Years

8 Not Asked

9 Unknown

HORMON\_MEDS\_FU

number (1,0)

Required:false

65

(For females only) Since the date of your last interview, have you ever taken hormonal medication for menopausal symptoms or disease prevention, at least twice a week for more than a month? ONTARIO Q: have you taken estrogen pill or patch alone or in combination with another hormone continuously for 6 months/ (do not include hormone therapy for birth control/infertility or hormone therapy delivered by injections/vaginal creams/suppositories or herbal/soy products)

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

HORMON\_MEDS\_TYPE\_FU

number (1,0)

Required:false

66

(For females only) Since the date of your last questionnaire , what type of hormonal medication for menopausal symptoms or disease prevention did you take?

Allowable Values

1 Estrogen alone

2 Estrogen + Progesterone

3 Estrogen + Testosterone

4 Other

9 Don't know/Refused

HORMON\_MEDS\_TYPE\_SPECIFY\_FU

string (200)

Required:false

67 (For females only) Since the date of your last questionnaire , what type of hormonal medication for menopausal symptoms or disease prevention did you take? [specify]

**HORMON\_MEDS\_FRQ\_FU**

number (4,0)

Required:false

68 (For females only) Since the date of your last interview, how often did you take hormonal medication for menopausal symptoms or disease prevention when you were using it at least 2 times a week for more than a month?

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

**HORMON\_MEDS\_INT\_FU**

number (1,0)

Required:false

69 (For females only) Interval in which hormonal medication for menopausal symptoms or disease prevention was taken.

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	Not Asked
<b>9</b>	Unknown

**HORMON\_MEDS\_LEN\_FU**

number (4,0)

Required:false

70 (For females only) Since your last interview, how many months or years in total did you take hormonal medication for menopausal symptoms or disease prevention ?

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

**HORMON\_MEDS\_TIME\_FU**

number (1,0)

Required:false

71 (For females only) Interval for total time hormonal medication for menopausal symptoms or disease prevention was taken.

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

**ALT\_MED\_EVER\_FU**

number (1,0)

Required:false

72 Have you EVER used an alternative health care provider, such as a homeopath, chiropractor, acupuncturist?

Allowable Values	

- 1 Yes
- 2 No
- 8 Not asked/dropped
- 9 Unknown/Refused

73	<b>ALT_MED_PROV1_SPECIFY_FU</b>	string (200)	Required: FALSE
Type of alternative health care provider (specify)			

74	<b>ALT_MED_PROV1_TIME_FU</b>	number (1,0)	Required: false
When was your last treatment provided by the alternative health care provider?			

- | Allowable Values           |                      |
|----------------------------|----------------------|
| <input type="checkbox"/> 1 | In the past month    |
| <input type="checkbox"/> 2 | In the past year     |
| <input type="checkbox"/> 3 | More than 1 year ago |
| <input type="checkbox"/> 4 | More than 5 yearsago |
| <input type="checkbox"/> 8 | not asked            |
| <input type="checkbox"/> 9 | Don't know/refused   |

75	<b>ALT_MED_PROV2_SPECIFY_FU</b>	string (200)	Required: false
Type of alternative health care provider (specify)			

76	<b>ALT_MED_PROV2_TIME_FU</b>	number (1,0)	Required: false
When was your last treatment provided by the alternative health care provider?			

- | Allowable Values           |                      |
|----------------------------|----------------------|
| <input type="checkbox"/> 1 | In the past month    |
| <input type="checkbox"/> 2 | In the past year     |
| <input type="checkbox"/> 3 | More than 1 year ago |
| <input type="checkbox"/> 4 | More than 5 yearsago |
| <input type="checkbox"/> 8 | not asked            |
| <input type="checkbox"/> 9 | Don't know/refused   |

77	<b>ALT_MED_PROV3_SPECIFY_FU</b>	string (200)	Required: false
Type of alternative health care provider (specify)			

78	<b>ALT_MED_PROV3_TIME_FU</b>	number (1,0)	Required: false
When was your last treatment provided by the alternative health care provider?			

