Module Contents

colon-epi-followup 1.CENTER NO 2. PERSON ID (*PK) 3.FU ID (*PK) 4.FU TYPE 5. CMPLDATE FU 6.AGE EPI FU 7.<u>SEX</u> 8. WEIGHT FU 9. ETHNIC FU 10.<u>S RACE1 FU</u> 11.S RACE1 OTH FU 12.S RACE2 FU 13.S RACE2 OTH FU 14.S RACE3 FU 15.S RACE3 OTH FU 16.S RACE4 FU 17.S RACE4 OTH FU 18.<u>HEMOCCULT_FU</u> 19.<u>HEMOCCULT NO FU</u> 20. HEMOCCULT LST AGE FU 21.H LST PROBLEM FU 22.<u>H LST FAMHX FU</u> 23.<u>H LST ROUTINE FU</u> 24.H LST FU PROB FU 25.<u>H LST FU FOBT FU</u> 26.H LST OTHER FU 27.H LST OTH TEXT FU 18.COLOGUARD FU 19. COLOGUARD NO FU 20. COLOGUARD LST AGE FU 21.CGUARD LST PROBLEM FU 22.CGUARD LST FAMHX FU 23.CGUARD LST ROUTINE FU 24.CGUARD LST FU PROB FU 25.CGUARD LST FU FOBT FU 26.CGUARD LST OTHER FU 27.CGUARD LST OTH TEXT FU 28.SIGSCOPE FU 29. SIGSCOPE NO FU 30.SIGSCOPE LST AGE FU 31.S LST PROBLEM FU 32.S LST FAMHX FU 33.<u>S LST ROUTINE FU</u> 34.S LST FU PROB FU 35.<u>S LST FU FOBT FU</u> 36.S LST OTHER FU 37.S LST OTH TEXT FU 38. COLSCOPE FU 39. COLSCOPE NO FU 40.COLSCOPE LST AGE FU 41.C LST PROBLEM FU 42.<u>C LST FAMHX FU</u> 43.C LST ROUTINE FU 44.C LST FU PROB FU 45.C LST FU FOBT FU 46.C LST OTHER FU 47.C LST OTH TEXT FU 48.BARIUM EVER FU 49. BARIUM EVER NO FU 50.BARIUM FST AGE FU 51.B FST PROBLEM FU 52.B FST FAMHX FU 53.B FST ROUTINE FU 54.B FST FU PROB FU 55.B FST FU FOBT FU 56.B FST OTHER FU 57.B FST OTH TEXT FU 58.BARIUM SINCE FU

59. BARIUM SINCE NO FU 60. BARIUM LST AGE FU 61.B LST PROBLEM FU 62.B LST FAMHX FU 63.B LST ROUTINE FU 64.B LST FU PROB FU 65.<u>B LST FU FOBT FU</u> 66.B LST OTHER FU 67. B LST OTH TEXT FU 68. VIRTUAL C EVER FU 69. VIRTUAL C NO FU 70. VIRTUAL C SINCE FU 71. VIRTUAL C SINCE NO FU 72. VIRTUAL LST AGE FU 73. VC LST PROBLEM FU 74. VC LST FAMHX FU 75.VC LST ROUTINE FU 76. VC LST FU PROB FU 77. VC LST FU FOBT FU 78. VC LST OTHER FU 79. VC LST OTH TEXT FU 80. POLYPS FU 81. POLYP REM FU 82. POLYP REM NO FU 83. POLYP REM1 AGE FU 84. POLYP REM2 AGE FU 85. POLYP REM3 AGE FU 86.POLYP REM4 AGE FU 87. POLYP REM5 AGE FU 88.CRSRG FU 89. CRSRG NO FU 90.CRSRG1 AGE FU 91.CRSRG1 T FU 92.CRSRG1 R TUMOR FU 93. CRSRG1 R CAN FU 94. CRSRG1 R DIV FU 95.CRSRG1 R COLITIS FU 96.<u>CRSRG1 R IBD FU</u> 97. CRSRG1 R CROHN FU 98. CRSRG1 R OTHER FU 99. CRSRG1 R OTH TEXT FU 100.CRSRG2 AGE FU 101.<u>CRSRG2 T FU</u> 102.CRSRG2 R TUMOR FU 103.<u>CRSRG2 R CAN FU</u> 104.<u>CRSRG2 R DIV FU</u> 105.CRSRG2 R COLITIS FU 106.CRSRG2 R IBD FU 107. CRSRG2 R CROHN FU 108.CRSRG2 R OTHER FU 109.<u>CRSRG2 R OTH TEXT FU</u> 110.CRSRG3 AGE FU 111.<u>CRSRG3 T FU</u> 112.CRSRG3 R TUMOR FU 113. CRSRG3 R CAN FU 114.CRSRG3 R DIV FU 115.CRSRG3 R COLITIS FU 116.CRSRG3 R IBD FU 117. CRSRG3 R CROHN FU 118.CRSRG3 R OTHER FU 119. CRSRG3 R OTH TEXT FU 120.CRSRG4 AGE FU 121.CRSRG4 T FU 122.<u>CRSRG4 R TUMOR FU</u> 123. CRSRG4 R CAN FU 124. CRSRG4 R DIV FU 125.CRSRG4 R COLITIS FU 126.CRSRG4 R IBD FU 127. CRSRG4 R CROHN FU 128.CRSRG4 R OTHER FU 129. CRSRG4 R OTH TEXT FU 130.<u>CRSRG5_AGE_FU</u> 131.<u>CRSRG5 T FU</u> 132.CRSRG5 R TUMOR FU

133.CRSRG5 R CAN FU 134.<u>CRSRG5 R DIV FU</u> 135.CRSRG5 R COLITIS FU 136.CRSRG5 R IBD FU 137. CRSRG5 R CROHN FU 138.CRSRG5 R OTHER FU 139. CRSRG5 R OTH TEXT FU 140.CANCER TOLD FU 141.<u>SITE1 FU</u> 142.SITE2 FU 143.SITE3 FU 144.<u>SITE4 FU</u> 145.<u>SITE5 FU</u> 146.<u>SITE6 FU</u> 147.<u>AGEDX1_FU</u> 148.AGEDX2 FU 149.AGEDX3 FU 150.AGEDX4 FU 151.AGEDX5 FU 152.AGEDX6 FU 153.CHEMO RAD1 FU 154.CHEMO RAD2 FU 155.CHEMO RAD3 FU 156.CHEMO RAD4 FU 157. CHEMO RAD5 FU 158. CHEMO RAD6 FU 159.<u>HRT_FU</u> 160.HRT LEN FU 161.HRT TIME FU 162.HYST SINCE FU 163.HYST NO FU 164.HYST1 AGE FU 165.<u>HYST1 T P OV FU</u> 166.HYST1 T B OV FU 167.HYST1 T ONLY FU 168.<u>OV P REM1 FU</u> 169.<u>OV B REM1 FU</u> 170.FEM SURG OTHER1 FU 171.FEM SURG OTH TEXT1 FU 172.<u>HYST2 AGE FU</u> 173.<u>HYST2 T P OV FU</u> 174. HYST2 T B OV FU 175.HYST2 T ONLY FU 176.<u>OV P REM2 FU</u> 177.<u>OV B REM2 FU</u> 178. FEM SURG OTHER2 FU 179.FEM SURG OTH TEXT2 FU 180.HYST3 AGE FU 181.HYST3 T P OV FU 182.HYST3 T B OV FU 183.<u>HYST3 T ONLY FU</u> 184.<u>OV P REM3 FU</u> 185.<u>OV B REM3 FU</u> 186.FEM SURG OTHER3 FU 187. FEM SURG OTH TEXT3 FU 188.ASPIRIN FU 189. ASPIRIN FRQ FU 190.ASPIRIN INT FU 191. ASPIRIN LEN FU 192.ASPIRIN TIME FU 193. IBUPROFEN FU 194.<u>IB FRQ FU</u> 195.IB INT FU 196.<u>IB_LEN_FU</u> 197.<u>IB TIME FU</u> 198.<u>COX2_FU</u> 199.COX2 FRQ FU 200.COX2 INT FU 201.COX2 LEN FU 202.COX2 TIME FU 203. ACETAMIN FU 204. ACET FRQ FU 205.ACET INT FU 206.ACET LEN FU

| 207. ACET TI 208. MULTIVI 209. MV FRQ 210. MV INT 211. MV LEN 212. MV TIME 213. FOLATE 214. FA FRQ 215. FA INT 216. FA LEN 217. FA TIME 218. CALCIUM 219. CALCIUM 220. CALCIUM 220. CALCIUM 221. CALCIUM 222. CALCIUM 223. ANTACIE 224. ANTACIE 225. ANTACIE 226. ANTACIE 226. ANTACIE 226. ANTACIE 227. ANTACIE 228. Q RISK 229. Q TEST 230. Q SF1 231. Q SF2 233. Q SF4 F 235. Q SF5 F 235. Q SF6 F 236. Q SF7 F 237. Q SF8 239. Q SF10 240. Q SF10 241. Q SF12 242. Q STUD 243. Q STUD | TAMIN FU FU FU S FU U U U U U U U U U U U U U U U U U U U U U U EU FU FU FU ES FU ES | | | | | | |
|--|--|--|-----------------------|----------------|--|--|--|
| CENTER_NC | | | number (2,0) | Required: true | | | |
| | fication number. | | | | | | |
| AI | lowable Values | | | | | | |
| 1 | Sinai Health Systems (form | nerly Cancer Care Ontario) | | | | | |
| 1: | 2 Cedars-Sinai & Cleveland (| Clinic (formerly USC Consortium) | | | | | |
| 1: | 3 University of Melbourne | | | | | | |
| 14 | University of Hawaii Cance | r Center | | | | | |
| 1! | 5 Mayo Clinic | | | | | | |
| 10 | Fred Hutch, Seattle | | | | | | |
| 17 | UCSF: University of Califor | nia at San Franscisco (formerly CPIC, originally | Northern California (| NCCC)) | | | |
| | | | | | | | |
| 2 | | | | | | | |
| 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 FU_ID (*PK |) | | number (1,0) | Required: true | | | |

Follow-up questionnaire that participant completed. *PERSON_ID + FU_ID are the primary key for the table.

| | | | | | All | owable Values |] | | | | |
|---|-------------------|------------|------------------------------------|-----------------|-------|------------------|--------------|----------|-----------------|---------------|----|
| | | | | | 1 | 1st Follow-up | | | | | |
| | | | | | 2 | 2nd Follow-up | | | | | |
| | | | | | 3 | 3rd Follow-up | | | | | |
| | | | | | 4 | 4th Follow-up | | | | | |
| | | Г | | | | | a | | | | |
| | | | | | | or Description | | | | | |
| | | | Each PERSON_II | D may only h | ave | one row per fol | low-up quest | tionnair | e [FU_ID] | | |
| | FU_TYPE | | | | | | | | number (1,0) | Required: tru | ue |
| 4 | Version of follow | w-up quest | tionnaire admini | stered. | | | | | | | |
| | | | | Allowable \ | /alu | es | |] | | | |
| | | | | 1 FUP1 O | X a | dministered at P | hase II | | | | |
| | | | | 2 FUP1 0 | X a | dministered at P | hase III | | | | |
| | | | | 3 FUP Ep | i QX | administered a | t Phase III | | | | |
| | | | | 4 FUP Ep | i QX | administered a | t Phase IV | | | | |
| | | | | 5 FUP2 E | pi C | X administered | at Phase III | | | | |
| | | | | 6 FUP Ep | i QX | administered a | t Phase V | | | | |
| | | | | | | | | | | | |
| 5 | CMPLDATE_FU | J | | | | | | | string (8) | Required: tru | Je |
| | Date participant | t complete | ed follow-up ques | stionnaire. | | | | | | | |
| | | Date Va | llue Check | | | | | | | | |
| | | The date | e must follow to | the following | j for | mat: | | | | | |
| | | Format | YYYYMMDD. Mus nents of date sho | t consist of v | /alic | I date. | lod | | | | |
| | | MM = 0 | 1 - 12, 88, 99 1 - 31, 88, 99 | ulu be right. | jusi | | ieu. | | | | |
| | | YYYY = | Minimum year 8888 for not cu | - system dat | te y | ear, 8888, 9999 | ain informat | tion | | | |
| | | Use 99, | 9999 for not kn | own. | | | | | ode YYYY = 9999 | | |
| | | If MM = | 99 then DD mu | st = 99. | | - | _ | | ode YYYY = 9999 | | |
| | | | = 9999 then MN | | | | | | | | |
| | | The follo | owing special par | ameters are | use | ed: | | | | | |
| | | | | | | | | C | YYYYMMDD) | | |
| | | | | | | YYYY 20 | 02 - system | n year, | 8888, 9999 | | |
| | | | | | | | MN | M 01 - | 12 or 88, 99 | | |
| | | | | | | | DI | D 01 - | 31 or 88, 99 | | |
| | | | | | Err | or Description | | | | | |
| | | If FU_ID | =3, CMPLDATE | FU must be d | | - | | re FU I | D=2 and FU_ID= | =1 | |
| | | | =2, CMPLDATE_ | | - | | | | | | |
| | | 1 | | - | | | | | | | |

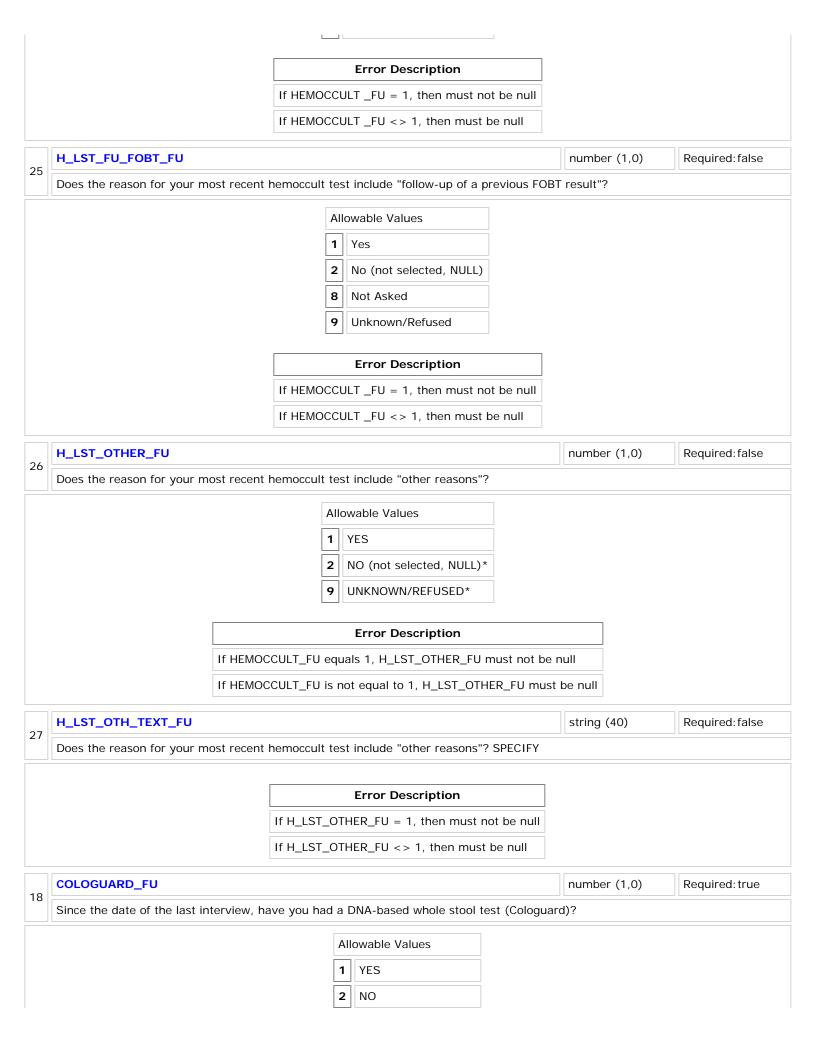
| | | | | | - 1 | | |
|-------------------|--|---------------------------------|--------------------------|-----------------|-----------------|--|--|
| 6 | AGE_EPI_FU | | | number (3,0) | Required: true | | |
| - | Age at the time follow-up question | onnaire completed | | | | | |
| | | Allowable Values | | | | | |
| | | 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 $>A$ | AGE_EPI_FU in FU_ID=1 | | | | |
| | SEX | | | number (1,0) | Required: false | | |
| 7 | Participant's sex | | | | | | |
| | | 1Male2Ferr3Oth | nale | | | | |
| | WEIGHT_FU | | | number (3,0) | Required: true | | |
| 8 | How much do you currently weig | h (in kilograms)? (1 pound = 0. | 453 kilogram) | | | | |
| | | Allowable Values | | | | | |
| | | 25 to 450 or 888,999 | Range | | | | |
| | | 888 | | | | | |
| | | 999 | | | | | |
| | | Error De | scription | | | | |
| | If FU_ID= | 1 & FU_TYPE = 1, then must no | | | | | |
| | | 1 & FU_TYPE in (2,3) & CENTER | | must not be 888 | | | |
| | If FU_ID= | 1 & FU_TYPE in (2,3) & CENTER | _NO NOT IN(11,15,16), t | hen must be 888 | | | |
| | If FU_ID= | 2 or 3 & CENTER_NO IN(11,12,7 | 15,16), then must not be | 888 | | | |
| | If FU_ID= | 2 or 3 & CENTER_NO IN(13,14,7 | 17), then must be 888 | | | | |
| | ETHNIC_FU | | | number (1,0) | Required: true | | |
| 9 | Do you consider yourself to be H | ispanic or Latino? | | | | | |
| | | Allowable Value | 25 | | | | |
| | | | NIC OR LATINO | | | | |
| | | | IIC OR LATINO | | | | |
| | | | | | | | |

| | | 8 Not asked | | | | | |
|----|--------------------------------|---|-------------------------|--------------|-----------------|--|--|
| | | 9 UNKNOWN/F | REFUSED | | | | |
| | | Error Des | cription | | | | |
| | If FU | | | | | | |
| | If FU | If FU_TYPE equals 2 and CENTER_NO NOT IN(11,13), ETHNIC_F | | | | | |
| | If FU | I_TYPE equals1 and CENTER_NO IN(1 | 1,13), ETHNIC_FU must k | be 8 | | | |
| 10 | 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 Des | cription | | | | |
| | | | | | | | |
| | | If FU_ID=1 & FU_TYPE = | 2, then must be 88 | | | | |
| | | If FU_ID= 2 or 3, then m | ust be 88 | | | | |
| | S_RACE1_OTH_FU | | | string (30) | Required: false | | |
| 11 | Specification of self-identifi | cation as other race. | | | | | |
| | | Error Des | orintion | | | | |
| | | If S_RACE1_OTH_FU = 98 | | | | | |
| | | If S_RACE1_OTH_FU <> | | | | | |
| | | | | | | | |
| 12 | S_RACE2_FU | yourself to be? (Codes are from EER/ | | number (2,0) | Required: false | | |
| | what have do you consider | - | NAACCR/ACOS Standards |) | | | |
| | | Allowable Values | | | | | |
| | | 1 to 19 or 88, 98, 99 | Range | | | | |
| | | 88 | Not Asked/Dropped | | | | |
| | | 98 | UNKNOWN/REFUSED | | | | |
| | | 77 | S. MARGONIA, RELOGED | | | | |
| | | Error Des | cription | | | | |
| | | 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 m | ust be 88 | | | | |