- | Allowable Values           |                   |
|----------------------------|-------------------|
| <input type="checkbox"/> 1 | In the past month |
| <input type="checkbox"/> 2 | In the past year  |
| <input type="checkbox"/>   |                   |



- 3 More than 1 year ago
- 4 More than 5 years ago
- 8 not asked
- 9 Don't know/refused

79	<b>VIT_A_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken Vitamin A pills or tablets at least twice a week for more than a month?			

- | Allowable Values |                   |
|------------------|-------------------|
| 1                | Yes               |
| 2                | No                |
| 8                | Not asked/dropped |
| 9                | Unknown/Refused   |

80	<b>VIT_A_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take Vitamin A pills or tablets when you were using it at least 2 times a week for more than a month?			

- | Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

81	<b>VIT_A_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which Vitamin A pills or tablets were taken.			

- | Allowable Values |           |
|------------------|-----------|
| 1                | Per Day   |
| 2                | Per Week  |
| 8                | not asked |
| 9                | Unknown   |

82	<b>VIT_A_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take Vitamin As?			

- | Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

83	<b>VIT_A_TIME_FU</b>	number (1,0)	Required: false
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Interval for total time Vitamin A pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

VIT\_B\_FU

number (1,0)

Required: false

84

Since the date of your last interview, have you taken Vitamin B pills or tablets at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

VIT\_B\_FRQ\_FU

number (4,0)

Required: false

85

Since the date of your last interview, how often did you take Vitamin B pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

VIT\_B\_INT\_FU

number (1,0)

Required: false

86

Interval for frequency in which Vitamin B pills or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 Not asked

9 Unknown

VIT\_B\_LEN\_FU

number (4,0)

Required: false

87

Since the date of your last interview, how many months or years in total did you take Vitamin Bs?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

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88	<b>VIT_B_TIME_FU</b>	number (1,0)	Required:false
Interval for total time Vitamin B pills or tablets were taken.			

		Allowable Values	
<b>1</b>	Number of Months		
<b>2</b>	Number of Years		
<b>8</b>	not asked		
<b>9</b>	Unknown		

89	<b>VIT_C_FU</b>	number (1,0)	Required:false
Since the date of your last interview, have you taken Vitamin C pills or tablets at least twice a week for more than a month?			

		Allowable Values	
<b>1</b>	Yes		
<b>2</b>	No		
<b>8</b>	Not asked/dropped		
<b>9</b>	Unknown/Refused		

90	<b>VIT_C_FRQ_FU</b>	number (4,0)	Required:false
Since the date of your last interview, how often did you take Vitamin C pills or tablets when you were using it at least 2 times a week for more than a month?			

		Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range		
<b>8888</b>	Not Asked		
<b>9999</b>	Unknown		

91	<b>VIT_C_INT_FU</b>	number (1,0)	Required:false
Interval for frequency in which Vitamin C pills or tablets were taken.			

		Allowable Values	
<b>1</b>	Per Day		
<b>2</b>	Per Week		
<b>8</b>	Not asked		
<b>9</b>	Unknown		

92	<b>VIT_C_LEN_FU</b>	number (4,0)	Required:false
Since the date of your last interview, how many months or years in total did you take Vitamin Cs?			

		Allowable Values	

<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

93	<b>VIT_C_TIME_FU</b>	number (1,0)	Required:false
Interval for total time Vitamin C pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

94	<b>VIT_D_FU</b>	number (1,0)	Required:false
Since the date of your last interview, have you taken Vitamin D pills or tablets at least twice a week for more than a month?			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not asked/dropped
<b>9</b>	Unknown/Refused

95	<b>VIT_D_FRQ_FU</b>	number (4,0)	Required:false
Since the date of your last interview, how often did you take Vitamin D pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

96	<b>VIT_D_INT_FU</b>	number (1,0)	Required:false
Interval for frequency in which Vitamin D pills or tablets were taken.			

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	not asked
<b>9</b>	Unknown

97	<b>VIT_D_LEN_FU</b>	number (4,0)	Required:false
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Since the date of your last interview, how many months or years in total did you take Vitamin Ds?

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

98 **VIT\_D\_TIME\_FU** number (1,0) Required: false

Interval for total time Vitamin D pills or tablets were taken.