| 13 | S_RACE2_OTH_FU | | | string (30) | Required: false |
|----|---|---|--|--------------|-----------------|
| 3 | Specification of self-identification as o | ther race. | | | |
| | | E-mar Daa | | | |
| | | Error Des | | | |
| | | If S_RACE2_OTH_FU = 9 | | | |
| | | If S_RACE2_OTH_FU <> | 98, then must be null | | |
| 14 | S_RACE3_FU | | | number (2,0) | Required: false |
| 14 | What race do you consider yourself to | be? (Codes are from EER | /NAACCR/ACOS standards | 3) | |
| | | Allowable Values | | | |
| | | 1 to 19 or 88, 98, 99 | Range | | |
| | | 88 | Not Asked/Dropped | | |
| | | 98 | OTHER | | |
| | | 99 | UNKNOWN/REFUSED | | |
| | | Error Des | scription | | |
| | | If FU_ID=1 & FU_TYPE = | | | |
| | | If FU_ID=1 & FU_TYPE = | | | |
| | | If FU_ID= 2 or 3, then m | | | |
| | | | | | |
| | | | | | |
| 15 | S_RACE3_OTH_FU | | | string (30) | Required: false |
| 15 | S_RACE3_OTH_FU Specification of self-identification as o | ther race. | | string (30) | Required: false |
| 15 | | ther race. Error Des | cription | string (30) | Required: false |
| 15 | | Г | - | string (30) | Required: false |
| 15 | | Error Des | 8, then must not be null | string (30) | Required: false |
| 15 | Specification of self-identification as o | Error Des If S_RACE3_OTH_FU = 9 | 8, then must not be null | | Required: false |
| | | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> | 8, then must not be null 98, then must be null | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> | 8, then must not be null 98, then must be null | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> | 8, then must not be null 98, then must be null | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER, Allowable Values | 8, then must not be null 98, then must be null /NAACCR/ACOS standards | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER, Allowable Values 1 to 19 or 88, 98, 99 | 8, then must not be null 98, then must be null /NAACCR/ACOS standards Range | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER, Allowable Values 1 to 19 or 88, 98, 99 88 | 8, then must not be null 98, then must be null /NAACCR/ACOS standards Range Not Asked/Dropped | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER, Allowable Values 1 to 19 or 88, 98, 99 88 98 99 | 8, then must not be null 98, then must be null /NAACCR/ACOS standards Range Not Asked/Dropped OTHER UNKNOWN/REFUSED | number (2,0) | |
| | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER Allowable Values 1 to 19 or 88, 98, 99 88 98 99 Error Des | 8, then must not be null 98, then must be null /NAACCR/ACOS standards Range Not Asked/Dropped OTHER UNKNOWN/REFUSED | number (2,0) | |
| 15 | Specification of self-identification as o S_RACE4_FU | Error Des If S_RACE3_OTH_FU = 9 If S_RACE3_OTH_FU <> be? (Codes are from EER, Allowable Values 1 to 19 or 88, 98, 99 88 98 99 | 8, then must not be null 98, then must be null /NAACCR/ACOS standards Range Not Asked/Dropped OTHER UNKNOWN/REFUSED scription 1, then must not be 88 | number (2,0) | Required: false |

| 17 | S_RACE4_OTH_FU | | | string (30) | Required: false | | | |
|----|--|---------------------------------------|------------------------------|--------------|-----------------|--|--|--|
| 17 | Specification of self-identification as | other race. | | | | | | |
| | | | | | | | | |
| | | escription | | | | | | |
| | | | | | | | | |
| | | If S_RACE4_OTH_FU < | > 98, then must be null | | | | | |
| 18 | HEMOCCULT_FU | | | number (1,0) | Required: true | | | |
| 10 | Since the date of the last interview, | have you had a fecal occ | ult blood test (FOBT)? | | | | | |
| | | Allowable | /alues | | | | | |
| | | 1 YES | | | | | | |
| | | 2 NO | | | | | | |
| | | | | | | | | |
| | | 9 UNKNO | DWN/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 | | | | | | | |
| | | Range | | | | | | |
| | | 99 | UNKNOW/REFUSED | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | Error D | escription | | | | | |
| | | If HEMOCCULT _FU = | 1, then must not be null | | | | | |
| | | If HEMOCCULT _FU < | > 1, then must be null | | | | | |
| | HEMOCCULT_LST_AGE_FU | | | number (3,0) | Required: false | | | |
| 20 | How old were you at your most recei | at hemoccult test? | | | | | | |
| | now old were you at your most recei | | | | | | | |
| | | Allowable Values | | | | | | |
| | | 18 to 120 or 999 | Range | | | | | |
| | | 999 | UNKNOWN/REFUSED | | | | | |
| | | Error D | escription | | | | | |
| | | 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 | | | | | |
| | H_LST_PROBLEM_FU | | | number (1,0) | Required: false | | | |
| | Does the reason for your most recen | t hemoccult test include | "to investigate a new proble | m"? | | | | |
| | This question is asked as: What were the reasons for the test? | [SELECT ALL THAT APPL' | /] | | | | | |
| 21 | 1 TO INVESTIGATE A NEW PROBLEM 2 FAMILY HISTORY OF COLORECTAL | | | | | | | |
| | 3 ROUTINE EXAM OR CHECK-UP | | | | | | | |

| | 9 DON'T KNOW | | | | |
|----|--|---------------|--|--------------|-----------------|
| | | All | owable Values | | |
| | | 1 | YES | | |
| | | 2 | NO (not selected, NULL) | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | | | Error Description | | |
| | | If HEMOCCL | JLT_FU = 1, then must not be null | | |
| | | | JLT _FU <> 1, then must be null | | |
| | H_LST_FAMHX_FU | | | number (1,0) | Required: false |
| 22 | Does the reason for your most recent h | nemoccult tes | st include "family history of colorectal | | |
| | | | | | |
| | | | owable Values YES | | |
| | | 2 | NO (not selected, NULL) | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | | | Error Description | | |
| | | If HEMOCCU | JLT _FU = 1, then must not be null | | |
| | | If HEMOCCU | JLT _FU <> 1, then must be null | | |
| 22 | H_LST_ROUTINE_FU | | | number (1,0) | Required: false |
| 23 | Does the reason for your most recent h | nemoccult tes | st include "routine/yearly exam or che | eck-up"? | |
| | | All | owable Values | | |
| | | 1 | YES | | |
| | | 2 | NO (not selected, NULL) | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | | | Error Description | | |
| | | If HEMOCCL | JLT _FU = 1, then must not be null | | |
| | | If HEMOCCU | JLT _FU <> 1, then must be null | | |
| | H_LST_FU_PROB_FU | | | number (1,0) | Required: false |
| 24 | Does the reason for your most recent h | nemoccult tes | st include "follow-up of a previous pro | | |
| | | Alle | owable Values | | |
| | | 1 | YES | | |
| | | 2 | NO (not selected, NULL)* | | |
| | | | UNKNOWN/REFUSED* | | |
| | | 7 | | | |

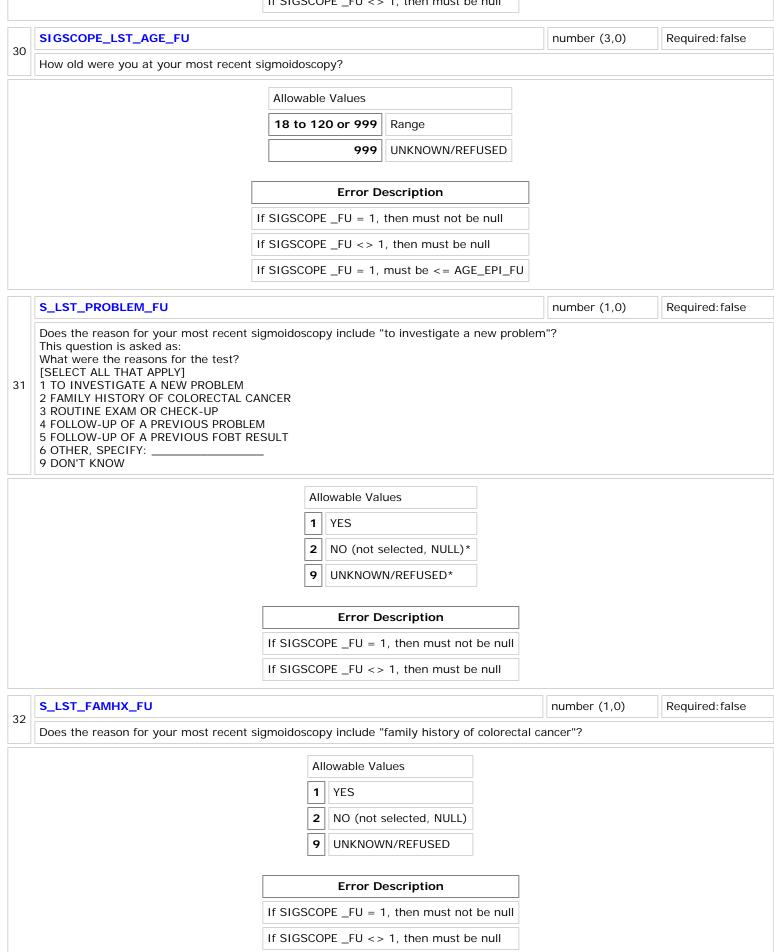


| | | 8 NOT 4 | ASKED | | | | | | |
|----|--|----------------------|------------------------|-----------|--------------|-----------------|--|--|--|
| | | 9 UNKN | OWN/REFUSED | | | | | | |
| | COLOGUARD_NO_FU | | | | number (2,0) | Required: false | | | |
| 19 | Since the date of your last interview, | how many separate co | loguard tests have | you had? | | | | | |
| | Allowable Values | | | | | | | | |
| | | | | | | | | | |
| | | ED | | | | | | | |
| | | Frror | Description | | | | | | |
| | | If COLOGUARD _FU | | : be null | | | | | |
| | | If COLOGUARD _FU | <> 1, then must be | e null | | | | | |
| | COLOGUARD_LST_AGE_FU | | | | number (3,0) | Required: false | | | |
| 20 | How old were you at your most recer | nt cologuard test? | | | | | | | |
| | Allowable Values | | | | | | | | |
| | | 18 to 120 or 999 | Range | | | | | | |
| | | 999 | UNKNOWN/REFU | USED | | | | | |
| | | Error | Description | | | | | | |
| | | If COLOGUARD_FU = | 1, then must not be | e null | | | | | |
| | | If COLOGUARD _FU < | > 1, then must be | null | | | | | |
| | | If COLOGUARD _FU = | 1, must be $\leq = AG$ | E_EPI_FU | | | | | |
| | CGUARD_LST_PROBLEM_FU | | | | number (1,0) | Required: false | | | |
| 21 | Does the reason for your most recent cologuard test include "to investigate a new problem"? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] | | | | | | | | |
| | | Allowable V | 'alues | | | | | | |
| | | | | | | | | | |
| | 2 NO (not selected, NULL) | | | | | | | | |
| | | 9 UNKNO | WN/REFUSED | | | | | | |
| | | Error | Description | | | | | | |
| | | If COLOGUARD _FU | = 1, then must not | : be null | | | | | |
| | If COLOGUARD _FU <> 1, then must be null | | | | | | | | |

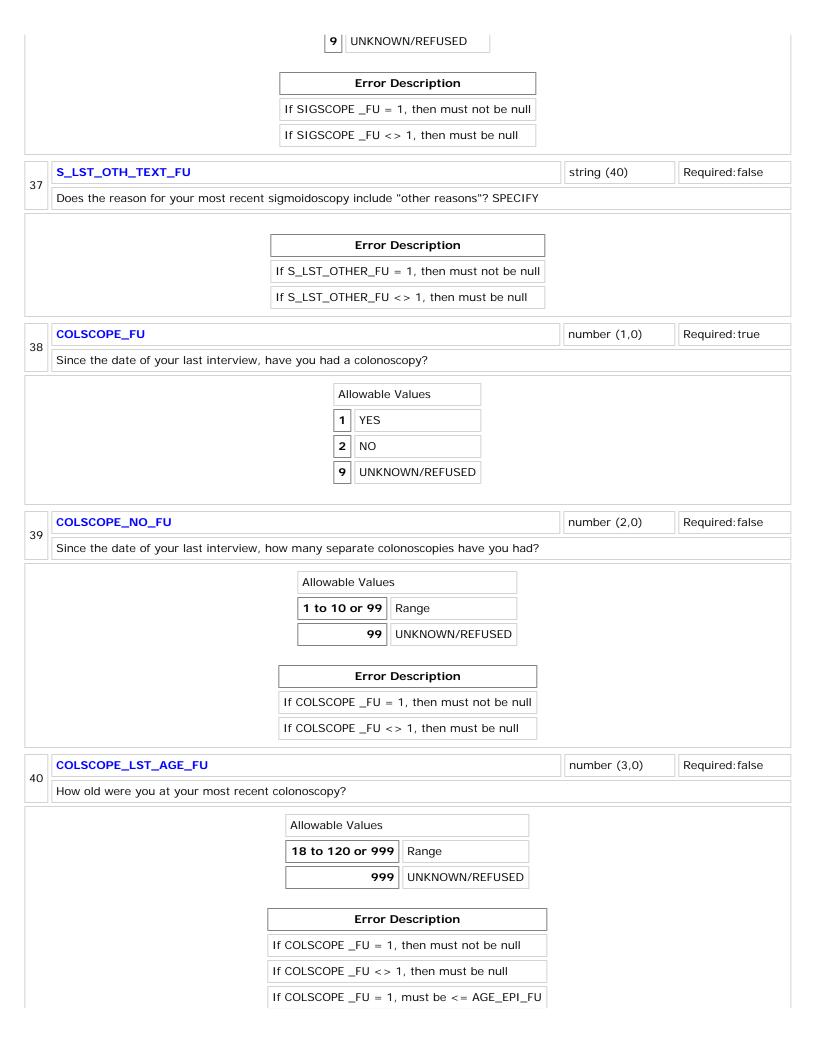
| | CGUARD_LST_FAMHX_FU | | number (1,0) | Required: false | |
|-------------------|--------------------------------------|---|--------------|-----------------|--|
| 22 | Does the reason for your most recent | cologuard test include "family history of colorectal | cancer"? | | |
| | | Allowable Values 1 YES | | | |
| | | 2 NO (not selected, NULL)9 UNKNOWN/REFUSED | | | |
| | | Error Description | | | |
| | | If COLOGUARD $_FU = 1$, then must not be null | | | |
| | | If COLOGUARD _FU <> 1, then must be null | | | |
| 23 | CGUARD_LST_ROUTINE_FU | | number (1,0) | Required: false | |
| 23 | Does the reason for your most recent | cologuard test include "routine/yearly exam or che | ck-up"? | | |
| | | Allowable Values1YES2NO (not selected, NULL)9UNKNOWN/REFUSED | | | |
| Error Description | | | | | |
| | | If COLOGUARD _FU = 1, then must not be null | | | |
| | | If COLOGUARD _FU <> 1, then must be null | | | |
| 24 | CGUARD_LST_FU_PROB_FU | | number (1,0) | Required: false | |
| | Does the reason for your most recent | cologuard test include "follow-up of a previous pro | blem"? | | |
| | | Allowable Values1YES2NO (not selected, NULL)*9UNKNOWN/REFUSED* | | | |
| | | Error Description | | | |
| | | If COLOGUARD _FU = 1, then must not be null | | | |
| | | If COLOGUARD _FU <> 1, then must be null | | | |
| | CGUARD_LST_FU_FOBT_FU | | number (1,0) | Required: false | |
| 25 | Does the reason for your most recent | cologuard test include "follow-up of a previous FOE | 3T result"? | | |
| | | Allowable Values | | | |
| | | 1 Yes | | | |
| | | 2 No (not selected, NULL) | | | |
| | | 8 Not Asked | | | |

| | | | | 9 Unknow | vn/Refused | | | |
|----|---------------------------|--------------|------------|------------------|------------------|---------------|----------------|-----------------|
| | | | | Error | Description | | | |
| | | | If CC | | = 1, then must i | not be null | | |
| | | | | | <> 1, then mus | | | |
| | | E 11 | | | | | number $(1,0)$ | Required: false |
| 26 | CGUARD_LST_OTHER_ | | | and tost include | "other reasons" | 2 | number (1,0) | Required:Taise |
| | Does the reason for you | | int cologu | | | | | |
| | | | | Allowable V | alues | | | |
| | | | | 1 YES | | | | |
| | | | | | selected, NULL) | * | | |
| | | | | 9 UNKNO | WN/REFUSED* | | | |
| | | | | Error | Description | | | |
| | | If COLOG | JARD_FU | equals 1, CGUA | RD_LST_OTHER | _FU must no | t be null | |
| | | If COLOG | JARD_FU | is not equal to | 1, CGUARD_LST | _OTHER_FU r | must be null | |
| | CGUARD_LST_OTH_TE | EXT_FU | | | | | string (40) | Required: false |
| 27 | Does the reason for your | r most rece | ent cologu | ard test include | "other reasons" | ? SPECIFY | | |
| | | | | | | | | |
| | | | | Error | Description | | | |
| | | | If CGUAR | RD_LST_OTHER | _FU = 1, then m | ust not be nu | ill | |
| | | | If CGUAR | RD_LST_OTHER | _FU <> 1, then i | must be null | | |
| 20 | SIGSCOPE_FU | | | | | | number (40,0) | Required: false |
| 28 | Since the date of your la | st interviev | w, have y | ou had a sigmoi | doscopy? | | | |
| | | | | Allowable | Values | | | |
| | | | | 1 YES | | | | |
| | | | | 2 NO | | | | |
| | | | | 9 UNKN | OWN/REFUSED | | | |
| | | | | | | | | |
| 29 | SIGSCOPE_NO_FU | | | | | | number (2,0) | Required: false |
| | Since the date of your la | st intervie | w, how m | any separate sig | gmoidoscopies h | ave you had? | | |
| | | | | Allowable Value | S | | | |
| | | | | 1 to 10 or 99 | Range | | | |
| | | | | 99 | UNKNOWN/REF | USED | | |
| | | | | Error | Description | | | |
| | | | If S | SIGSCOPE _FU = | 1, then must n | ot be null | | |
| | | | | | | | | |