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

99 **VIT\_E\_FU** number (1,0) Required: false

Since the date of your last interview, have you taken Vitamin E pills or tablets at least twice a week for more than a month?

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not asked/dropped
<b>9</b>	Unknown/Refused

100 **VIT\_E\_FRQ\_FU** number (4,0) Required: false

Since the date of your last interview, how often did you take Vitamin E pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

101 **VIT\_E\_INT\_FU** number (1,0) Required: false

Interval for frequency in which Vitamin E pills or tablets were taken.

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	not asked
<b>9</b>	Unknown

102	<b>VIT_E_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take Vitamin Es?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

103	<b>VIT_E_TIME_FU</b>	number (1,0)	Required: false
Interval for total time Vitamin E pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

104	<b>SELENIUM_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken selenium pills or tablets at least twice a week for more than a month?			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not asked/dropped
<b>9</b>	Unknown/Refused

105	<b>SELENIUM_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take selenium pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

106	<b>SELENIUM_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which selenium pills or tablets were taken.			

Allowable Values	
<b>1</b>	Per Day

2	Per Week
8	not asked
9	Unknown

107	<b>SELENIUM_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take selenium?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

108	<b>SELENIUM_TIME_FU</b>	number (1,0)	Required: false
Interval for total time selenium pills or tablets were taken.			

Allowable Values	
1	Number of Months
2	Number of Years
8	not aksed
9	Unknown

109	<b>ZINC_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken zinc pills or tablets at least twice a week for more than a month?			

Allowable Values	
1	Yes
2	No
8	Not asked/dropped
9	Unknown/Refused

110	<b>ZINC_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take zinc pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

111	<b>ZINC_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which zinc pills or tablets were taken.			

Allowable Values

- 1** Per Day
- 2** Per Week
- 8** not asked
- 9** Unknown

112	<b>ZINC_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take zinc?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

113	<b>ZINC_TIME_FU</b>	number (1,0)	Required: false
Interval for total time zinc pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not aksed
<b>9</b>	Unknown

114	<b>COD_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken cod liver oil/other fish oil pills or tablets at least twice a week for more than a month?			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not asked/dropped
<b>9</b>	Unknown/Refused

115	<b>COD_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take cod liver oil/other fish oil pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown



116	<b>COD_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which cod liver oil/other fish oil pills or tablets were taken.			

- | Allowable Values |           |
|------------------|-----------|
| 1                | Per Day   |
| 2                | Per Week  |
| 8                | not asked |
| 9                | Unknown   |

117	<b>COD_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take cod liver oil/other fish oil?			

- | Allowable Values       |           |
|------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range     |
| 8888                   | Not Asked |
| 9999                   | Unknown   |

118	<b>COD_TIME_FU</b>	number (1,0)	Required: false
Interval for total time cod liver oil/other fish oil pills or tablets were taken.			

- | Allowable Values |                  |
|------------------|------------------|
| 1                | Number of Months |
| 2                | Number of Years  |
| 8                | not asked        |
| 9                | Unknown          |

119	<b>LYCOPENE_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken lycopene pills or tablets at least twice a week for more than a month?			

- | Allowable Values |                   |
|------------------|-------------------|
| 1                | Yes               |
| 2                | No                |
| 8                | Not asked/dropped |
| 9                | Unknown/Refused   |

120	<b>LYCOPENE_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take lycopene pills or tablets when you were using it at least 2 times a week for more than a month?			

- | Allowable Values       |       |
|------------------------|-------|
| 1 to 900 or 8888, 9999 | Range |

<b>8888</b>	Not Asked
<b>9999</b>	Unknown

121	<b>LYCOPENE_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which lycopene pills or tablets were taken.			

Allowable Values

- 1** Per Day
- 2** Per Week
- 8** not asked
- 9** Unknown

122	<b>LYCOPENE_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take lycopene?			

Allowable Values

- 1 to 900 or 8888, 9999** Range
- 8888** Not Asked
- 9999** Unknown

123	<b>LYCOPENE_TIME_FU</b>	number (1,0)	Required: false
Interval for total time lycopene pills or tablets were taken.			