If SIGSCOPE _FU <> 1, then must be null



| 22 | S_LST_ROUTINE_FU | | number (1,0) | Required: false |
|----|--|--|--------------|-----------------|
| 33 | Does the reason for your most recent s | igmoidoscopy include "routine/yearly exam or che | eck-up"? | |
| | | Allowable Values1YES2NO (not selected, NULL)*9UNKNOWN/REFUSED* | | |
| | | Error Description | | |
| | | If SIGSCOPE _FU = 1, then must not be null If SIGSCOPE _FU <> 1, then must be null | | |
| 24 | S_LST_FU_PROB_FU | | number (1,0) | Required: false |
| 34 | Does the reason for your most recent s | igmoidoscopy include "follow-up of a previous pro | blem"? | |
| | | 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 | S_LST_FU_FOBT_FU | | number (1,0) | Required: false |
| | Does the reason for your most recent s | igmoidoscopy include "follow-up of a previous FO | BT 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 | | |
| | S_LST_OTHER_FU | | number (1,0) | Required: false |
| 36 | Does the reason for your most recent s | igmoidoscopy include "other reasons"? | | |
| | | Allowable Values | | |
| | | 1 YES 2 NO (not selected, NULL) | | |



| | C_LST_PROBLEM_FU | | number (1,0) | Required: false | | | | |
|----|--|--|--------------|-----------------|--|--|--|--|
| 41 | Does the reason for your most recent co 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 CA 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLEM 5 FOLLOW-UP OF A PREVIOUS FOBT RE 6 OTHER, SPECIFY: 9 DON'T KNOW | ? | | | | | | |
| | | Allowable Values1YES2NO (not selected, NULL)*9UNKNOWN/REFUSED* | | | | | | |
| | | Error Description | | | | | | |
| | | | | | | | | |
| | If COLSCOPE _FU <> 1, then must be null | | | | | | | |
| 42 | 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 | | | | |
| 43 | Does the reason for your most recent co | plonoscopy include "routine/yearly exam or check- | up"? | | | | | |
| | | 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 | | | | | | |

| 11 | | | | [| [| | |
|----|---|------------|---|--------------|-----------------|--|--|
| 44 | Does the reason for your most recent sigmoidoscopy include "follow-up of a previous problem"? | | | | | | |
| | | A | lowable Values | | | | |
| | | 1 | YES | | | | |
| | | 2 | NO (not selected, NULL)* | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | |
| | | | · | | | | |
| | | | Error Description | | | | |
| | | | $OPE _FU = 1$, then must not be null | | | | |
| | | If COLSC | OPE _FU <> 1, then must be null | | | | |
| 45 | C_LST_FU_FOBT_FU | | | number (1,0) | Required: false | | |
| -5 | Does the reason for your most recent co | olonoscopy | include "follow-up of a previous FOB" | T result"? | | | |
| | | F | llowable Values | | | | |
| | | 1 | Yes | | | | |
| | | 2 | No (not selected, NULL) | | | | |
| | | 8 | Not Asked | | | | |
| | | ç | Unknown/Refused | | | | |
| | | | Frank Decemination | | | | |
| | | | Error Description DPE _FU = 1, then must not be null | | | | |
| | | | DPE _FU $<> 1$, then must be null | | | | |
| | | II COLOC | | | | | |
| 46 | C_LST_OTHER_FU | | | number (1,0) | Required: false | | |
| | Does the reason for your most recent co | olonoscopy | include "other reasons? | | | | |
| | | A | lowable Values | | | | |
| | | 1 | YES | | | | |
| | | 2 | NO (not selected, NULL)* | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | |
| | | | Error Description | | | | |
| | | If COLSC | DPE _FU = 1, then must not be null | | | | |
| | | | DPE _FU <> 1, then must be null | | | | |
| | Г | | | | | | |
| 47 | C_LST_OTH_TEXT_FU | | | string (40) | Required: false | | |
| | Does the reason for your most recent co | olonoscopy | Include "other reasons? SPECIFY | | | | |
| | Γ | | Error Description |] | | | |
| | | If C_LST_C | THER_FU = 1, then must not be null |] | | | |
| | | | THER_FU <> 1, then must be null |] | | | |
| | | | | 1 | | | |

| 8 | BARIUM_EVER_FU | | | number (1,0) | Required: true |
|----|---------------------------------------|--|--------------------------|--------------|-----------------|
| 0 | Have you ever had a barium enema? | | | | |
| | | Allowable Va | lues | | |
| | | 1 YES | | | |
| | | | | | |
| | | | | | |
| | | 9 UNKNOV | /N/REFUSED | | |
| | | | | | |
| | | | scription | | |
| | | If FU_ID=1, then m If FU_ID>1, then m | | | |
| | | | | | |
| .9 | BARIUM_EVER_NO_FU | | | number (2,0) | Required: false |
| | How many separate barium enemas h | nave you ever had? | | | |
| | | Allowable V | alues | | |
| | | 88 not as | ked | | |
| | | 99 Unkno | wn/Refused | | |
| | | | | | |
| | | Error De | | | |
| | | If BARIUM_EVER_FU = | | | |
| | | If BARIUM_EVER_FU <> | 1, then must be null | | |
| 0 | BARIUM_FST_AGE_FU | | | number (3,0) | Required: false |
| 0 | How old were you when you had your | r first barium enema? | | | |
| | | Allowable Values | | | |
| | | 1 to 120 or 888, 999 | Range | | |
| | | 888 | NOT ASKED/DROPPED | | |
| | | 999 | UNKNOWN/REFUSED | | |
| | | Error De | scription | | |
| | If BARIUM | _EVER_FU = 1, then must | - | | |
| | | _EVER_FU <> 1, then mus | | | |
| | | _EVER_FU = 1, must be < | | | |
| | | | & FU_TYPE (2,3), then mu | ıst be 888 | |
| | | | & FU_TYPE=1, then must | | |
| | B_FST_PROBLEM_FU | | | number (1,0) | Required: false |
| | Does the reason for your first barium | onomo includo "to invest | anto a now problem "2 | | |

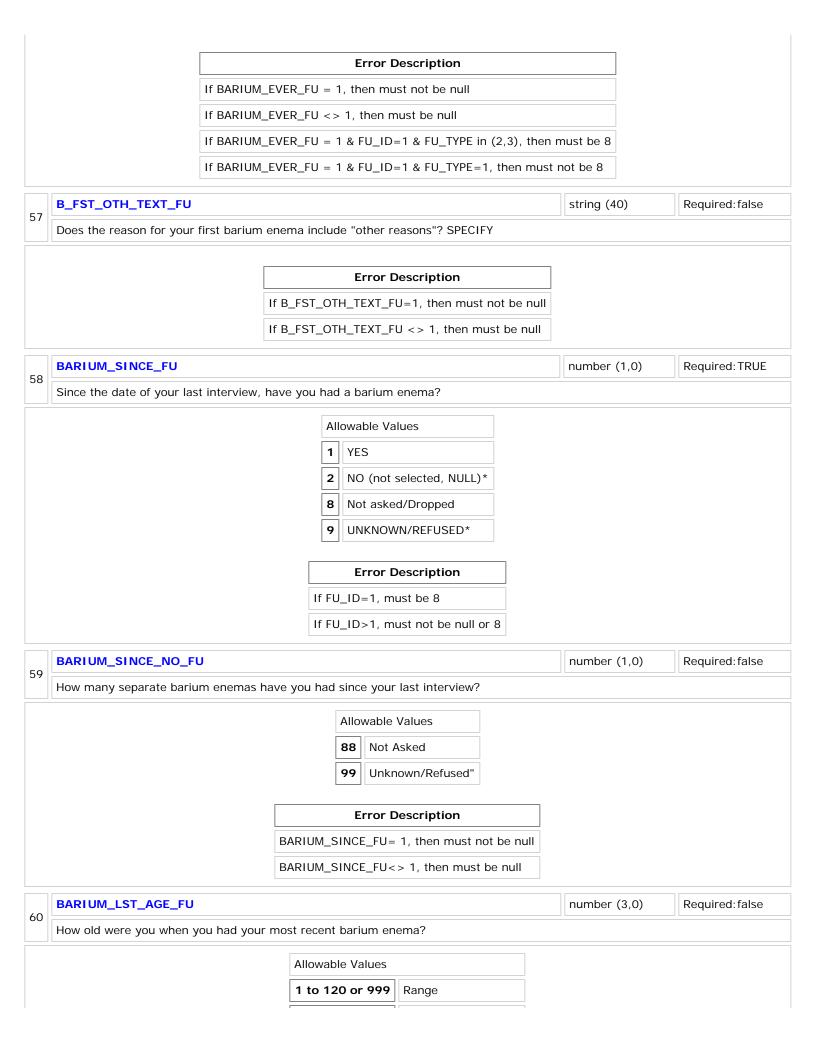
This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1 TO INVESTIGATE ANEW PROBLEM

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 UNKNOWN/REFUSED* 9 **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**

51

2 FAMILY HISTORY OF COLORECTAL CANCER

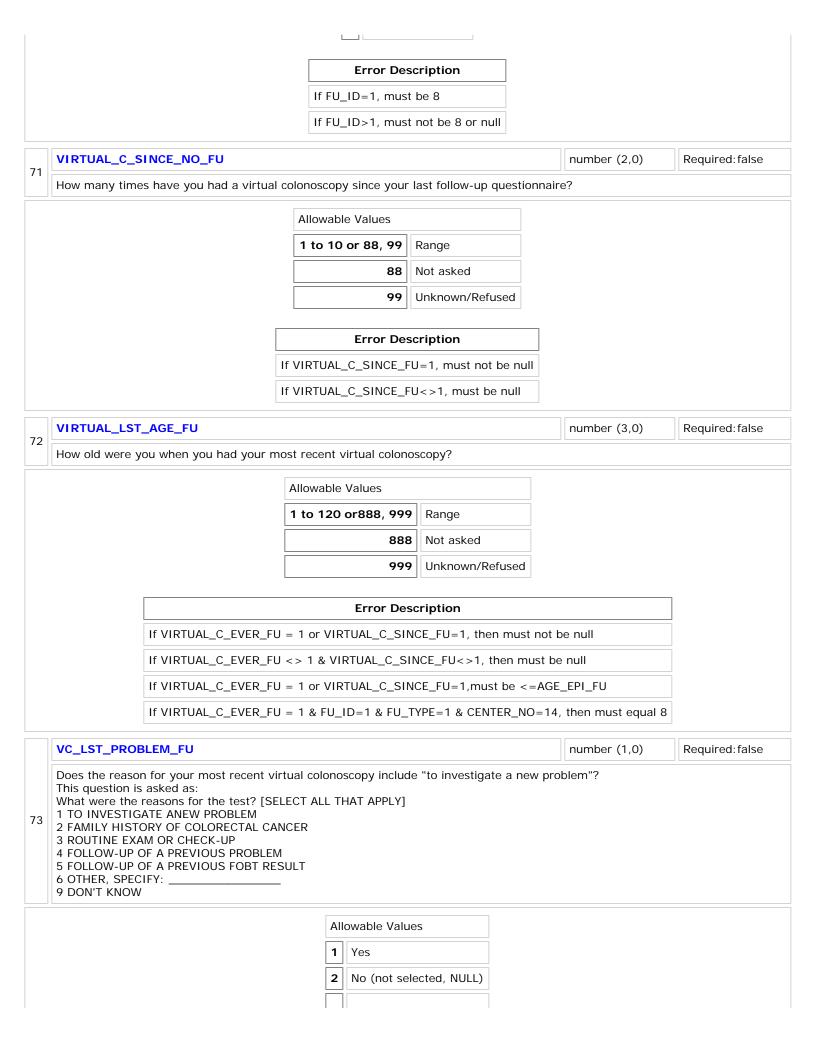
| | | If BARIUM_EVER_FU = | 1, then must not be null | | |
|----|--------------------------|---------------------------|---|--------------|-----------------|
| | | If BARIUM_EVER_FU <> | | | |
| | | If BARIUM_EVER_FU = | 1 & FU_ID=1 & FU_TYPE in (2,3), then r | nust be 8 | |
| | | If BARIUM_EVER_FU = | 1 & FU_ID=1 & FU_TYPE=1, then must r | not be 8 | |
| 54 | B_FST_FU_PROB_FU | | | number (1,0) | Required: false |
| 54 | Does the reason for your | first barium enema incluc | de "follow-up of a previous problem"? | | |
| | | AI | lowable 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 r | nust be 8 | |
| | | If BARIUM_EVER_FU = | 1 & FU_ID=1 & FU_TYPE=1, then must r | not be 8 | |
| | B_FST_FU_FOBT_FU | | | number (1,0) | Required: false |
| 55 | Does the reason for your | first barium enema incluc | de "follow-up of a previous FOBT result"? | , | |
| | | A | llowable Values | | |
| | | 1 | Yes | | |
| | | 2 | No (not selected, NULL) | | |
| | | 8 | B Not Asked/Dropped | | |
| | | 9 | Unknown/Refused | | |
| | | | Error Description | | |
| | | If BARIUM EVER FU = 1 | I or BARIUM_SINCE_FU= 1, then must n | ot be null | |
| | | | 1 & BARIUM_SINCE_FU<> 1, then mus | | |
| | | If BARIUM_EVER_FU = 1 | 1 & FU_ID=1 & FU_TYPE =1, must be 8 | | |
| | B_FST_OTHER_FU | | | number (1,0) | Required: false |
| 56 | Does the reason for your | first barium enema incluc | de "other reasons"? | L | |
| | | AI | lowable Values | | |
| | | | YES | | |
| | | 1 | | | |
| | | 2 | | | |
| | | | | | |
| | | 2 | NO (not selected, NULL)* | | |



| | | | 999 UNKNOWN/REFUSED | | | | | | |
|----|---|--|---|--------------|-----------------|--|--|--|--|
| | Γ | I | Error Description | | | | | | |
| | | BARIUM_EVER_FU = 1 or B | ARIUM_SINCE_FU= 1, then must r | not be null | | | | | |
| | If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null | | | | | | | | |
| | If BARIUM_EVER_FU = 1, must be >=BARIUM_FST_AGE_FU | | | | | | | | |
| | I | BARIUM_EVER_FU = 1 or B | ARIUM_SINCE_FU= 1, then be <= | AGE_EPI_FU | | | | | |
| | B_LST_PROBLEM_FU | | | number (1,0) | Required: false | | | | |
| 61 | | What were the reasons for t / PROBLEM LORECTAL CANCER CK-UP OUS PROBLEM OUS FOBT RESULT | nclude "to investigate a new proble the test? [SELECT ALL THAT APPLY | | | | | | |
| | | All | | | | | | | |
| | | | able Values | | | | | | |
| | | | | | | | | | |
| | | | O (not selected, NULL)* | | | | | | |
| | | 9 UI | NKNOWN/REFUSED* | | | | | | |
| | | I | 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 m | ust be null | | | | | |
| | B_LST_FAMHX_FU | | | number (1,0) | Required: false | | | | |
| 62 | Does the reason for your | most recent barium enema ir | nclude "family history of colorectal | cancer"? | | | | | |
| | | Allowa | able Values | | | | | | |
| | | 1 YE | ES | | | | | | |
| | | 2 No | O (not selected, NULL)* | | | | | | |
| | | 9 UI | NKNOWN/REFUSED* | | | | | | |
| | | | | | | | | | |
| | | | Error Description | | | | | | |
| | | | BARIUM_SINCE_FU= 1, then must | | | | | | |
| | | If BARIUM_EVER_FU <> 1 8 | & BARIUM_SINCE_FU<> 1, then m | ust be null | | | | | |
| | B_LST_ROUTINE_FU | | | number (1,0) | Required: false | | | | |
| 63 | Does the reason for your | most recent barium enema ir | nclude "routine/yearly exam or che | eck-up"? | | | | | |
| | | Allowa | able Values | | | | | | |
| | | 1 YE | ES | | | | | | |
| | | 2 NO | O (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 | st be null | | |
| 64 | B_LST_FU_PROB_FU | | | | number (1,0) | Required: false | |
| | Does the reason for your | most recent barium er | nem | a include "follow-up of a previous prob | lem"? | | |
| | | | All | owable 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 b | e 8 | | |
| | | If BARIUM_EVER_FU = | = 1 | & FU_ID<>1 & FU_TYPE<>1, then mu | st not be 8 | | |
| 65 | B_LST_FU_FOBT_FU | | | | number (1,0) | Required: true | |
| | Does the reason for your | most recent barium er | nem | a include "follow-up of a previous FOB | result"? | | |
| | | | AI | lowable 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 i | not be null | | |
| | | If BARIUM_EVER_FU | <> | 1 & BARIUM_SINCE_FU<> 1, then must | st be null | | |
| | | If BARIUM_EVER_FU | = 1 | & FU_ID=1 & FU_TYPE =1, must be 8 | | | |
| | B_LST_OTHER_FU | | | | number (1,0) | Required: false | |
| 66 | Does the reason for your | most recent barium er | nem | a include "other reasons"? | | | |
| | | | All | owable Values | | | |
| | | | 1 | YES | | | |
| | | | 2 | NO (not selected, NULL)* | | | |
| | | | 9 | UNKNOWN/REFUSED* | | | |
| | | | | Error Description | | | |

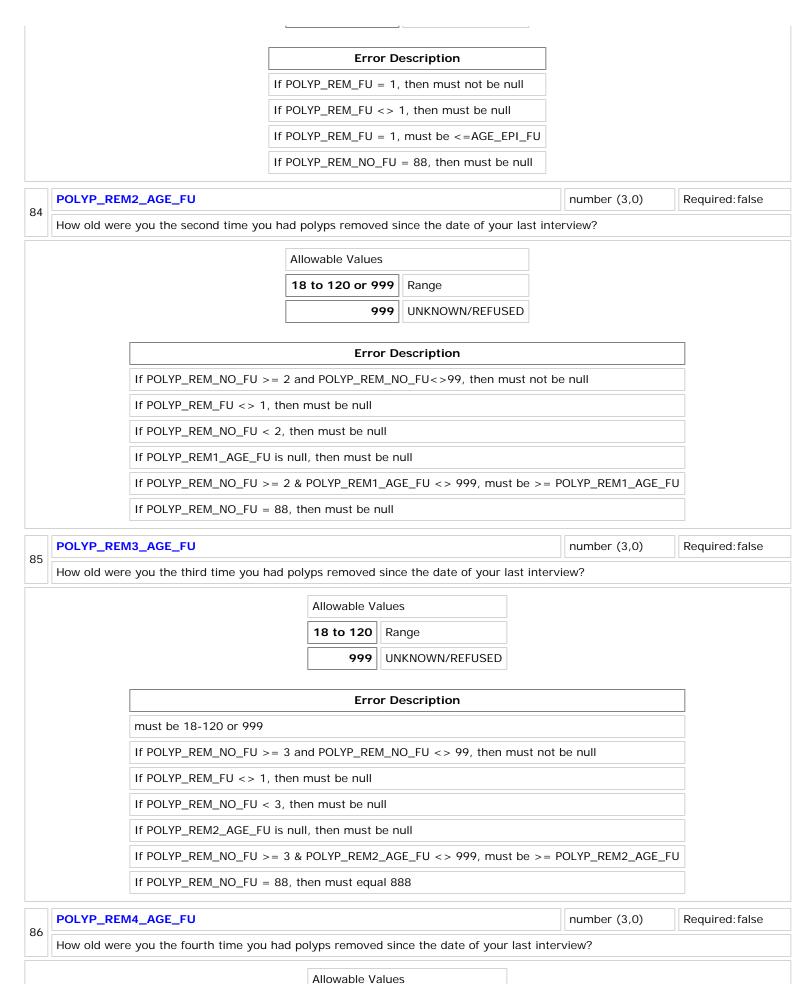
| | If BARIUM_E | VER_FU = 1 or BARIUM_ | _SINCE_FU= 1, then mus | t not be null | |
|----|---|---|---------------------------|----------------------|-----------------|
| | If BARIUM_E | VER_FU <> 1 & BARIUM | I_SINCE_FU<> 1, then m | ust be null | |
| (7 | B_LST_OTH_TEXT_FU | | | string (40) | Required: false |
| 67 | Does the reason for your most recent b | parium enema include "o | ther reasons"? SPECIFY | | |
| | | | 1, then must not be null | | |
| | | If B_LST_OTHER_FU <> | I, then must be null | | |
| 68 | VIRTUAL_C_EVER_FU | | | number (1,0) | Required: true |
| | (For first Follow-Up interview Only) Ha | ve you ever had a virtua | l colonoscopy? | | |
| | | Allowable Va 1 YES 2 NO 9 UNKNOW | lues /N/REFUSED | | |
| | | Error De | scription | | |
| | | If FU_ID=1, then m | nust not be null or 8 | | |
| | | If FU_ID>1, then m | nust be 8 | | |
| 69 | VIRTUAL_C_NO_FU | | | number (2,0) | Required: false |
| | (For first Follow-Up interview Only) Ho | w many times have you | had a virtual colonoscopy | ? | |
| | | Allowable Values | | | |
| | | 1 to 10 or 88, 99 | Range | | |
| | | 88 | Not asked | | |
| | | 99 | Unknown/Refused | | |
| | | Error Do | scription | | |
| | IF VIRTUAL C. FVFR F | U = 1, then must not be | - | | |
| | | U <> 1, then must be n | | | |
| | | | TYPE=1 & CENTER_NO=1 | 4, then must equal 8 | |
| 70 | VIRTUAL_C_SINCE_FU | | | number (1,0) | Required: true |
| | Since your last follow-up questionnaire | , have you had a virtual | colonoscopy or CT Colono | ograph? | |
| | | Allowable V | /alues | | |
| | | 1 Yes | | | |
| | | 2 No | | | |
| | | 8 Not Ask | ked | | |
| 1 | | 9 Unknov | vn/Refused | | |

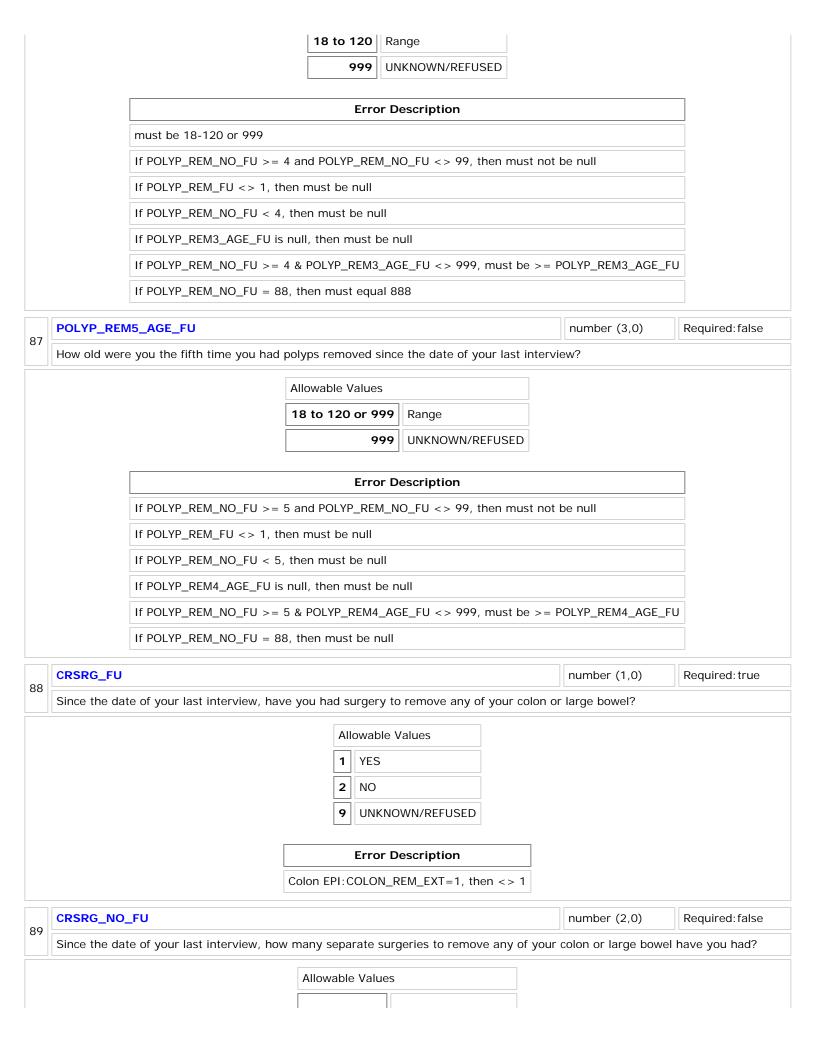


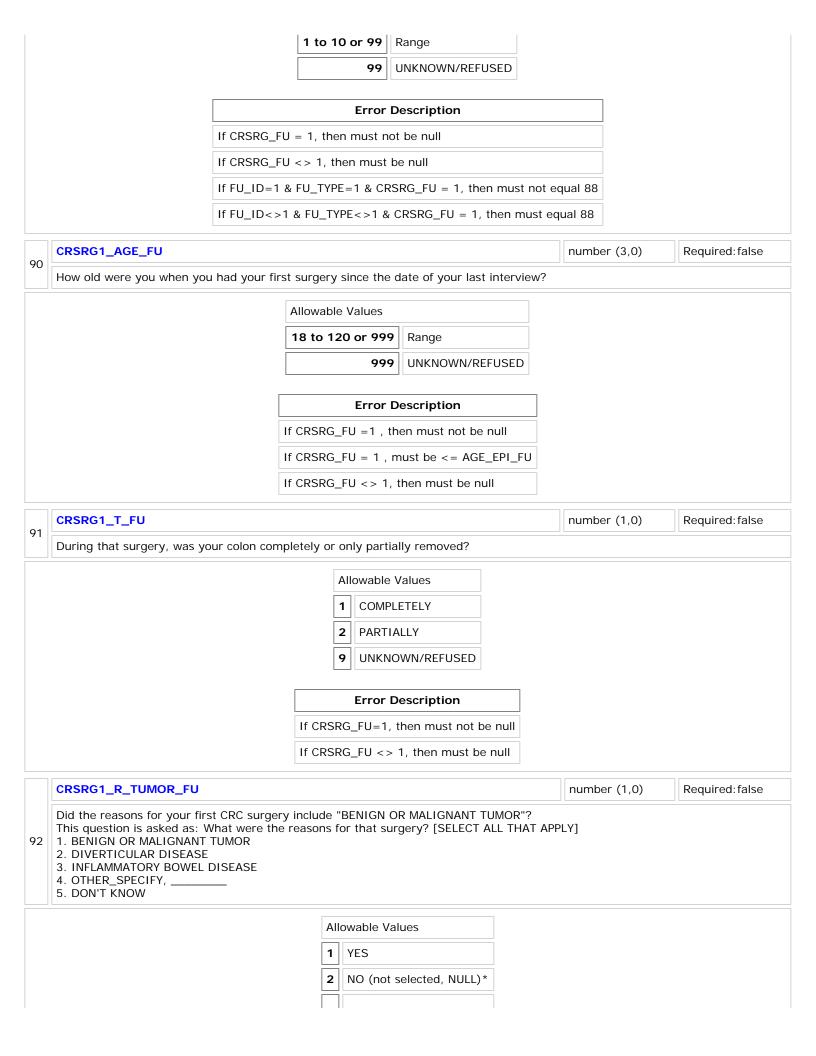
| | | L | 8 Not Asked9 Unknown/refused | | | | | |
|---|--------------------------------|--|---|---|-----------------|--|--|--|
| | | | Error Description | | | | | |
| If VIRTUAL_C_EVER_FU = 1 or VIRTUAL_C_SINCE_FU=1, then must not be null | | | | | | | | |
| | lf V | IRTUAL_C_EVER_FU <> 1 & | VIRTUAL_C_SINCE_FU<>1, then must | be null | | | | |
| | lf V | IRTUAL_C_EVER_FU = 1 & F | U_ID=1 & FU_TYPE=1 & CENTER_NO=1 | 4, then must equal 8 | | | | |
| | VC_LST_FAMHX_F | :U | | number (1,0) | Required: false | | | |
| 74 | Does the reason for | your most recent virtual colo | noscopy include "family history of colore | ectal 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 r | not be null | | | | |
| | | When VIRTUAL_C_EVER_ | FU is not equal to 1, VC_LST_FAMHX_FU | J 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 | | | |
| / 5 | Does the reason for | your most recent virtual colo | noscopy include "routine/yearly exam o | r check-up"? | | | | |
| | | [| Allowable Values | | | | | |
| | | | 1 Yes | | | | | |
| | | | 2 No (not selected, NULL) | | | | | |
| | | | 8 Not Asked | | | | | |
| | | | 9 Unknown/refused | | | | | |
| | | | | | | | | |
| | | | Error Description | | | | | |
| | If V | IRTUAL_C_EVER_FU = 1 or V | | t be null | | | | |
| | | | Error Description | | | | | |
| | lf v | 'IRTUAL_C_EVER_FU <> 1 & | Error Description /IRTUAL_C_SINCE_FU=1, then must no | be null | | | | |
| 74 | lf v | 'IRTUAL_C_EVER_FU <> 1 & 'IRTUAL_C_EVER_FU = 1 & FI | Error Description /IRTUAL_C_SINCE_FU=1, then must no VIRTUAL_C_SINCE_FU<>1, then must | be null | Required: false | | | |
| 76 | If V If V VC_LST_FU_PROE | 'IRTUAL_C_EVER_FU <> 1 & 'IRTUAL_C_EVER_FU = 1 & FI | Error Description /IRTUAL_C_SINCE_FU=1, then must no VIRTUAL_C_SINCE_FU<>1, then must | be null 4, then must equal 8 number (1,0) | Required: false | | | |
| 76 | If V If V VC_LST_FU_PROE | IRTUAL_C_EVER_FU <> 1 & IRTUAL_C_EVER_FU = 1 & FI FU your most recent virtual colo | Error Description /IRTUAL_C_SINCE_FU=1, then must no VIRTUAL_C_SINCE_FU<>1, then must U_ID=1 & FU_TYPE=1 & CENTER_NO=1 | be null 4, then must equal 8 number (1,0) | Required: false | | | |
| 76 | If V If V VC_LST_FU_PROE | IRTUAL_C_EVER_FU <> 1 & IRTUAL_C_EVER_FU = 1 & FI FU your most recent virtual colo | Error Description /IRTUAL_C_SINCE_FU=1, then must no VIRTUAL_C_SINCE_FU<>1, then must U_ID=1 & FU_TYPE=1 & CENTER_NO=1 | be null 4, then must equal 8 number (1,0) | Required: false | | | |
| 76 | If V If V VC_LST_FU_PROE | IRTUAL_C_EVER_FU <> 1 & IRTUAL_C_EVER_FU = 1 & FU g_FU your most recent virtual colo | Error Description /IRTUAL_C_SINCE_FU=1, then must no VIRTUAL_C_SINCE_FU<>1, then must U_ID=1 & FU_TYPE=1 & CENTER_NO=1 | be null 4, then must equal 8 number (1,0) | Required: false | | | |

| | | | 8 Not Asked | | | | |
|-----|-----------------|---------------------------------------|---|--------------------------|-----------------|--|--|
| | | | 9 Unknown/refused | | | | |
| | | | | | | | |
| | | | Error Description | | | | |
| | | | 1 or VIRTUAL_C_SINCE_FU=1, then mu | | | | |
| | | | > 1 & VIRTUAL_C_SINCE_FU<>1, then | | | | |
| | | IT VIRTUAL_C_EVER_FU = | 1 & FU_ID=1 & FU_TYPE=1 & CENTER_ | NO=14, then must equal 8 | | | |
| 77 | VC_LST_FU_F | OBT_FU | | number (1,0) | Required: false | | |
| ,,, | Does the reasor | n for your most recent virtua | al colonoscopy include "follow-up of a pr | revious FOBT result"? | | | |
| | | | Allowable Values | | | | |
| | | | 1 Yes | | | | |
| | | | 2 No (not selected, NULL) | | | | |
| | | | 8 Not Asked | | | | |
| | | | 9 Unknown/refused | | | | |
| | | | Error Description |] | | | |
| | | | | han must not ha null | | | |
| | | | _FU <> 1 & VIRTUAL_C_SINCE_FU<>1 | | | | |
| | | | U_TYPE in (2,5), then must not equal 8 | | | | |
| | | | $_{FU} = 1 \& FU_{ID} = 1 \& FU_{TYPE} = 1, ther$ | | | | |
| | | | | | | | |
| 78 | VC_LST_OTHE | | | number (1,0) | Required: false | | |
| | Does the reason | The your most recent wirtua | al 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 mu | ust 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_OTH_ | TEXT EU | | string (200) | Required: false | | |
| 79 | | | al colonoscopy include "other reasons"? | | | | |
| | | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | | Error Description | | | | |
| | | | | | | | |

| | 1 | f VC_LST_OTHER_ | FU <> 1, then must be null | I | | | | | |
|----|--|--|---|-----------------|--------------------|--|--|--|--|
| | POLYPS_FU | | | number (1,0) | Required: true | | | | |
| 80 | Since the date of your last interview, ha | he date of your last interview, has a doctor told you that you had polyps in your la | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 9 UNI | NOWN/REFUSED | | | | | | |
| | | | | | | | | | |
| 81 | POLYP_REM_FU | | | number (1,0) | Required: false | | | | |
| | Since the date of your last interview, ha | ve you had any po | lyps removed? | | | | | | |
| | | Allowat | le Values | | | | | | |
| | | 1 YES | | | | | | | |
| | | 2 NO | | | | | | | |
| | | 9 UNI | NOWN/REFUSED | | | | | | |
| | | | - Description | | | | | | |
| | | | r Description | | | | | | |
| | | | > 1, then must be null | | | | | | |
| | | | > 1, then must be null | | | | | | |
| 82 | POLYP_REM_NO_FU | | | number (2,0) | Required: false | | | | |
| | Since the date of your last interview, on | how many separa | te occasions have you had p | oolyps removed? | | | | | |
| | | Allowable Valu | les | | | | | | |
| | | 1 to 10 or 99 | Range | | | | | | |
| | | 99 | UNKNOWN/REFUSED | | | | | | |
| | | Erro | r Description | | | | | | |
| | | | | | | | | | |
| | | _FU <> 1, then n | | | | | | | |
| | | | $_{YP}REM_FU = 1$, then must | t equal 88 | | | | | |
| | | | J = 1, then must equal 88 | | | | | | |
| | | | 1, then must not equal 88 | | | | | | |
| | | | _YP_REM_FU = 1, then must | t not equal 88 | | | | | |
| | | | | | De au ins defets s | | | | |
| 83 | POLYP_REM1_AGE_FU How old were you the first time you had | nolvos removad a | ince the date of your last in | number (3,0) | Required: false | | | | |
| | now old were you the first time you fidu | | | | | | | | |
| | | Allowable Values | | | | | | | |
| | | 18 to 120 or 9 | | | | | | | |
| | 999 UNKNOWN/REFUSED | | | | | | | | |







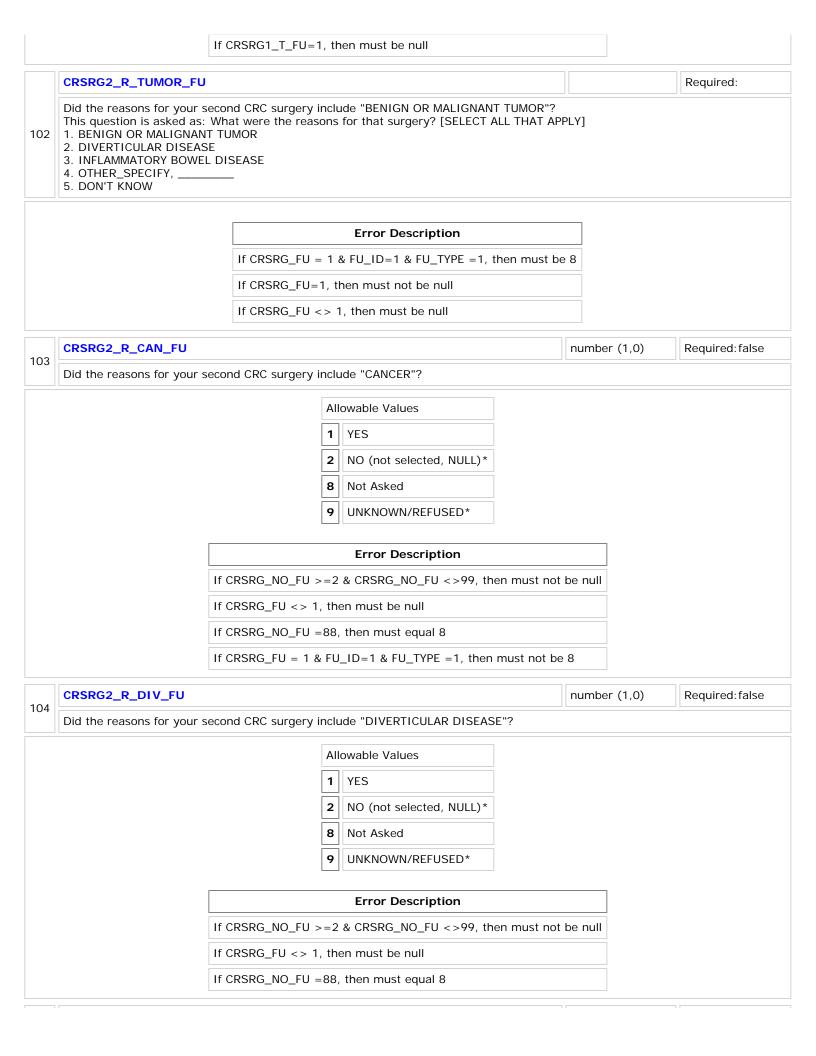
| 1 | | 1 | 8 Not Asked | | | | |
|----|--|---|---|--------------------------|-----------------|--|--|
| | | l | Not Asked UNKNOWN/REFUSED* | | | | |
| | | l | 9 UNKNOWN/REFUSED | | | | |
| | | | Error Description | | | | |
| | If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must be 8 | | | | | | |
| | | If CRSRG_FU=1 | 1, then must not be null | | | | |
| | | If CRSRG_FU < | > 1, then must be null | | | | |
| | CRSRG1_R_CAN_FU | | | number (1,0) | Required: false | | |
| 93 | Did the reasons for your firs | t CRC surgery incluc | de "CANCER"? | | | | |
| | | | Allowable Values | | | | |
| | | | 1 YES | | | | |
| | | [| 2 NO (not selected, NULL)* | | | | |
| | | | 8 Not Asked | | | | |
| | | | 9 UNKNOWN/REFUSED* | | | | |
| | Г | | | | | | |
| | | | Error Description | | | | |
| | _ | | =1 & CRSRG_NO_FU <>99, then mus | st not be null | | | |
| | | If CRSRG_FU <> 1, | | | | | |
| | | $\Pi CRSRG_NO_FU =$ | 88, then must equal 8 | | | | |
| 1 | | | ELL ID-1 % ELL TYPE -1 then must n | not ha 9 | | | |
| | | If CRSRG_FU = 1 & | FU_ID=1 & FU_TYPE =1, then must n | not be 8 | | | |
| 94 | CRSRG1_R_DIV_FU | If CRSRG_FU = 1 & | FU_ID=1 & FU_TYPE =1, then must n | not be 8 number (1,0) | Required: false | | |
| 94 | | | FU_ID=1 & FU_TYPE =1, then must n de "DIVERTICULAR DISEASE"? | | Required: false | | |
| 94 | | | | | Required: false | | |
| 94 | | | de "DIVERTICULAR DISEASE"? | | Required: false | | |
| 94 | | | de "DIVERTICULAR DISEASE"? Allowable Values | | Required: false | | |
| 94 | | | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES | | Required: false | | |
| 94 | | | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* | | Required: false | | |
| 94 | | t CRC surgery incluc | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description | number (1,0) | Required: false | | |
| 94 | | t CRC surgery incluc [[[If CRSRG_NO_FU > | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then mus | number (1,0) | Required: false | | |
| 94 | | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then mus | number (1,0) | Required: false | | |
| 94 | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then mustion then mustion the null | number (1,0) | | | |
| 94 | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, If CRSRG_NO_FU = | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 | number (1,0) | Required: false | | |
| | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, If CRSRG_NO_FU = | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 de "ULCERATIVE COLITIS"? | number (1,0) | | | |
| | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, If CRSRG_NO_FU = | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 de "ULCERATIVE COLITIS"? Allowable Values | number (1,0) | | | |
| | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, If CRSRG_NO_FU = | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 de "ULCERATIVE COLITIS"? Allowable Values 1 YES | number (1,0) | | | |
| | Did the reasons for your firs | t CRC surgery incluc [[If CRSRG_NO_FU > If CRSRG_FU <> 1, If CRSRG_NO_FU = | de "DIVERTICULAR DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 de "ULCERATIVE COLITIS"? Allowable Values | number (1,0) | | | |

| 1 | | | | | |
|----|--|-------------------------|--|------------------------|-----------------|
| | | | 8 Not Asked | | |
| | | | 9 UNKNOWN/REFUSED* | | |
| | | | Error Description | | |
| | | not be null | | | |
| | | | | | |
| | | If CRSRG_NO_FU =8 | 88, then must equal 8 | | |
| | | If CRSRG_FU = $1 \& F$ | FU_ID=1 & FU_TYPE =1, then must no | ot be 8 | |
| | CRSRG1_R_IBD_FU | | | number (1,0) | Required: false |
| 96 | Did the reasons for your fir | rst CRC surgery include | e "INFLAMMATORY BOWEL DISEASE"? |] [|] [|
| | | | Allowable Values | | |
| | | | 1 YES | | |
| | | | 2 NO (not selected, NULL)* | | |
| | | | 8 Not Asked | | |
| | | | 9 UNKNOWN/REFUSED* | | |
| | | L | | | |
| | | | Error Description | | |
| | | If CRSRG_NO_FU >= | =1 & CRSRG_NO_FU <>99, then must | not be null | |
| | | If CRSRG_FU <> 1, 1 | then must be null | | |
| | | | | | |
| | | | 88, then must equal 8 | | |
| 07 | CRSRG1_R_CROHN_FU | | | number (1,0) | Required: false |
| 97 | CRSRG1_R_CROHN_FU Did the reasons for your fin | If CRSRG_NO_FU =8 | 38, then must equal 8 | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 38, then must equal 8 | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* | number (1,0) | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description | | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description = 1 & CRSRG_NO_FU <>99, then must | | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null | | Required: false |
| 97 | | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 | not be null | Required: false |
| 97 | Did the reasons for your fir | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null | not be null ot be 8 | |
| 97 | Did the reasons for your fin | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 FU_ID=1 & FU_TYPE =1, then must no | not be null | Required: false |
| | Did the reasons for your fir | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 FU_ID=1 & FU_TYPE =1, then must no | not be null ot be 8 | |
| | Did the reasons for your fin | If CRSRG_NO_FU =8 | 88, then must equal 8 e "CROHN'S DISEASE"? Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked 9 UNKNOWN/REFUSED* Error Description =1 & CRSRG_NO_FU <>99, then must then must be null 88, then must equal 8 FU_ID=1 & FU_TYPE =1, then must no | not be null ot be 8 | |

| 99 | If | 9 UNKN | | not be null string (40) | Required: false |
|-----|--|---|--|----------------------------|-----------------|
| 77 | Did the reasons for your first C | C surgery include "OTHEF | REASONS"? SPECIFY | | |
| | | If CRSRG1_R_OTHER | pr Description R_FU = 1, then must not be nu R_FU <> 1, then must be null | | |
| | CRSRG2_AGE_FU | | | number (3,0) | Required: false |
| 100 | | nd your second surgery sin | nce the date of your last intervi | ew? | |
| | | Erro RSRG_NO_FU >=2 & CRS | 99 Range 99 UNKNOWN/REFUSED or Description RG_NO_FU <>99, then must r | not be null | |
| | | RSRG_NO_FU < 2 or null, RSRG_NO_FU >=2, must | | | |
| | | RSRG_NO_FU =88, then r | | | |
| | If | RSRG1_T_FU=1, then mu | st be null | | |
| 101 | CRSRG2_T_FU During that surgery, was you | colon completely or only p | partially removed? | number (1,0) | Required: false |
| | | 1 CO 2 PAI 8 NO 9 UN | Die Values MPLETELY RTIALLY T ASKED KNOWN/REFUSED | | |