Allowable Values

- 1** Number of Months
- 2** Number of Years
- 8** not asked
- 9** Unknown

124	<b>GINGKO_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken ginkgo biloba pills or tablets at least twice a week for more than a month?			

Allowable Values

- 1** Yes
- 2** No
- 8** Not asked/dropped
- 9** Unknown/Refused

125	<b>GINGKO_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take ginkgo biloba pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

126	<b>GINGKO_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which ginkgo biloba pills or tablets were taken.			

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	not asked
<b>9</b>	Unknown

127	<b>GINGKO_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take ginkgo biloba?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

128	<b>GINGKO_TIME_FU</b>	number (1,0)	Required: false
Interval for total time ginkgo biloba pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

129	<b>SAW_PALM_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you taken saw palmetto pills or tablets at least twice a week for more than a month?			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No
<b>8</b>	Not asked/dropped
<b>9</b>	Unknown/Refused

\_\_\_\_\_

**Error Description**

Must be in: 1, 2, 8, 9

130	<a href="#">SAW_PALM_FRQ_FU</a>	number (4,0)	Required: false
Since the date of your last interview, how often did you take saw palmetto pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

131	<a href="#">SAW_PALM_INT_FU</a>	number (1,0)	Required: false
Interval for frequency in which saw palmetto pills or tablets were taken.			

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	not asked
<b>9</b>	Unknown

132	<a href="#">SAW_PALM_LEN_FU</a>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take saw palmetto?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

133	<a href="#">SAW_PALM_TIME_FU</a>	number (1,0)	Required: false
Interval for total time saw palmetto pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

134	<a href="#">GARLIC_FU</a>	number (1,0)	Required: false
Since the date of your last interview, have you taken garlic pills or tablets at least twice a week for more than a month?			

Allowable Values	

- 1 Yes
- 2 No
- 8 Not asked/dropped
- 9 Unknown/Refused

135	<b>GARLIC_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take garlic pills or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

136	<b>GARLIC_INT_FU</b>	number (1,0)	Required: false
Interval for frequency in which garlic pills or tablets were taken.			

Allowable Values	
<b>1</b>	Per Day
<b>2</b>	Per Week
<b>8</b>	not asked
<b>9</b>	Unknown

137	<b>GARLIC_LEN_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how many months or years in total did you take garlic?			

Allowable Values	
<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

138	<b>GARLIC_TIME_FU</b>	number (1,0)	Required: false
Interval for total time garlic pills or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

	<b>CHON_SULF_FU</b>	number (1,0)	Required: false
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139 Since the date of your last interview, have you taken Chondroitin sulfate pills or tablets at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

140 **CHON\_SULF\_FRQ\_FU** number (4,0) Required: false  
Since the date of your last interview, how often did you take Chondroitin sulfate pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

141 **CHON\_SULF\_INT\_FU** number (1,0) Required: false  
Interval for frequency in which Chondroitin sulfate pills or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

142 **CHON\_SULF\_LEN\_FU** number (4,0) Required: false  
Since the date of your last interview, how many months or years in total did you take Chondroitin sulfate?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

143 **CHON\_SULF\_TIME\_FU** number (1,0) Required: false  
Interval for total time cod liver oil/other fish oil pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

144 **GLUCOSAMINE\_FU** number (1,0) Required: false  
Since the date of your last interview, have you taken glucosamine pills or tablets at least twice a week for more than a month?

Allowable Values	
1	Yes
2	No
8	Not asked/dropped
9	Unknown/Refused

145 **GLUCOSAMINE\_FRQ\_FU** number (4,0) Required: false  
Since the date of your last interview, how often did you take glucosamine pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

146 **GLUCOSAMINE\_INT\_FU** number (1,0) Required: false  
Interval for frequency in which glucosamine pills or tablets were taken.

Allowable Values	
1	Per Day
2	Per Week
8	not asked
9	Unknown

147 **GLUCOSAMINE\_LEN\_FU** number (4,0) Required: false  
Since the date of your last interview, how many months or years in total did you take glucosamine?

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

148 **GLUCOSAMINE\_TIME\_FU** number (1,0) Required: false  
Interval for total time glucosamine pills or tablets were taken.