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



| 105 | CRSRG2_R_COLITIS_FU | number (1,0) | Required: false | | | | | | |
|-----|--|--------------|-----------------|--|--|--|--|--|--|
| 105 | Did the reasons for your second CRC surgery include "ULCERATIVE COLITIS"? | | | | | | | | |
| 105 | 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 n If CRSRG_FU <> 1, then must be null If CRSRG_NO_FU =88, then must equal 8 | ot be null | | | | | | | |
| | If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not | be 8 | | | | | | | |
| 106 | CRSRG2_R_IBD_FU Did the reasons for your second CRC surgery include "INFLAMMATORY BOWEL DISEASE | number (1,0) | Required: false | | | | | | |
| | Allowable Values1YES2NO (not selected, NULL)*8Not Asked9UNKNOWN/REFUSED* | | | | | | | | |
| | Error Description | | | | | | | | |
| | If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must n If CRSRG_FU <> 1, then must be null If CRSRG_NO_FU =88, then must equal 8 | ot be null | | | | | | | |
| | CRSRG2_R_CROHN_FU | number (1,0) | Required: false | | | | | | |
| 107 | Did the reasons for your second CRC surgery include "CROHN'S DISEASE"? | | | | | | | | |
| | Allowable Values1YES2NO (not selected, NULL)*8Not Asked9UNKNOWN/REFUSED* | | | | | | | | |
| | Error Description | | | | | | | | |
| | If CRSRG_NO_FU >=2 & CRSRG_NO_FU <>99, then must n | ot be null | | | | | | | |
| | If CRSRG_FU <> 1, then must be null | | | | | | | | |
| | If CRSRG_NO_FU =88, then must equal 8 | | | | | | | | |

| | | If CRSRG_FU | I = 1 & FU_ID=1 & FI | J_TYPE =1, then must no | ot be 8 | | |
|-----|----------------------------|----------------|-------------------------|-----------------------------|---------------|----------|-----------------|
| | CRSRG2_R_OTHER_FU | | | | numbe | er (1,0) | Required: false |
| 108 | Did the reasons for your s | second CRC su | rgery include "OTHEF | REASONS"? |] [| | |
| | | | Allowable Val | ues | | | |
| | | | 1 YES | | | | |
| | | | 2 NO (not s | elected, NULL)* | | | |
| | | | 8 Not Asked | k | | | |
| | | | 9 UNKNOW | N/REFUSED* | | | |
| | | | Error D | escription | | | |
| | | If CRSRG_NC | D_FU >=2 & CRSRG_ | NO_FU <>99, then must | t not be null | | |
| | | If CRSRG_FU | < > 1, then must be | null | | | |
| | | If CRSRG_NC | D_FU =88, then must | equal 8 | | | |
| 100 | CRSRG2_R_OTH_TEXT_ | _FU | | | string | (40) | Required: false |
| 109 | Did the reasons for your s | second CRC su | rgery include "OTHEF | R REASONS"? SPECIFY | | | |
| | | | | | | | |
| | | | | escription | | | |
| | | | | I = 1, then must not be r | | | |
| | | If CI | RSRG2_R_OTHER_FU | <> 1, then must be nul | 1 | | |
| 110 | CRSRG3_AGE_FU | | | | numbe | er (3,0) | Required: false |
| 110 | How old were you when y | ou had your th | nird surgery since the | e date of your last intervi | ew? | | |
| | | | Allowable Values | | | | |
| | | | 18 to 120 or 999 | Range | | | |
| | | | 999 | UNKNOWN/REFUSED | | | |
| | | | Error D | escription | | | |
| | | If CRSRG_NC | | NO_FU <>99, then must | t not be null | | |
| | | If CRSRG_NC | D_FU < 3 or null, the | n must be null | | | |
| | | If CRSRG_NC | D_FU >=3, must be > | >= CRSRG2_AGE_FU | | | |
| | | If CRSRG_NC | D_FU =88, then must | equal 888 | | | |
| | | If CRSRG1_T | _FU=1, then must be | e null | | | |
| 111 | CRSRG3_T_FU | | | | numbe | r (1,0) | Required: false |
| | During that surgery, was | your colon con | npletely or only partia | ally removed? | | | |
| | | | Allowable V | 'alues | | | |
| | 1 COMPLETELY | | | | | | |
| | | | 2 PARTIA | LLY | | | |

| | | | 9 UNKNOWN/REFUSED | | | | | | |
|-------------------------------------|--|--------------------------|--------------------------------|--------------|--------------|-----------------|--|--|--|
| | | | Error Description | | | | | | |
| | | If CRSRG_NO_FU : | >=3 & CRSRG_NO_FU <>99, th | ien must not | be null | | | | |
| | | If CRSRG_NO_FU | < 3 or null, then must be null | | | | | | |
| If CRSRG1_T_FU=1, then must be null | | | | | | | | | |
| | CRSRG3_R_TUMOR_FU | | | | | Required: | | | |
| | | | clude "BENIGN OR MALIGNANT | TUMOR"? | | Kequired. | | | |
| 112 | This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY] | | | | | | | | |
| | | | 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 | 28 | | | | |
| | | If CRSRG_FU= | 1, then must not be null | | | | | | |
| | | If CRSRG_FU | <> 1, then must be null | | | | | | |
| | CRSRG3_R_CAN_FU | | | | number (1,0) | Required: false | | | |
| 113 | Did the reasons for your t | hird CRC surgery inc | clude "CANCER"? |] | | J L | | | |
| | | | 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, th | ien 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 δ | & FU_ID=1 & FU_TYPE =1, then | must not be | 8 | | | | |
| | CRSRG3_R_DIV_FU | | | | number (1,0) | Required: false | | | |
| 114 | | hird CRC surgery inc | lude "DIVERTICULAR DISEASE" | '? | L | | | | |

| | | | 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 | | | |
| | CRSRG3_R_COLITIS_F | U | | numbe | er (1,0) | Required: false |
| 115 | Did the reasons for your t | hird CRC surgery inc | ude "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 no | t be 8 | | |
| | CRSRG3_R_IBD_FU | | | numbe | er (1,0) | Required: false |
| 116 | | hird CRC surgery inc | ude "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 | | | |
| | CRSRG3_R_CROHN_FU | | | numbe | er (1,0) | Required: false |
| 117 | Did the reasons for your t | bird CDC surgery inc | Uda "CDOUN'S DISEASE"2 | 1 | | 3 |

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

| L | | | | | | |
|-----|-------------------------------|------------------------|----------------|-----------------------------|--------------|-----------------|
| | | AI | lowable Value | S | | |
| | | 1 | YES | | | |
| | | 2 | NO (not sele | ected, NULL)* | | |
| | | 8 | Not Asked | | | |
| | | 9 | UNKNOWN/I | REFUSED* | | |
| | | | | | | |
| | | | Error Des | | | |
| | | | |)_FU <>99, then must no | t be null | |
| | | f CRSRG_FU <> 1, th | | | | |
| | | f CRSRG_NO_FU =88 | | TYPE =1, then must not b | <u> </u> | |
| | 1 | | D_ID=1 & FU_ | TTPE = 1, then must not b | | |
| 118 | CRSRG3_R_OTHER_FU | | | | number (1,0) | Required: false |
| | Did the reasons for your thin | rd CRC surgery includ | e "OTHER REA | SONS"? | | |
| | | AI | lowable Value | S | | |
| | | 1 | YES | | | |
| | | 2 | NO (not sele | ected, NULL)* | | |
| | | 8 | Not Asked | | | |
| | | 9 | UNKNOWN/ | REFUSED* | | |
| | Γ | | Error Des | cription | | |
| | | f CRSRG NO FU >=3 | |)_FU <>99, then must no | t be null | |
| | | f CRSRG_FU <> 1, th | | | | |
| | | f CRSRG_NO_FU =88 | | | | |
| | | | | • |] | |
| 119 | CRSRG3_R_OTH_TEXT_F | | | | string (40) | Required: false |
| | Did the reasons for your thin | rd CRC surgery includ | e "OTHER REA | SONS"? SPECIFY | | |
| | | | Error Des | cription |] | |
| | | If CRSRG3_R | | 1, then must not be null | | |
| | | | | > 1, then must be null |] | |
| | | | | | | |
| 120 | CRSRG4_AGE_FU | | | | number (3,0) | Required: false |
| | How old were you when you | a nad your fourth surg | jery since the | uate of your last interview | | |
| | | Allowable |] | | | |
| | | 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 | | |
| | CRSRG4_T_FU | | number (1,0 | 0) Required: false |
| 121 | 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 CRSRG_NO_FU < 4 or null, then must be null If CRSRG1_T_FU=1, then must be null | | |
| | | If CRSRG1_T_FU=1, then must be null | | 0) Required: false |
| 122 | Did the reasons for your f | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE | "? | 0) Required: false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE | "? | 0) Required: false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null purth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values 1 YES | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null Dourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values 1 YES 2 NO (not selected, NULL)* | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E DISEASE Allowable Values YES NO (not selected, NULL)* Not Asked YUNKNOWN/REFUSED* | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values 1 YES 2 NO (not selected, NULL)* 8 Not Asked | "? | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E DISEASE Allowable Values YES NO (not selected, NULL)* Not Asked YUNKNOWN/REFUSED* | "? Γ APPLY] | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE | "? Γ APPLY] | 0) Required:false |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null ourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE | "? Γ APPLY] | 0) Required:false |
| | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, | If CRSRG1_T_FU=1, then must be null Dourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values I 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 If CRSRG_FU=1, then must not be null | "? Γ APPLY] | |
| 122 | Did the reasons for your f This question is asked as: 1. BENIGN OR MALIGNAN 2. DIVERTICULAR DISEAS 3. INFLAMMATORY BOWE 4. OTHER_SPECIFY, 5. DON'T KNOW | If CRSRG1_T_FU=1, then must be null Dourth CRC surgery include "BENIGN OR MALIGNANT TUMOR What were the reasons for that surgery? [SELECT ALL THAT T TUMOR E _ DISEASE Allowable Values I 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 If CRSRG_FU=1, then must not be null | "? Γ APPLY] st be 8 | |

| 1 | | 1 | 1 | | | |
|-----|----------------------------|-----------------------|---------------------------------|----------------|----------|-----------------|
| | | Ĺ | 1 YES | | | |
| | | Ĺ | 2 NO (not selected, NULL)* | | | |
| | | [| 8 Not Asked | | | |
| | | | 9 UNKNOWN/REFUSED* | | | |
| | | | Error Description | | | |
| | | If CRSRG_NO_FU > | =4 & CRSRG_NO_FU <>99, then mu | st not 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 | | |
| | CRSRG4_R_DIV_FU | | | numbe | er (1,0) | Required: false |
| 124 | Did the reasons for your f | ourth CRC surgery inc | clude "DIVERTICULAR DISEASE"? | | |] [|
| | L | [| Allowable Values | | | |
| | | | 1 YES | | | |
| | | Ĺ | 2 NO (not selected, NULL)* | | | |
| | | Ĺ | 8 Not asked | | | |
| | | L | 9 UNKNOWN/REFUSED* | | | |
| | | L | | | | |
| | | | Error Description | | | |
| | | If CRSRG_NO_FU > | =4 & CRSRG_NO_FU <>99, then mu | st not be null | | |
| | | If CRSRG_FU <> 1, | then must be null | | | |
| | | If CRSRG_NO_FU = | 88, then must equal 8 | | | |
| 105 | CRSRG4_R_COLITIS_F | J | | numbe | er (1,0) | Required: false |
| 125 | Did the reasons for your f | ourth CRC surgery inc | clude "ULCERATIVE COLITIS"? | | | |
| | | | Allowable Values | | | |
| | | | 1 YES | | | |
| | | | 2 NO (not selected, NULL)* | | | |
| | | | 8 Not Asked | | | |
| | | [| 9 UNKNOWN/REFUSED* | | | |
| | | - | | | 1 | |
| | | | Error Description | | | |
| | | | =4 & CRSRG_NO_FU <>99, then mu | st not be null | | |
| | | If CRSRG_FU <> 1, | | |] | |
| | | | 88, then must equal 8 | nat h - 0 |] | |
| | | IT CRSRG_FU = $1 \&$ | FU_ID=1 & FU_TYPE =1, then must | 8 90 TOT | | |
| 126 | CRSRG4_R_IBD_FU | | | numbe | er (1,0) | Required: false |
| 120 | Did the reasons for your f | ourth CRC surgery inc | clude "INFLAMMATORY BOWEL DISEA | ASE"? | | |

| | | | Allo | owable Values | | |
|-----|---|-------------------|-----------------|--|-------|--------------------|
| | | | 1 | YES | | |
| | | | 2 | NO (not selected, NULL)* | | |
| | | | 8 | Not Asked | | |
| | | | 9 | UNKNOWN/REFUSED* | | |
| | | | | Error Description | | |
| | | | | | | |
| | | | | | | |
| | | If CRSRG_NO_FU =8 | 38, | then must equal 8 | | |
| | | | | | (1,0) | De guine du fale e |
| 127 | CRSRG4_R_CROHN_FU Did the reasons for your f | nber (1,0) | Required: false | | | |
| | Did the reasons for your h | | Juc | de CRUMIN'S DISEASE ? | | |
| | | | Allo | owable 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 not be 8 | | |

| 128 | CRSRG4_R_OTHER_FU | number (1,0) | Required: false | | |
|-----|---|--------------|---------------------------------|-------------|--|
| 128 | Did the reasons for your fourth CRC surge | ery inclu | de "OTHER REASONS"? | | |
| | | А | lowable 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 r | not be null | |
| | If CRSRG_FU < | <> 1, th | en must be null | | |
| | If CRSRG_NO_ | FU =88 | , then must equal 8 | | |
| | CRSRG4_R_OTH_TEXT_FU | string (40) | Required: false | | |

129

| | Did the reasons for your f | ourth CRC | surgery include | OTHER RE | ASONS"? SPE | CIFY | | |
|-----|---|------------|--------------------|----------------|-----------------|--------------|--------------|-----------------|
| | | | | Error Des | orintion | | | |
| | | | f CRSRG4_R_O | | - | pat ba pull | | |
| | | | | | | | | |
| | | | f CRSRG4_R_O | INEK_FU < | > 1, then mus | | | |
| 130 | CRSRG5_AGE_FU | | | | | | number (3,0) | Required: false |
| 130 | How old were you when y | ou had you | ur fifth surgery s | since the da | te of your last | interview? | | |
| | | | Allowable Val | ues | | | | |
| | | | 18 to 120 o | r 888,999 | Range | | | |
| | 888 Not asked | | | | | | | |
| | | | | 999 | UNKNOWN/F | REFUSED | | |
| | | | | | | | | |
| | | | | Error Des | - | | | |
| | | | _NO_FU >=5 & | | | ien must not | be null | |
| | | | _NO_FU < 5 or | | | | | |
| | | | _NO_FU >=5, r | | | _FU | | |
| | | | _NO_FU =88, t | | - | | | |
| | | If CRSRG | 1_T_FU=1, the | n must be n | ull | | | |
| 131 | CRSRG5_T_FU | | | | | | number (1,0) | Required: false |
| 131 | During that surgery, was | your colon | completely or c | only partially | y removed? | | | |
| | | | AI | lowable Valu | Jes | | | |
| | | | 1 | COMPLETE | ELY | | | |
| | | | 2 | PARTIALL | Y | | | |
| | | | 8 | Not asked | | | | |
| | | | 9 | UNKNOW | N/REFUSED | | | |
| | | | | | | | | |
| | | | | Error Des | - | | | |
| | | | _NO_FU >=5 & | | | ien must not | be null | |
| | | | _NO_FU < 5 or | | | | | |
| | | If CRSRG | 1_T_FU=1, the | n must be n | ull | | | |
| | CRSRG5_R_TUMOR_FU | | | | | | number (1,0) | Required: false |
| | Did the reasons for your fi This question is asked as: | | | | | | PLY] | |

132 1. BENIGN OR MALIGNANT TUMOR 2. DIVERTICULAR DISEASE

- INFLAMMATORY BOWEL DISEASE
 OTHER_SPECIFY, ______
 DON'T KNOW

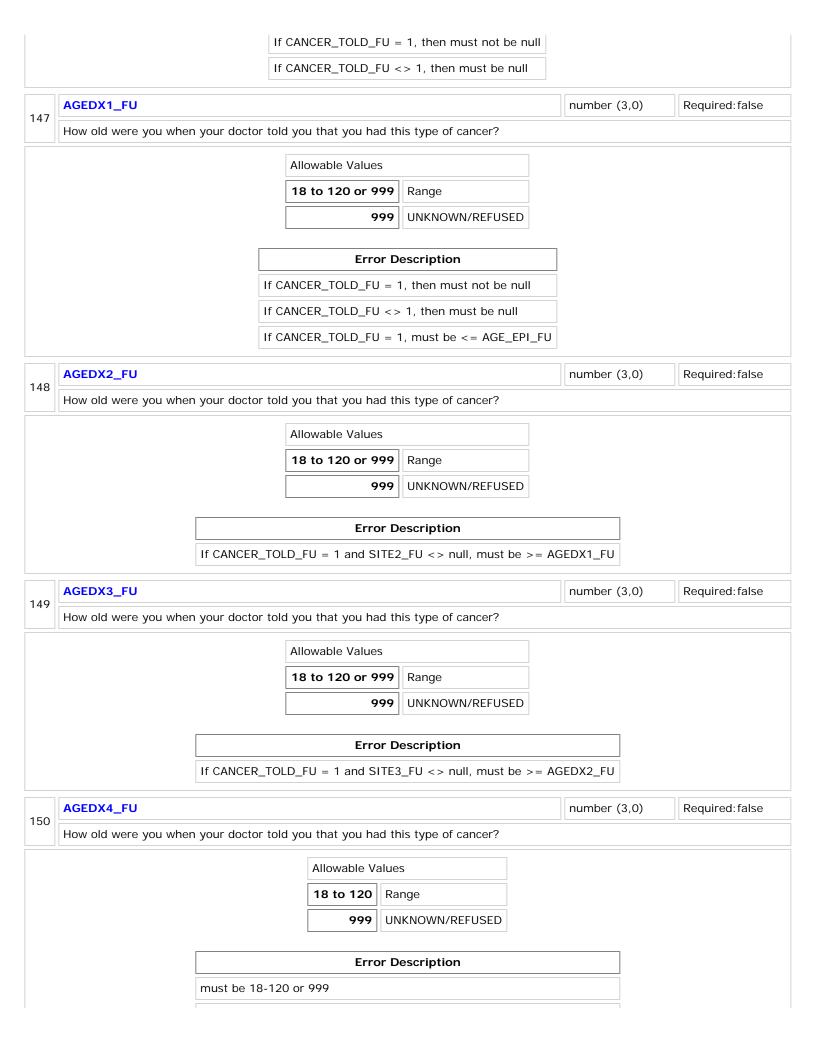
Allowable Values

| | | <u> </u> | 1 YES | | | | | |
|-----|--|--|----------------------------|---------------------------------------|-------------|-----------------|--|--|
| | | | 2 NO (not selected, NULL)* | | | | | |
| | | ٤ | 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 | | | ทเ | umber (1,0) | Required: false | | |
| 133 | Did the reasons for your f | ifth CRC surgery includ | de "CANCER"? | | | | | |
| | | ŀ | Allowable Values | | | | | |
| | | - | 1 YES | | | | | |
| | | | 2 NO (not selected, NULL)* | | | | | |
| | | ٤ | B Not Asked | | | | | |
| | | ſ | 9 UNKNOWN/REFUSED* | | | | | |
| | | | Error Description | | | | | |
| | | | 5 & CRSRG_NO_FU <>99, th | en must not be | pull | | | |
| | | If CRSRG_FU <> 1, t | | | | | | |
| | | If CRSRG_NO_FU =8 | | | | | | |
| | | If CRSRG_FU = 1 & F | FU_ID=1 & FU_TYPE =1, then | must not be 8 | | | | |
| | CRSRG5_R_DIV_FU | | | nı | umber (1,0) | Required: false | | |
| 134 | Did the reasons for your f | ifth CRC surgery includ | de "DIVERTICULAR DISEASE"? | · · · · · · · · · · · · · · · · · · · | |] [| | |
| | J I | | Allowable Values | | | | | |
| | | | 1 YES | | | | | |
| | | | 2 NO (not selected, NULL)* | | | | | |
| | | | B Not asked | | | | | |
| | | | 9 UNKNOWN/REFUSED* | | | | | |
| | | | | | | | | |
| | | | Error Description | | | | | |
| | | | 5 & CRSRG_NO_FU <>99, the | en must not be | null | | | |
| | | If CRSRG_FU <> 1, t If CRSRG_NO_FU =8 | | | | | | |
| | | | | 1 | | | | |
| 135 | CRSRG5_R_COLITIS_F | | | ทเ | umber (1,0) | Required: false | | |
| | Did the reasons for your f | ifth CRC surgery inclue | de "ULCERATIVE COLITIS"? | | | | | |
| | | | | | | | | |

| | | | All | owable Values | | | |
|-----|-----------------------------|------------------------|-----|----------------------------|-------------|--------------|-----------------|
| | | [| 1 | YES | | | |
| | | Ĺ | 2 | NO (not selected, NULL)* | | | |
| | | L | 8 | Not Asked | | | |
| | | | 9 | UNKNOWN/REFUSED* | | | |
| | | L | | SINKING WIN KEI USED | | | |
| | | | | Error Description | | | |
| | | If CRSRG_NO_FU > | =5 | & CRSRG_NO_FU <>99, then | n must not | be null | |
| | | If CRSRG_FU <> 1, | the | en must be null | | | |
| | | If CRSRG_NO_FU = | 88, | then must equal 8 | | | |
| | | If CRSRG_FU = 1 & | FU. | _ID=1 & FU_TYPE =1, then m | nust not be | 2 8 | |
| 136 | CRSRG5_R_IBD_FU | | | | | number (1,0) | Required: false |
| | Did the reasons for your f | ifth CRC surgery inclu | Jde | "INFLAMMATORY BOWEL DIS | SEASE"? | | |
| | | | All | owable 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 | n must not | be null | |
| | | If CRSRG_FU <> 1, | the | en must be null | | | |
| | | If CRSRG_NO_FU = | 88, | then must equal 8 | | | |
| | CRSRG5_R_CROHN_FU | | | | | number (1,0) | Required: false |
| 137 | Did the reasons for your fi | | Ido | "CDOHN'S DISEASE"? | | | Required. Taise |
| | Did the reasons for your h | | | | | | |
| | | | All | owable 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 | n must not | be null | |
| | | If CRSRG_FU <> 1, | | | | | |
| | | If CRSRG_NO_FU = | | | | | |
| | | If CRSRG_FU = 1 & | FU. | _ID=1 & FU_TYPE =1, then m | nust not be | e 8 | |
| | | | | | | number (1,0) | Required: false |

| Indication of the reasons for your fifth CRC surgery include "OTHER REASONS"? Allowable Values 1 YES 2 NO (not selected, NULL)" 9 UNKNOWN/REFUSED* Error Description If CRSRG_RO_FU <> 1. then must be null If CRSRG_RO_FU <> 1. then must equal 8 CRSRGS_R_OTH_TEXT_FU String (40) Required false If CRSRG_RO_THEREFU If CRSRG_ROUTHER REASONS'T SPECIFY If CRSRG_ROUTHEREFUL | 138 | | | | | | |
|---|-----|----------------------------|---------------------------|---------------------------|-----------------|--------------------|-----------------|
| Image: Second | 130 | Did the reasons for your f | ifth CRC surgery include | "OTHER REASONS"? | | | |
| NO (not selected, NULL)* NO (not selected, NULL)* Not Asked UNKNOWN/REFUSED* Error Description If CRSRG_NO_FU >= 5 & CRSRG_NO_FU <> 90, then must not be null If CRSRG_NO_FU >= 5 & CRSRG_NO_FU <> 90, then must not be null If CRSRG_NO_FU == 88, then must equal 8 CRSRGS_R_OTH_TEXT_FU String (40) Required: false If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRSRGS_R_OTHER_FU <= 1, then must not be null If CRNCER_TOLD_FU No B Not Asked UNKNOWN/REFUSED If CANCER_TOLD_FU String (4) Required: false If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU String (4) Required: false If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null If CANCER_TOLD_FU <= 1, then must not be null I | | | All | owable Values | | | |
| Not Asked 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 Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY CANCER_TOLD_FU Error Description If CRSRG5_R_OTHER_FU = 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must not be null If VES 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 I YES IND B Not Asked UNKNOWN/REFUSED It is tring (4) Required: false If CANCER_TOLD_FU Interview and it? Allowable Values I CANCER_TOLD_FU I then must not be null If CANCER_TOLD_FU I, then must be null If CANCER_TOLD_FU I, then must be null If CANCER_TOLD_FU < | | | 1 | YES | | | |
| Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) String (4) Required: false Image: String (4) String (| | | 2 | NO (not selected, NULL)* | * | | |
| 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 (RSRG5_R_OTH_TEXT_FU) 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 not be null If CRSRG5_R_OTHER_FU <=> 1, then must be null If CRSRG5_R_OTHER_FU <>> 1, then must be null If CRSRG5_R_OTHER_FU <>> 1, then must be null If CRSRG5_R_OTHER_FU <>> 1, then must be null If OSIGE the date of your last interview, has a doctor told you that you had any type of cancer. leukemia or malignant tumor? Allowable Values I YES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED 141 STE1_FU Moneable Values ICDO-3 site code ICDO-3 site code ICDO-3 site code Error Description If CANCER_TOLD_FU <> 1, then must not be null If CANCER_TOLD_FU <> 1, then must not be null If CANCER_TOLD_FU <> 1, then must not be null <td></td> <td></td> <td>8</td> <td>Not Asked</td> <td></td> <td></td> <td></td> | | | 8 | Not Asked | | | |
| If CRSRG_NO_FU >= 5 & CRSRG_NO_FU <>99, then must not be null If CRSRG_FU <> 1, then must be null If CRSRG_R_OTH_TEXT_FU String (40) Required: false Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY If CRSRGS_R_OTHER_FU = 1, then must be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If VES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED Ital SITE1_FU Must 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 not be null If CANCER_TOLD_FU => 1, then must be null | | | 9 | UNKNOWN/REFUSED* | | | |
| If CRSRG_NO_FU >= 5 & CRSRG_NO_FU <>99, then must not be null If CRSRG_FU <> 1, then must be null If CRSRG_R_OTH_TEXT_FU String (40) Required: false Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY If CRSRGS_R_OTHER_FU = 1, then must be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If CRSRGS_R_OTHER_FU <> 1, then must not be null If VES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED Ital SITE1_FU Must 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 not be null If CANCER_TOLD_FU => 1, then must be null | | | [| Funda De contration | | | |
| If CRSRG_FU <> 1, then must be null If CRSRGS_R_OTH_TEXT_FU String (40) Required: false Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY Image: CRSRGS_R_OTHER_FU Image: CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU If CRSRGS_R_OTHER_FU 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 I VES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED | | | | | | ha mull | |
| If CRSRG_NO_FU =88, then must equal 8 Image: CRSRGS_R_OTH_TEXT_FU string (40) Required: false Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY Error Description If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must not be null If CRSRGS_R_OTHER_FU = 1, then must be null If CRSRGS_R_OTHER_FU = 1, then must be null If CRSRGS_R_OTHER_FU = 2, then must be null If CRSRGS_R_OTHER_FU 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 INKNOWN/REFUSED It What type of cancer was lt? Allowable Values ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null | | | | | inen must not | be hull | |
| CRSRGS_R_OTH_TEXT_FU string (40) Required: false 139 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 not be null 140 CANCER_TOLD_FU number (1.0) Required: true 140 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 INKNOWNV/REFUSED string (4) Required: false 141 What type of cancer was It? Allowable Values ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null Required: false | | | | | | | |
| 139 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 If CRSRG5_R_OTHER_FU <> 1, then must be null 140 CANCER_TOLD_FU In umber (1,0) Required: true Allowable Values 1 YES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED It CDO-3 site code Error Description If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU => 1, then must be null If CANCER_TOLD_FU <> 1, then must be null | | | II CR3RG_NO_FU =00, | then must equal o | | | |
| Did the reasons for your fifth CRC surgery include "OTHER REASONS"? SPECIFY Error Description If CRSR65_R_OTHER_FU = 1, then must not be null If CRSR65_R_OTHER_FU <> 1, then must not be null If CRSR65_R_OTHER_FU <> 1, then must not be null If CRSR65_R_OTHER_FU <> 1, then must not be null If CRSR65_R_OTHER_FU <> 1, then must not be null If CRSR65_R_OTHER_FU <> 1, then must not be null It CANCER_TOLD_FU Inumber (1.0) Required: true Allowable Values 1 YES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED It CDO-3 site code Error Description If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null If CANCER_TOLD_FU <> 1, then must be null | 139 | CRSRG5_R_OTH_TEXT_ | _FU | | | string (40) | Required: false |
| If CRSRG5_R_OTHER_FU = 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must be null If CRSRG5_R_OTHER_FU <> 1, then must be null Image: CANCER_TOLD_FU Image: CANCER_TOLD_FU 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 Image: YES | | Did the reasons for your f | ifth CRC surgery include | "OTHER REASONS"? SPEC | CIFY | | |
| If CRSRG5_R_OTHER_FU = 1, then must not be null If CRSRG5_R_OTHER_FU <> 1, then must be null If CRSRG5_R_OTHER_FU <> 1, then must be null Image: CANCER_TOLD_FU Image: CANCER_TOLD_FU 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 Image: YES | | | | |] | | |
| If CRSRG5_R_OTHER_FU <> 1, then must be null Ito CANCER_TOLD_FU Ito 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 Ites 2 No 8 No 8 Not Asked 9 UNKNOWN/REFUSED 9 It StrE1_FU Materia ICDO-3 site code If CANCER_TOLD_FU <= 1, then must not be null | | | | | | | |
| 140 CANCER_TOLD_FU number (1,0) Required: true 140 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 8 Not Asked 9 9 UNKNOWN/REFUSED string (4) 141 SITE1_FU string (4) What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU => 1, then must be null If CANCER_TOLD_FU => 1, then must be null String (4) Required: false | | | | | | | |
| 140 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 1 YES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED 141 SITE1_FU 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 SITE2_FU string (4) | | | If CRSRG5_R_ | _OTHER_FU <> 1, then mu | ust be null | | |
| 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 SITE1_FU SITE1_FU string (4) Required: false Idlowable Values ICDO-3 site code Error Description If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU SITE2_FU | 140 | CANCER_TOLD_FU | | | | number (1,0) | Required: true |
| 1 YES 2 NO 8 Not Asked 9 UNKNOWN/REFUSED 111 String (4) Required: false 141 What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) Required: false | 140 | Since the date of your las | t interview, has a doctor | told you that you had any | y type of cance | er, leukemia or ma | lignant tumor? |
| 2 NO 8 Not Asked 9 UNKNOWN/REFUSED string (4) Required: false Milowable 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 SITE2_FU | | | | Allowable Values | | | |
| 8 Not Asked 9 UNKNOWN/REFUSED 141 StrE1_FU What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null If CANCER_TOLD_FU <> 1, then must be null String (4) Required: false | | | | 1 YES | | | |
| Image: SITE1_FU string (4) Required: false 141 SITE1_FU string (4) Required: false What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null 142 SITE2_FU string (4) Required: false | | | | 2 NO | | | |
| SITE1_FU string (4) Required: false 141 What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU SITE2_FU string (4) Required: false | | | | 8 Not Asked | | | |
| 141 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 SITE2_FU String (4) | | | | 9 UNKNOWN/REFUSED | | | |
| 141 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 SITE2_FU String (4) | | | | | | | |
| What type of cancer was it? Allowable Values ICDO-3 site code ICDO-3 site code If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) | 1/1 | SITE1_FU | | | | string (4) | Required: false |
| 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 SITE2_FU string (4) | | What type of cancer was i | t? | | | | |
| Error Description If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) | | | | Allowable Values | | | |
| If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) | | | | ICDO-3 site code | | | |
| If CANCER_TOLD_FU = 1, then must not be null If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) | | | | | | | |
| If CANCER_TOLD_FU <> 1, then must be null SITE2_FU string (4) | | | | | | | |
| SITE2_FU string (4) Required: false | | | | | | | |
| 142 | | | If CANCER_ | TOLD_FU <> 1, then must | t be null | | |
| | 140 | SITE2_FU | | | | string (4) | Required: false |
| | 142 | What type of cancer was i | it? | | | | |
| | | | | | | | |



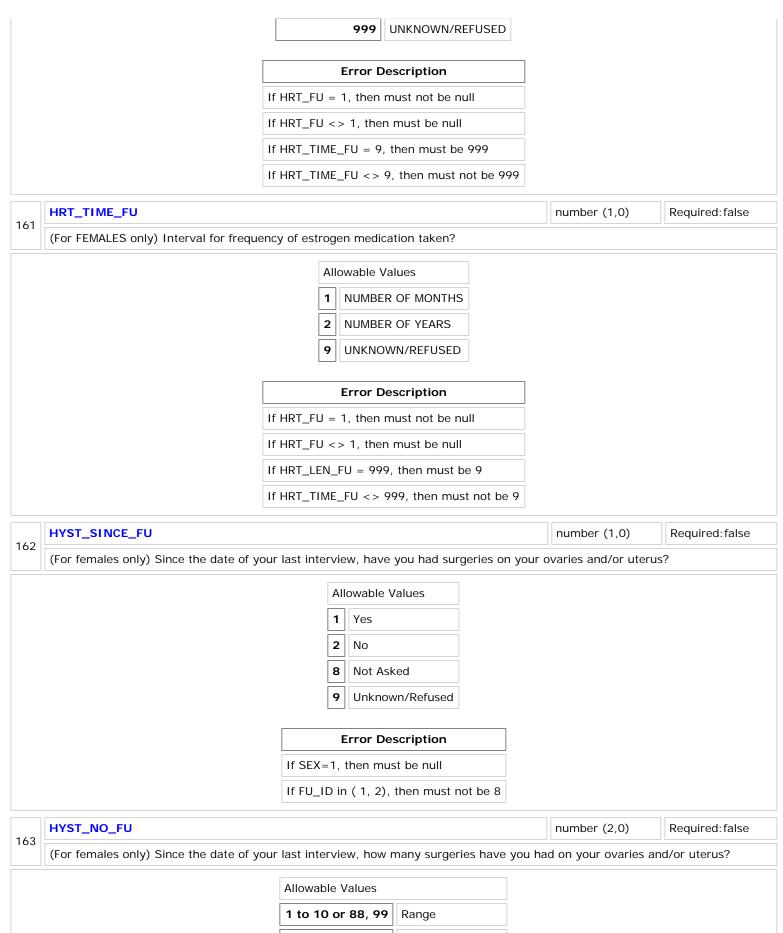


| If CANCER_ | $_TOLD_FU =$ | 1 and SITE4_ | _FU <> null, | must be >= | AGEDX3_FU |
|------------|--------------|--------------|--------------|------------|-----------|
|------------|--------------|--------------|--------------|------------|-----------|



| | | 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 | | | |
| 155 | Did you receive chemotherapy or radi | ation for this ca | ancer? | | | | | |
| | | All | owable Values | | | | | |
| | | 1 | Yes, chemotherapy | | | | | |
| | | 2 | Yes, radiation | | | | | |
| | | 3 | Yes, both | | | | | |
| | | 4 | No, neither | | | | | |
| | | 8 | Not asked | | | | | |
| | | 9 | Unknown/refused | | | | | |
| | | | Error Description | | | | | |
| | | | is not null, then must not be 8 | | | | | |
| | | | | | | | | |
| 156 | CHEMO_RAD4_FU | | | number (1,0) | Required: false | | | |
| | Did you receive chemotherapy or radi | Did you receive chemotherapy or radiation for this cancer? | | | | | | |
| | Allowable Values | | | | | | | |
| | | All | owable Values | | | | | |
| | | All | owable Values Yes, chemotherapy | | | | | |
| | | | | | | | | |
| | | 1 | Yes, chemotherapy | | | | | |
| | | 1 | Yes, chemotherapy Yes, radiation | | | | | |
| | | 1 2 3 | Yes, chemotherapy Yes, radiation Yes, both | | | | | |
| | | 1 2 3 4 | Yes, chemotherapy Yes, radiation Yes, both No, neither | | | | | |
| | | 1 2 3 4 8 9 | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked | | | | | |
| | | 1 2 3 4 8 9 | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused | | | | | |
| 152 | CHEMO_RAD5_FU | 1 2 3 4 8 9 | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused | number (1,0) | Required: false | | | |
| 157 | CHEMO_RAD5_FU Did you receive chemotherapy or radi | 1 2 3 4 8 9 If SITE4_FU | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused Error Description is not null, then must not be 8 | number (1,0) | Required: false | | | |
| 157 | | 1 2 3 4 8 9 If SITE4_FU | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused Error Description is not null, then must not be 8 | number (1,0) | Required: false | | | |
| 157 | | 1 2 3 4 8 9 If SITE4_FU | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused Error Description is not null, then must not be 8 ancer? | number (1,0) | Required: false | | | |
| 157 | | 1 2 3 4 8 9 1f SITE4_FU | Yes, chemotherapy Yes, radiation Yes, both No, neither Not asked Unknown/refused Error Description is not null, then must not be 8 | number (1,0) | Required: false | | | |

| | | 3 | Yes, both | | |
|-----|--|---|--|-------------------------|-----------------|
| | | 4 | No, neither | | |
| | | 8 | Not asked | | |
| | | 9 | Unknown/refused | | |
| | | |] | | |
| | | | Error Description | | |
| | | If SITE5_FL | J is not null, then must not be 8 | | |
| | CHEMO_RAD6_FU | | | number (1,0) | Required: false |
| 158 | Did you receive chemotherapy or | r radiation for this c | ancer? | | |
| | | A | llowable Values | | |
| | | 1 | Yes, chemotherapy | | |
| | | 2 | Yes, radiation | | |
| | | 3 | Yes, both | | |
| | | 4 | No, neither | | |
| | | 8 | Not asked | | |
| | | 9 | Unknown/refused | | |
| | | | · ·· | | |
| | | | Error Description | | |
| | | IT STIE6_FU | J is not null, then must not be 8 | | |
| 150 | HRT_FU | | | number (1,0) | Required: false |
| 159 | (For FEMALES only) Since the da combination with another hormo | ite of your last inter ne that you used fc | view, have you been prescribed an our of months or longer? | estrogen pill or patch, | alone or in |
| | | | | | |
| | | | owable Values | | |
| | | 1 | YES | | |
| | | 2 | NO | | |
| | | 8 | Not asked | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | [| | Error Description | | |
| | | If SEX=1, then mu | st be null | | |
| | | If FU_ID=1 & FU_T | TYPE=1, then must not be 8 | | |
| | | If FU_ID in (1, 2) | & FU_TYPE in (2,5), then must equa | I 8 | |
| | | If FU_TYPE=4, the | n must equal 8 | | |
| | HRT_LEN_FU | | | number (3,0) | Required: false |
| 160 | | | ears did you take estrogen (in any fo | | |
| | (FOL FEIVIALES ONLY) IN LOLAL NOW | many months or ye | | | |
| | (FOL FEMALES ONLY) IN LOCAL HOW | | | | |
| | (FOL FEMALES ONLY) IN IOTAL HOW | Allowable | Values | | |