Allowable Values	
1	Number of Months

2	Number of Years
8	not asked
9	Unknown

149	<b>ST_JOHNS_WORT_FU</b>	number (1,0)	Required: false
Since the date of your last interview, have you ever taken St. John's Wort pills, capsules or tablets at least twice a week for more than a month?			

Allowable Values	
1	Yes
2	No
8	Not asked/dropped
9	Unknown/Refused

150	<b>ST_JOHNS_WORT_FRQ_FU</b>	number (4,0)	Required: false
Since the date of your last interview, how often did you take St. John's Wort pills, capsules or tablets when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

151	<b>ST_JOHNS_WORT_INT_FU</b>	number (1,0)	Required: false
Interval for frequency St. John's Wort pills, capsules or tablets were taken.			

Allowable Values	
1	Per Day
2	Per Week
8	not asked
9	Unknown

152	<b>ST_JOHNS_WORT_LEN_FU</b>	number (4,0)	Required: false
Since your last interview, how long, in total, have you taken St. John's Wort pills, capsules or tablets?			

Allowable Values	
1 to 900 or 8888, 9999	Range
8888	Not Asked
9999	Unknown

153	<b>ST_JOHNS_WORT_TIME_FU</b>	number (1,0)	Required: false



Interval for total time St. John's Wort pills, capsules or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

154

**OTHER\_PILL\_FU**

number (1,0)

Required: false

Since the date of your last interview, have you ever taken other pills at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

155

**OTHER\_PILL\_SPECIFY**

string (200)

Required: false

List other pills, capsules or tablets taken since the date of your last questionnaire (see label on page 1 for date), when you were taking the pills at least 2 times a week for more than a month:

156

**OTHER\_PILL\_FRQ\_FU**

number (4,0)

Required: false

Since the date of your last interview, how often did you take other pills, capsules or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

157

**OTHER\_PILL\_INT\_FU**

number (1,0)

Required: false

Interval for frequency other pills, capsules or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

158

**OTHER\_PILL\_LEN\_FU**

number (4,0)

Required: false

Since your last interview, how long, in total, have you taken other pills, capsules or tablets?

Allowable Values

<b>1 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

159	<b>OTHER_PILL_TIME_FU</b>	number (1,0)	Required: false
Interval for total time other pills, capsules or tablets were taken.			

Allowable Values	
<b>1</b>	Number of Months
<b>2</b>	Number of Years
<b>8</b>	not asked
<b>9</b>	Unknown

160	<b>BODY_MEASURE</b>	number (1,0)	Required: true
pseudo entry question (not asked) for next block of questions			

Allowable Values	
<b>1</b>	Yes
<b>2</b>	No

161	<b>HIP_CIRCUM_FU</b>	number (4,0)	Required: false
What are your current hip circumference (measurements)?			

Allowable Values	
<b>10 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked
<b>9999</b>	Unknown

162	<b>HIP_CIRCUM_UNIT_FU</b>	number (1,0)	Required: false
What is the unit of measure used for hip circumference?			

Allowable Values	
<b>1</b>	Centimeters
<b>2</b>	Inches

163	<b>WAIST_CIRCUM_FU</b>	number (4,0)	Required: false
What are your current waist circumference (measurements)?			

Allowable Values	
<b>10 to 900 or 8888, 9999</b>	Range
<b>8888</b>	Not Asked

164	<b>WAIST_CIRCUM_UNIT_FU</b>	number (1,0)	Required: false
What is the unit of measure used for waist circumference?			

## Allowable Values

1 Centimeters

2 Inches

165	<b>TEETH_MISSING_FU</b>	number (1,0)	Required: false
Not counting wisdom teeth, by the age of 16, did you have any permanent teeth that never formed at all, that is, permanent teeth that were missing?			

## Allowable Values

1 Yes

2 No

8 Not asked

9 Unknown/Refused

166	<b>TEETH_MISSING_CNT_FU</b>	number (2,0)	Required: false
How many permanent teeth failed to form?			

## Allowable Values

1 to 28 or 88, 99 Range

88 Not asked

99 Unknown

167	<b>CHEMO_RAD_FU</b>	number(2N)	Required: YES, if applicable
SINCE your last interview have you had chemotherapy and/or radiotherapy for bowel or colon cancer?			

## Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

168	<b>CHEMO_FU</b>	number(2N)	Required: YES, if applicable
SINCE your last interview what types of therapy have you received? Chemotherapy			

## Allowable Values

1 Yes- received chemotherapy

<b>2 No- no did not receive chemotherapy</b>	<input type="checkbox"/>
<b>8 Not Asked</b>	<input type="checkbox"/>
<b>9 Unknown/Refused</b>	<input type="checkbox"/>

169	<b>RAD_FU</b>	number(2N)	Required: YES, if applicable
SINCE your last interview what types of therapy have you received? Radiotherapy			

Allowable Values	
<b>1 Yes- received radiotherapy</b>	<input type="checkbox"/>
<b>2 No- no did not receive radiotherapy</b>	<input type="checkbox"/>
<b>8 Not Asked</b>	<input type="checkbox"/>
<b>9 Unknown/Refused</b>	<input type="checkbox"/>

170	<b>CHEMO_EVER_FU</b>	number(2N)	Required: YES, if applicable
Have you EVER received chemotherapy?			

Allowable Values	
<b>1 Yes</b>	<input type="checkbox"/>
<b>2 No</b>	<input type="checkbox"/>
<b>8 Not Asked</b>	<input type="checkbox"/>
<b>9 Unknown/Refused</b>	<input type="checkbox"/>

171	<b>RAD_EVER_FU</b>	number(2N)	Required: YES, if applicable
Have you EVER received radiotherapy?			

Allowable Values	
<b>1 Yes</b>	<input type="checkbox"/>
<b>2 No</b>	<input type="checkbox"/>
<b>8 Not Asked</b>	<input type="checkbox"/>
<b>9 Unknown/Refused</b>	<input type="checkbox"/>

172	<b>PAPSMEAR_FU</b>	number (1,0)	Required: false
Have you ever had a pap smear?			

Allowable Values	
<b>1</b> Yes	<input type="checkbox"/>
<b>2</b> No	<input type="checkbox"/>
<b>8</b> Not asked	<input type="checkbox"/>
<b>9</b> Unknown/Refused	<input type="checkbox"/>

	<b>PAP_PROBLEM_FU</b>	number (1,0)	Required: false
173	<p>Does the reason for your pap smear include "to investigate a new problem"?</p> <p>This question is asked as:            What were the reasons for the test? [SELECT ALL THAT APPLY]            1 TO INVESTIGATE A NEW PROBLEM            2 FAMILY HISTORY OF CANCER            3 ROUTINE EXAM OR CHECK-UP            4 FOLLOW-UP OF A PREVIOUS PROBLEM            6 OTHER, SPECIFY: _____            9 DON'T KNOW</p> <p>* Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative.</p>		

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

	<b>PAP_FAMHX_FU</b>	number (1,0)	Required: false
174	<p>Does the reason for your pap smear include "family history of cancer"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p>		

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

	<b>PAP_ROUTINE_FU</b>	number (1,0)	Required: false
175	<p>Does the reason for your pap smear include "routine/yearly exam or check-up"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p>		

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

	<b>PAP_OTHER_FU</b>	number (1,0)	Required: false
176	<p>Does the reason for your pap smear include "other reasons"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p>		

Allowable Values	
1	YES

2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

177	<b>PAP_OTH_TEXT_FU</b>	string (200)	Required: false
What are the specific reasons for your pap smear?			

178	<b>PAPSMEAR_NO_FU</b>	number (2,0)	Required: false
On how many separate occasions have you had a pap smear?			

Allowable Values	
1 to 10 or 88 or 99	Range
88	Not asked
99	(Unknown/Refused)

179	<b>PAPSMEAR_LST_AGE_FU</b>	number (3,0)	Required: false
When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test.			

Allowable Values	
888	Not asked
999	(Unknown/Refused)

180	<b>MAMMO_FU</b>	number (1,0)	Required: false
Have you ever had a mammogram?			