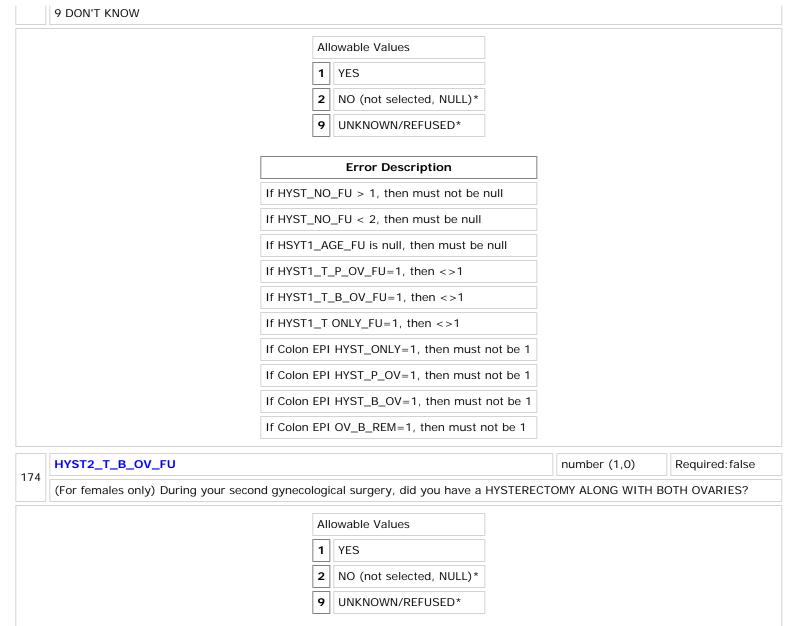


| 88 | Not Asked |
|----|-----------------|
| 99 | Unknown/Refused |

| | | Error Description | | |
|-----|--------------------------------------|---|------------------|-----------------|
| | | If HYST_SINCE_FU = 1, then must not be null | | |
| | | If HYST_SINCE_FU $<> 1$, then must be null | | |
| 1/4 | HYST1_AGE_FU | | number (3,0) | Required: false |
| 164 | (For females only) How old were yo | u 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 | | |
| | | | | |
| | HYST1_T_P_OV_FU | | number (1,0) | Required: false |
| | 6 OTHER, SPECIFY 9 DON'T KNOW | Allowable Values 1 YES 2 NO (not selected, NULL)* 9 UNKNOWN/REFUSED* | | |
| | | 4 UNKNOWN/KLIUSED | | |
| | | 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 | HYST1_T_B_OV_FU | | number (1,0) | Required: false |
| 100 | (For females only) During your first | gynecological surgery, did you have a HYSTERECTC | MY ALONG WITH BO | TH OVARIES? |
| | | Allowable Values | | |
| | | | | |
| | | 1 YES | | |



| | OV_B_REM1_FU | | | | number (1,0) | Required: false |
|--|---|-------------------|----------------------------|--------------|--------------------|-----------------|
| 169 | (For females only) During your first gy | /necological surg | ery, did you have BOTH | OVARIES RI | EMOVED WITHOUT | HYSTERECTOMY? |
| | | Allowak | ble Values | | | |
| | | 1 YES | | | | |
| | | | (not selected, NULL)* | | | |
| | | | KNOWN/REFUSED* | | | |
| | | 9 UNI | KNOWN/REFUSED* | | | |
| | | Er | ror Description | | | |
| | I | f HYST_SINCE_F | U =1, then must not be | null | | |
| | I | f HYST_SINCE_F | U <> 1, then must be n | ull | | |
| | I | f Colon EPI: HYS | ST_B_OV=1, then must r | not be 1 | | |
| | | f Colon EPI: OV_ | _B_REM=1, then must no | ot be 1 | | |
| | FEM_SURG_OTHER1_FU | | | | number (1,0) | Required: false |
| 170 | (For females only) During your first gy | necological surg | ery, did you have other | gynecologica | al organs removed? | |
| | | Allow | able Values | | | |
| | | 1 Y | ES | | | |
| | | 2 N | 10 | | | |
| | | 9 U | NKNOWN/REFUSED | | | |
| | | | | | | |
| | | Er | ror Description | | | |
| | | If HYST_SINCE | _FU =1, then must not b | e null | | |
| | | If HYST_SINCE | _FU <> 1, then must be | null | | |
| 171 | FEM_SURG_OTH_TEXT1_FU | | | | string (40) | Required: false |
| 171 | (For females only) During your first gy | necological surg | ery, what other gynecold | ogical organ | s were removed? SI | PECIFY |
| 170 | HYST2_AGE_FU | | | | number (3,0) | Required: FALSE |
| 172 | (For females only) How old were you | when you second | I had this type of surgery | ? | | |
| | | Allow | vable Values | | | |
| | | 888 | Not Asked | | | |
| | | 999 | Unknown/Refused | | | |
| | | | | | | |
| | HYST2_T_P_OV_FU | | | | number (1,0) | Required: false |
| (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 | | | | | | NE OVARY OR |



| | 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 |

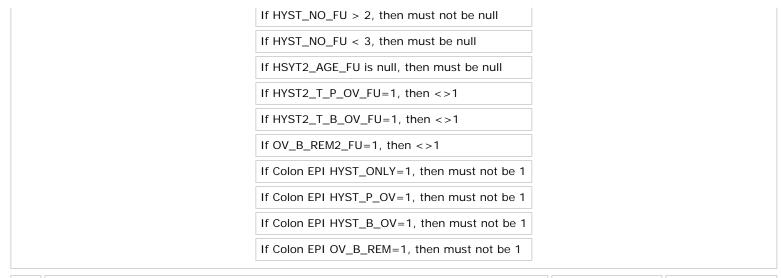
Required: false

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

| | | AI | lowable Values | | |
|----|---|------------------|--------------------------------------|-------------------|-----------------|
| | | 1 | YES | | |
| | | 2 | NO (not selected, NULL)* | | |
| | | 9 | UNKNOWN/REFUSED* | | |
| | | | - - - · · · | | |
| | | | Error Description | | |
| | | | $D_FU < 2$, then must be null | | |
| | | | GE_FU is null, then must be null | | |
| | | | $P_0V_FU=1$, then <>1 | | |
| | | | B_OV_FU=1, then <>1 | | |
| | | | ONLY_FU=1, then <>1 | | |
| | | | I HYST_ONLY=1, then must not be 1 | | |
| | | If Colon EP | I HYST_P_OV=1, then must not be 1 | | |
| | | If Colon EP | I HYST_B_OV=1, then must not be 1 | | |
| | | | | number (1.0) | Deguined, felse |
| 76 | OV_P_REM2_FU | coord avecoded | ical surgery, did you have ONE OVARY | number (1,0) | Required: false |
| | WITHOUT A HYSTERECTOMY? | second gynecolog | ical surgery, and you have one over | | |
| | | AI | lowable Values | | |
| | | 1 | YES | | |
| | | 2 | NO (not selected, NULL)* | | |
| | | 9 | UNKNOWN/REFUSED* | | |
| | | | Emer Description | | |
| | | | Error Description | | |
| | | | $D_FU > 1$, then must not be null | | |
| | | | D_FU < 2, then must be null | | |
| | | | GE_FU is null, then must be null | | |
| | | | _B_OV_F0=1, then <>1 | | |
| | | | I HYST_B_OV=1, then must not be 1 | | |
| | | | I OV_B_REM=1, then must not be 1 | | |
| | | | | | 7 |
| _ | OV_B_REM2_FU | | | number (1,0) | Required: false |
| 77 | / (For females only) During your second gynecold HYSTERECTOMY? | | ical surgery, did you have BOTH OVAR | IES REMOVED WITHO | UT A |
| 77 | (For temales only) During your HYSTERECTOMY? | second gynecolog | | | |
| 77 | (For females only) During your HYSTERECTOMY? | | lowable Values | | |



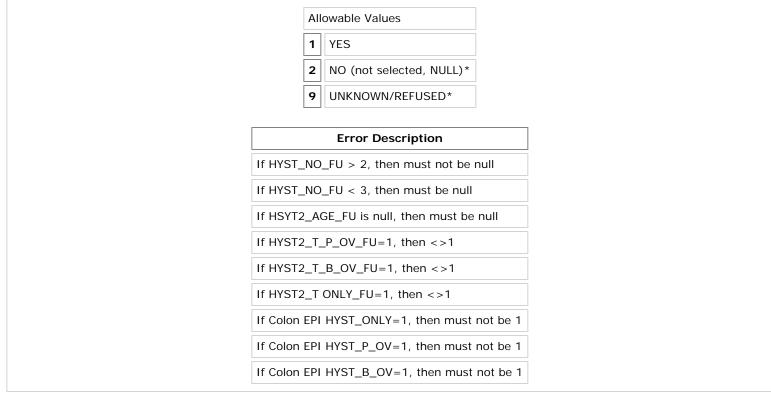
| | | Error Description | | |
|-----|--|--|------------------|-----------------|
| | lf | HYST_NO_FU > 2, then must not be null | | |
| | If | HYST_NO_FU < 3, then must be null | | |
| | If | HSYT2_AGE_FU is null, then must be null | | |
| | If | HYST_NO_FU > 2, must be >= HYST2_AGE_FU | | |
| | If | HYST_SINCE_FU = 1 & HYST_NO_FU=88, then must eq | ual 8 | |
| | HYST3_T_P_OV_FU | | number (1,0) | Required: false |
| 181 | PARTIAL OVARY? This question is asked as: What 1 HYSTERECTOMY ALONG WITH 3 HYSTERECTOMY ALONG WITH 3 HYSTERECTOMY ONLY (ONLY 0 | BOTH OVARIES JTERUS OR WOMB REMOVED) N WHOLE OR PART, WITHOUT HYSTERECTOMY | MY ALONG WITH ON | E OVARY OR |
| | | 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 t | hird gynecological surgery, did you have a HYSTERECTO | MY ALONG WITH BO | TH OVARIES? |
| | | Allowable Values | | |
| | | 1 YES | | |
| | | 2 NO (not selected, NULL)* | | |
| | | 9 UNKNOWN/REFUSED* | | |
| | | Error Description | | |



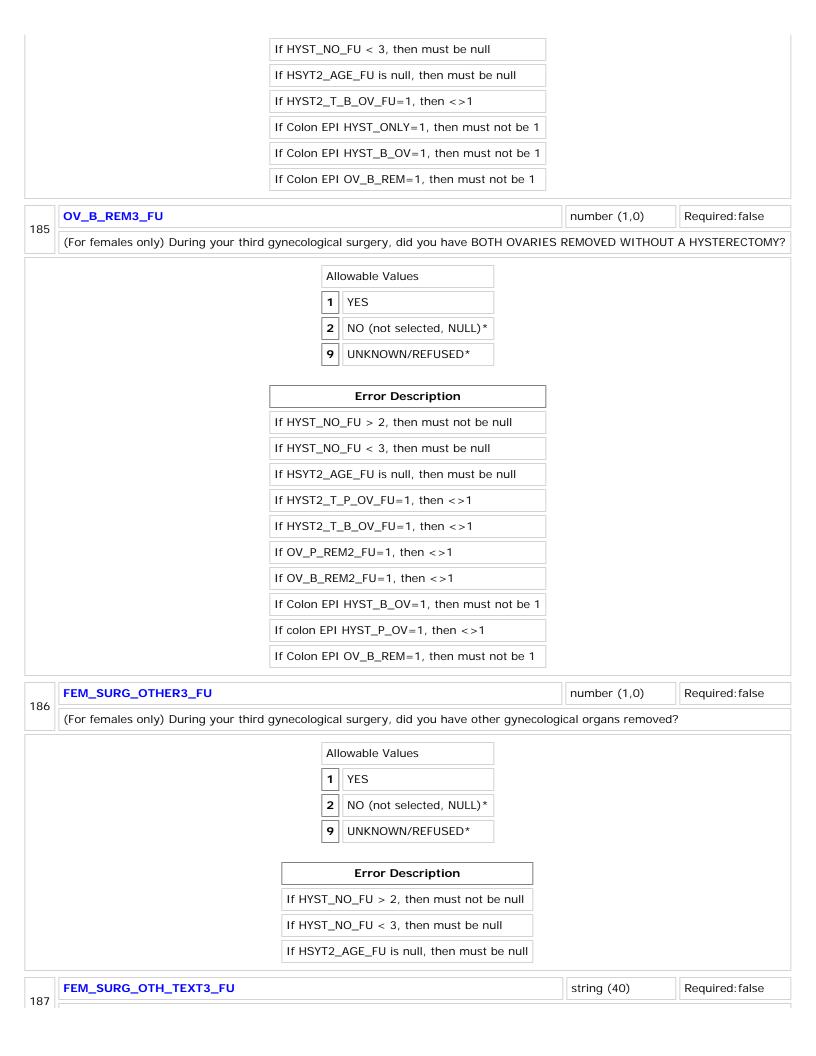
HYST3_T_ONLY_FU

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)?



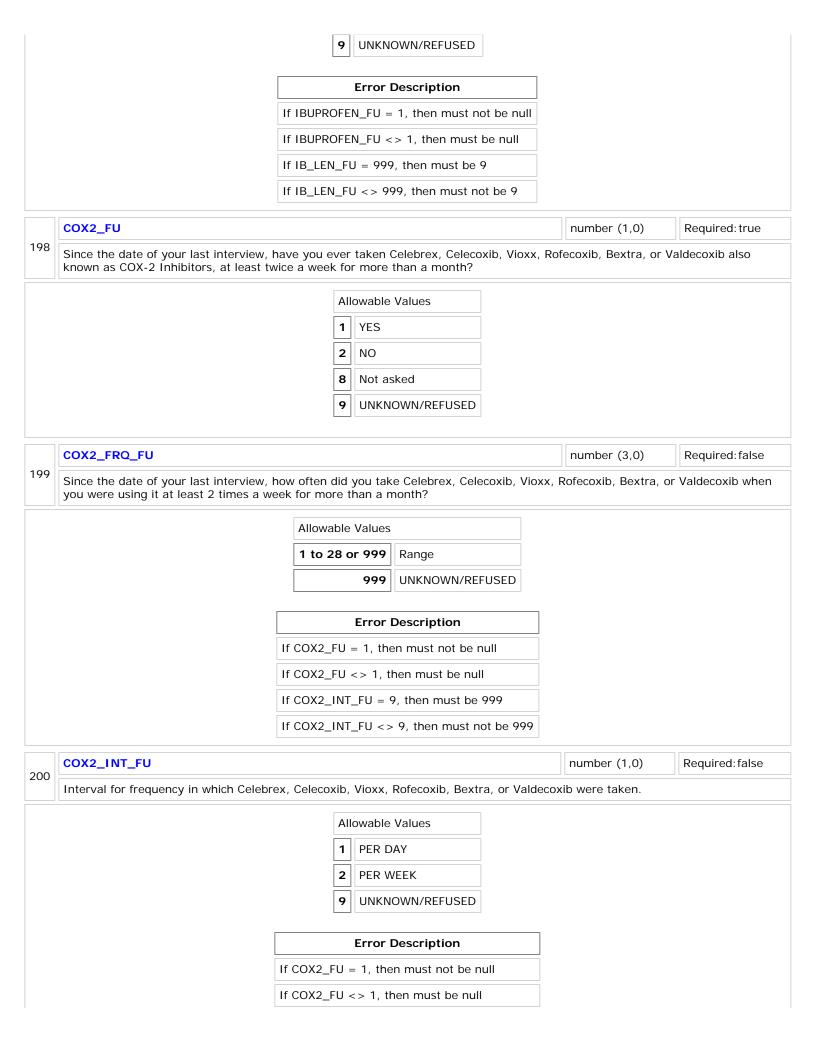
| | OV_P_REM3_FU | number (1,0) | Required: false | | | | |
|-----|---|--------------|--------------------------------|--|--|--|--|
| 184 | (For females only) During your third gynecological surgery, did you have ONE OVARY REMOVED, IN WHOLE OR PART, WITHOUT A HYSTERECTOMY? | | | | | | |
| | | Alle | owable Values | | | | |
| | | 1 | YES | | | | |
| | | 2 | NO (not selected, NULL)* | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | |
| | | | | | | | |
| | | | Error Description | | | | |
| | | If HYST_NO | _FU > 2, then must not be null | | | | |



| | (For females only) During you | third gynecological surgery, wha | t other gynecological orga | ns were removed? | |
|-----|--|--|----------------------------|-----------------------|--------------------|
| | | Error Desc | cription | | |
| | | If FEM_SURG_OTHER3_FU = | - | | |
| | | If FEM_SURG_OTHER3_FU < | | | |
| | | | | | 1 |
| 188 | ASPIRIN_FU | | | number (1,0) | Required: true |
| | least twice a week for more th | erview, have you ever taken aspir an a month? | In, such as An+C190acin, I | Bufferin, Bayer, Exc | earin, or Ecotrin, |
| | | Allowable Valu | ies | | |
| | | 1 YES | | | |
| | | 2 NO | | | |
| | | 8 Not asked | | | |
| | | 9 UNKNOWN | I/REFUSED | | |
| | | | | | |
| 89 | ASPIRIN_FRQ_FU | | | number (3,0) | Required: false |
| 09 | Since the date of your last interaction a month? | rview, how often did you take as | pirin when you were using | it at least 2 times a | week for more t |
| | | Allowable Values | | | |
| | | 1 to 70 or 999 Rar | ıge | | |
| | | 999 UN | KNOWN/REFUSED | | |
| | | Error Desc | cription | | |
| | | If ASPIRIN_FU = 1, then r | must not be null | | |
| | | If ASPIRIN_FU <> 1, then | n must be null | | |
| | | If ASPIRIN_INT_FU = 9, t | hen must be 999 | | |
| | | If ASPIRIN_INT_FU <> 9, | then must not be 999 | | |
| 00 | ASPIRIN_INT_FU | | | number (1,0) | Required: false |
| 90 | Interval in which aspirin was t | aken. | | | |
| | | Allowable Valu | les | | |
| | | 1 PER DAY | | | |
| | | 2 PER WEEK | | | |
| | | 9 UNKNOWN | I/REFUSED | | |
| | | Error Desc | ription | | |
| | | If ASPIRIN_FU = 1, then r | | | |
| | | If ASPIRIN_FU <> 1, then | must be null | | |
| | | If ASPIRIN_FRQ_FU = 999 |), then must be 9 | | |
| | | If ASPIRIN_FRQ_FU <> 99 | 99, then must not be 9 | | |

| 91 | ASPIRIN_LEN_FU | | 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 | | | | |
| | | 1 to 60 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_FRQ_FU = 999, then must be 9 | | | | |
| | | If ASPIRIN_FRQ_FU <> 999, then must not be 9 | | | | |
| _ | ASPIRIN_TIME_FU | | number (1,0) | Required: false | | |
| 2 | Interval for total time aspirin w | vas taken. | | | | |
| | | | | | | |
| | | Allowable Values | | | | |
| | | 1 NUMBER OF MONTHS | | | | |
| | | 2 NUMBER OF YEARS | | | | |
| | | 9 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 | | | | |
| | | | | | | |
| | IBUPROFEN_FU | | number (1,0) | Required: true | | |
| 3 | Since the date of your last interview, have you ever taken any other non-steroidal anti-inflammatory drugs (NSAIDS) such a ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice a week for more than a month? DO NOT INCLUDE COX-2 | | | | | |
| | IDUPTOTEN, Advil, Aleve, Motrin, INHIBITORS. | , Nuprin, or Medipren, at least twice a week for more than | a month? DO NOT | INCLUDE COX-2 | | |
| | | Allowable Values | | | | |
| | | 1 YES | | | | |
| | | 2 NO | | | | |
| | | 8 Not asked | | | | |
| | | 9 UNKNOWN/REFUSED | | | | |
| | IB_FRQ_FU | | number (3,0) | Required: false | | |
| | Since the date of your last inte | | | | | |
| 94 | | | | , - , - | | |
| 94 | | e using it at least 2 times a week for more than a month? | | , - , - | | |

| | | 1 to 70 or 999 Range | | |
|-----|--|---|---------------------|--------------------|
| | | 999 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 | | |
| 405 | IB_INT_FU | | number (1,0) | Required: false |
| 195 | Interval for frequency in which ibupr | | | |
| | | Allowable Values | | |
| | | 1 PER DAY | | |
| | | 2 PER WEEK | | |
| | | 9 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 | | |
| | IB_LEN_FU | | number (3,0) | Required: false |
| 196 | Since your last interview, how many months or years in total did you take this type of MOTRIN, NUPRIN, MEDIPREN) | | medication? (IBUPRC | DFEN, ADVIL, ALEVE |
| | | Allowable Values | | |
| | | 1 to 60 or 999 Range | | |
| | | 999 UNKNOWN/REFUSED | | |
| | | Error Description | | |
| | | If IBUPROFEN_FU = 1, then must not be null | | |
| | | If IBUPROFEN_FU <> 1, then must be null | | |
| | | In The Role English Contract the Hull | | |
| | | If IB_TIME_FU = 9, then must be 999 | | |
| | | | | |
| | IB_TIME_FU | If IB_TIME_FU = 9, then must be 999 | number (1,0) | Required: false |
| 197 | IB_TIME_FU Interval for total time ibuprofen-base | If IB_TIME_FU = 9, then must be 999 If IB_TIME_FU <> 9, then must not be 999 | number (1,0) | Required: false |
| 197 | | If IB_TIME_FU = 9, then must be 999 If IB_TIME_FU <> 9, then must not be 999 ed medication was taken. | number (1,0) | Required: false |
| 197 | | If IB_TIME_FU = 9, then must be 999 If IB_TIME_FU <> 9, then must not be 999 | number (1,0) | Required: false |