Allowable Values	
1	Yes
2	No
8	Not asked
9	Unknown/Refused

181	<b>MAM_PROBLEM_FU</b>	number (1,0)	Required: false
Does the reason for your mammogram include "to investigate a new problem"?			
This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY]			
1 TO INVESTIGATE A NEW PROBLEM			
2 FAMILY HISTORY OF CANCER			
3 ROUTINE EXAM OR CHECK-UP			
4 FOLLOW-UP OF A PREVIOUS PROBLEM			
6 OTHER, SPECIFY: _____			
9 DON'T KNOW			
* Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

182	<a href="#">MAM_FAMHX_FU</a>	number (1,0)	Required: false
Does the reason for your mammogram include "family history of cancer"? * For actual question format see MAM_PROBLEM_FU above.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

183	<a href="#">MAM_ROUTINE_FU</a>	number (1,0)	Required: false
Does the reason for your mammogram include "routine/yearly exam or check-up"? * For actual question format see MAM_PROBLEM_FU above.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

184	<a href="#">MAM_OTHER_FU</a>	number (1,0)	Required: false
Does the reason for your mammogram include "other reasons"? * For actual question format see MAM_PROBLEM_FU above.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

185	<a href="#">MAM_OTH_TEXT_FU</a>	string (200)	Required: false
What are the specific reasons for your mammogram?			

186	<a href="#">MAMMO_NO_FU</a>	number (2,0)	Required: false
On how many separate occasions have you had a mammogram?			

Allowable Values	
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88	Not asked
99	(Unknown/Refused)

<b>MAMMO_LST_AGE_FU</b>		number (3,0)	Required: false
187	When did you have your most recent mammogram? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test.		

Allowable Values	
888	Not asked
999	(Unknown/Refused)

<b>PSA_FU</b>		number (1,0)	Required: false
188	Have you ever had a PSA (Prostate Specific Antigen testing)?		

Allowable Values	
1	Yes
2	No
8	Not asked
9	Unknown/Refused

<b>PSA_PROBLEM_FU</b>		number (1,0)	Required: false
189	<p>Does the reason for your PSA include "to investigate a new problem"?</p> <p>This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY]</p> <p>1 TO INVESTIGATE A NEW PROBLEM 2 FAMILY HISTORY OF CANCER 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLEM 6 OTHER, SPECIFY: _____ 9 DON'T KNOW</p> <p>* Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative.</p>		

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

<b>PSA_FAMHX_FU</b>		number (1,0)	Required: false
190	Does the reason for your PSA include "family history of cancer"? * For actual question format see PSA_PROBLEM_FU above.		

Allowable Values	



1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

191	<b>PSA_ROUTINE_FU</b>	number (1,0)	Required: false
Does the reason for your PSA include "routine/yearly exam or check-up"? * For actual question format see PSA_PROBLEM_FU above.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

192	<b>PSA_OTHER_FU</b>	number (1,0)	Required: false
Does the reason for your PSA include "other reasons"? * For actual question format see PSA_PROBLEM_FU above.			

Allowable Values	
1	YES
2	NO (not selected, NULL)*
8	Not Asked
9	UNKNOWN/REFUSED*

193	<b>PSA_OTH_TEXT_FU</b>	string (200)	Required: false
What are the specific reasons for your PSA?			

194	<b>PSA_NO_FU</b>	number (2,0)	Required: false
On how many separate occasions have you had a PSA?			

Allowable Values	
88	Not asked
99	(Unknown/Refused)

195	<b>PSA_LST_AGE_FU</b>	number (3,0)	Required: false
When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test.			

Allowable Values	
888	Not asked
999	(Unknown/Refused)

196	<b>CIG_FU</b> Since the date of your last interview, have you ever smoked at least one cigarette a day for 3 months or longer? *Not asked by Hawaii or Australia	number (1,0)	Required: false
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		Allowable Values
1	Yes	
2	No	
8	Not asked	
9	Unknown/Refused	

197	<b>CIG_CURR_FU</b> Do you currently smoke?	number (1,0)	Required: false
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		Allowable Values
1	Yes	
2	No	
8	Not asked	
9	Unknown/Refused	

198	<b>CIG_STOP_AGE_FU</b> When did you stop or quit smoking? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test.	number (3,0)	Required: false
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		Allowable Values
888	Not asked	
999	(Unknown/Refused)	