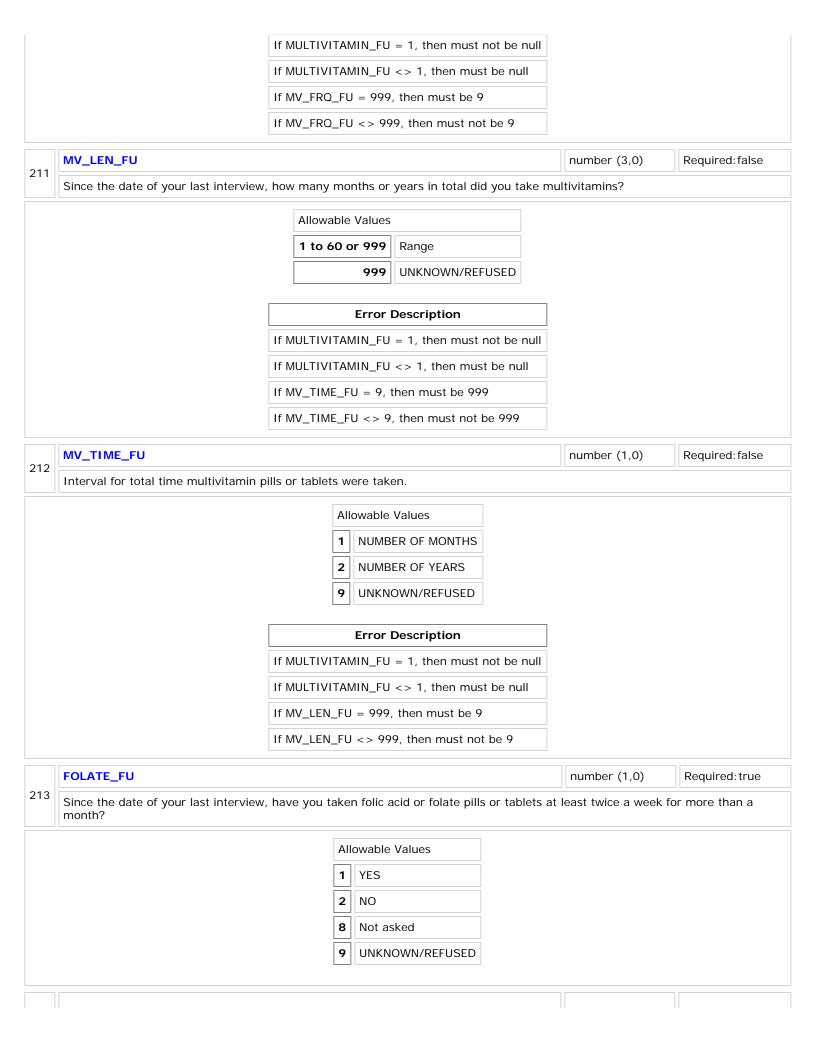


| | If COX2_FRQ_FU = 999, then must be 9 If COX2_FRQ_FU <> 999, then must not be 9 | | | | |
|----------------------------------|---|---------------------------------------|---------------------------|---------------------|-----------------|
| | | | | | |
| | COX2_LEN_FU | | | number (3,0) | Required: false |
| 201 | Since your last interview, how many months or years in total did you take Celebrex, Celecoxib, Vioxx, Rofecoxi Valdecoxib? | | | | |
| | | Allowable Values | | | |
| | | 1 to 60 or 999 | | | |
| | | 999 | UNKNOWN/REFUSED | | |
| | | Error I | Description | | |
| | If $COX2_FU = 1$, then must not be null | | | | |
| If COX2_FU <> 1, then must be nu | | | en must be null | | |
| | | If COX2_TIME_FU = | 9, then must be 999 | | |
| | | If COX2_TIME_FU <> | > 9, then must not be 999 | | |
| | COX2_TIME_FU | | | number (1,0) | Required: false |
| 202 | Interval for total time Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib wa | | | taken. (Ref. Q_COX2 | _D) |
| | | | ER OF YEARS | | |
| | | 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 | | 999, then must be 9 | | |
| | | If COX2_LEN_FU <> | 999, then must not be 9 | | |
| | ACETAMIN_FU | | | number (1,0) | Required: true |
| 203 | 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 | | |
| | | 1 YES | | | |
| | | 2 NO | | | |
| | | 8 Not as | ked | | |
| | | 9 UNKN0 | DWN/REFUSED | | |
| | ACET_FRQ_FU | | | number (3,0) | Required: false |
| | Since the date of your last interview, how often did you take ACETAMINOPHEN-BASED | | | | |

| Allowable Values | |
|---|-------------------------|
| 1 to 70 or 999 Range | |
| 999 | UNKNOWN/REFUSED |
| _ | |
| Error | Description |
| 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 | ACET_INT_FU number (1,0 | | | number (1,0) | Required: false |
|------|--|---|----------------------|--------------|-----------------|
| 205 | Interval in which acetaminophen was taken. | | | | |
| | | Allowable Values | | | |
| | | 1 PER DAY | | | |
| | | 2 PER WEEK | | | |
| | | 9 UNKNOW | N/REFUSED | | |
| | | Error Des | cription | | |
| | | If ACETAMIN_FU = 1, th | nen 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 | | | |
| | ACET_LEN_FU | | | number (3,0) | Required: false |
| 206 | Since your last interview, how many months or years in total did you take ACETAMINOPHEN-BASED MEDICATIONS? | | | | |
| | | Allowable Values | | | |
| | | 1 to 60 or 999Range999UNKNOWN/REFUSED | | | |
| | | | | | |
| | | Error Des | cription | | |
| | Error Description 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 | | |
| 0.07 | ACET_TIME_FU | | | number (1,0) | Required: false |
| 207 | Interval for total time acetaminophen was taken. | | | | |
| | | Allowable Val | ues | | |

| | | 1NUMBER OF MONTHS2NUMBER OF YEARS9UNKNOWN/REFUSEDError DescriptionIf ACETAMIN_FU = 1, then must not be nullIf ACETAMIN_FU <> 1, then must be nullIf ACET_LEN_FU = 999, then must be 9If ACET_LEN_FU <> 999, then must not be 9 | | | | |
|--|--|--|--------------|-----------------|--|--|
| 208 | MULTIVITAMIN_FU number (1,0) Required: true 8 Since the date of your last interview, have you taken multivitamin pills or tablets (not individual vitamins) at least twice a we for more than a month? | | | | | |
| | | Allowable Values1YES2NO8Not asked9UNKNOWN/REFUSED | | | | |
| 209 | MV_FRQ_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 time 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 Interval for frequency in which multiv | itamin pills or tablets were taken. | number (1,0) | Required: false | | |
| | | Allowable Values 1 PER DAY 2 PER WEEK 9 UNKNOWN/REFUSED | | | | |

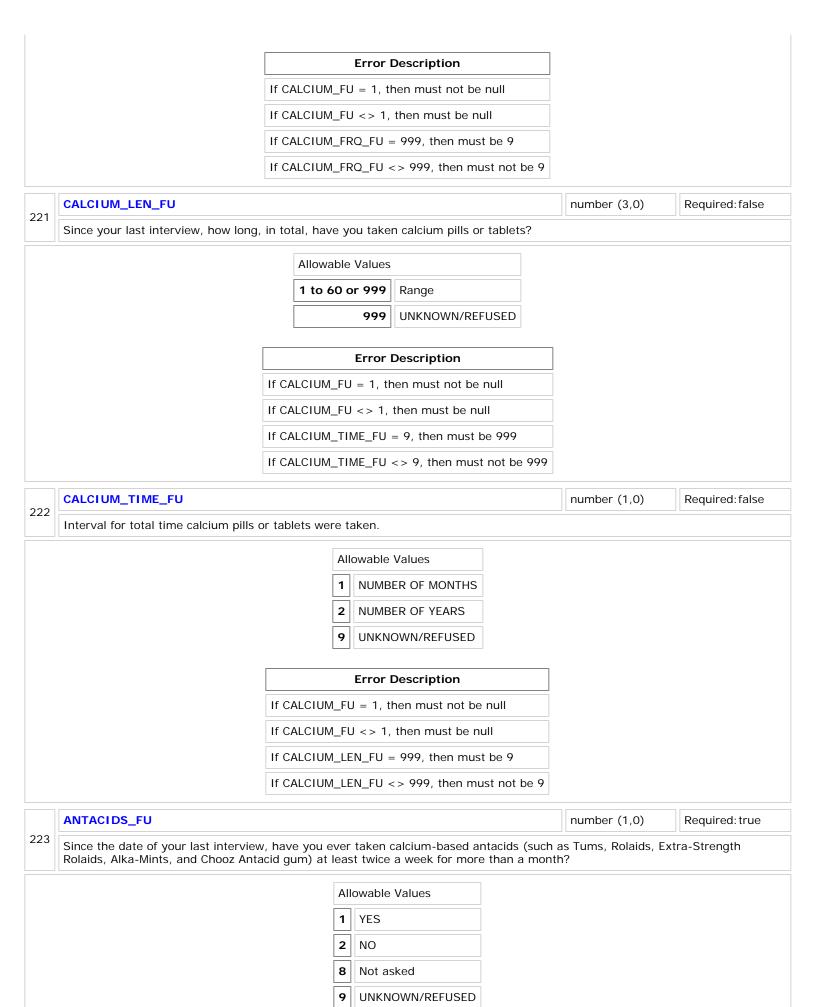


| 1 | FA_FRQ_FU | | | | number (3,0) | Required: false |
|-----|--|---|-------------------|-----------------|------------------------|--------------------|
| | Since the date of your last interview for more than a month? | , how often did you tak | e folate or folic | acid when yo | ou were using it at le | ast 2 times a week |
| | | Allowable Values | | | | |
| | | 1 to 28 or 999 | Range | | | |
| | | 999 | UNKNOWN/RE | FUSED | | |
| | | Error I | Description | | | |
| | | 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 9 | 99 | | |
| | | If FA_INT_FU <> 9 | 9, then must no | t be 999 | | |
| | FA_INT_FU | | | | number (1,0) | Required: false |
| 215 | Interval for frequency folic acid or fo | late pills were taken. | | | | |
| | | 1 PER D 2 PER W 9 UNKNW | |] | | |
| | | Error I | Description | | | |
| | | If FOLATE_FU = 1, | then must not | be null | | |
| | | If FOLATE_FU <> 7 | 1, then must be | null | | |
| | | If $FA_FRQ_FU = 99$ | | | | |
| | | If FA_FRQ_FU <> 9 | 999, then must | not be 9 | | |
| 216 | FA_LEN_FU | | | | number (3,0) | Required: false |
| | Since your last interview, how many | months or years in tot | al did you take | folate or folio | : acid? | |
| | | Allowable Values | ; | | | |
| | | 1 to 60 or 99 | Range | | | |
| | | 999 | UNKNOWN/REF | USED | | |
| | | Error I | Description | | | |
| | | If FOLATE_FU = 1, | then must not k | pe 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 no | ot be 999 | | |
| | FA_TIME_FU | | | | number (1,0) | Required: false |
| 217 | Interval for total amount of time foli | c acid or folate pills or t | ablets were tak | en. | | |

| | | 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 | | | | | | |
| | CALCIUM_FU | | number (1,0) | Required: true | | | | |
| 218 | Since the date of your last interview, h for more than a month? | nave you ever taken calcium pills or tablets (not | including antacids) at le | east twice a week | | | | |
| | | Allowable Values | | | | | | |
| | | 1 YES | | | | | | |
| | | 2 NO | | | | | | |
| | | 8 Not asked | | | | | | |
| | | 9 UNKNOWN/REFUSED | | | | | | |
| | | | | | | | | |
| | CALCIUM_FRQ_FU | | number (3,0) | Required: false | | | | |
| 219 | Since the date of your last interview, h week for more than a month? | now often did you take calcium pills or tablets wh | en you were using it at | t least 2 times a | | | | |
| | | Allowable Values | | | | | | |
| | | 1 to 28 or 999 Range | | | | | | |
| | | 999 UNKNOWN/REFUSED | | | | | | |
| | Г | Error Description | 1 | | | | | |
| | | f CALCIUM_FU = 1, then must not be null |] | | | | | |
| | | f CALCIUM_FU <> 1, then must be null |] | | | | | |
| | | f CALCIUM_INT_FU = 9, then must be 999 |] | | | | | |
| | | f CALCIUM_INT_FU <> 9, then must not be 999 | | | | | | |
| | CALCIUM_INT_FU | | number (1,0) | Required: false | | | | |
| 220 | Interval for frequency calcium pills or | tablets were taken. | [| | | | | |
| | L | Allowable Values | | | | | | |
| | | | | | | | | |

| 1 | PER DAY |
|---|----------|
| 2 | PER WEEK |

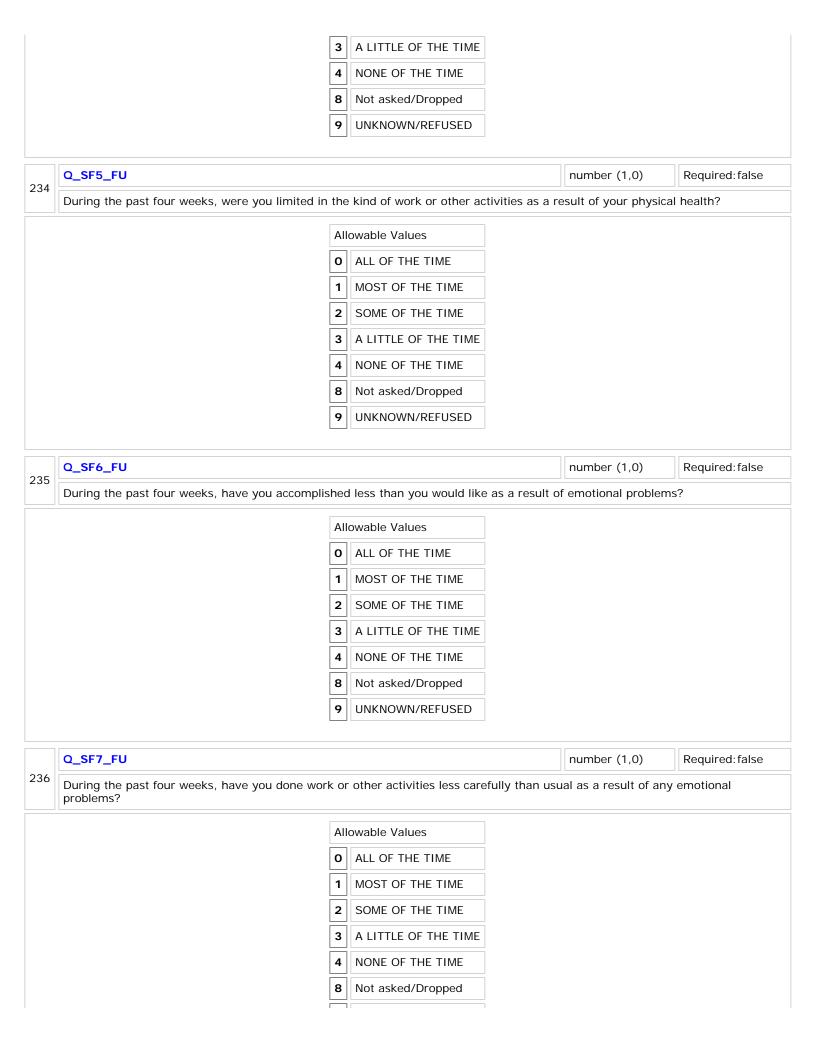
9 UNKNOWN/REFUSED



| | ANTACIDS_FRQ_FU | number (3,0) | Required: false | | | | |
|-----|--|----------------------------|--------------------------|------------------------|--------------------|--|--|
| 224 | Since the date of your last interview, week for more than a month? | how often did you take o | calcium-based antacids v | vhen you were using it | at least 2 times a | | |
| | | Allowable Values | | | | | |
| | | 1 to 105 or 888,999 | Range | | | | |
| | | | | | | | |
| | | | | | | | |
| | Γ | Error De | scription | 7 | | | |
| | | If ANTACIDS_FU = 1, the | en must not be null | | | | |
| | | If ANTACIDS_FU <> 1, th | nen must be null | | | | |
| | | If ANTACIDS_INT_FU = 9 | 9, then must be 999 | | | | |
| | | If ANTACIDS_INT_FU <> | 9, then must not be 99 | 9 | | | |
| 225 | ANTACIDS_INT_FU | | | number (1,0) | Required: false | | |
| 225 | Interval for frequency calcium-based | antacids were taken. | | | | | |
| | Γ | | vn/REFUSED scription | | | | |
| | | If ANTACIDS_FU = 1, the | n must not be null | | | | |
| | | If ANTACIDS_FU <> 1, th | nen must be null | | | | |
| | | If ANTACIDS_FRQ_FU = 9 | 999, then must be 9 | | | | |
| | | If ANTACIDS_FRQ_FU <> | 999, then must not be | 9 | | | |
| 226 | ANTACIDS_LEN_FU | | | number (3,0) | Required: false | | |
| 220 | Since your last interview, how long, | in total, have you taken c | alcium-based antacids? | | | | |
| | | Allowable Values | | | | | |
| | | 1 to 60 or 888,999 | Range | | | | |
| | | 888 | Not asked | | | | |
| | | 999 | UNKNOWN/REFUSED | | | | |
| | | | Error Description | | | | |
| | | Error De | scription | | | | |
| | | Error De | | | | | |

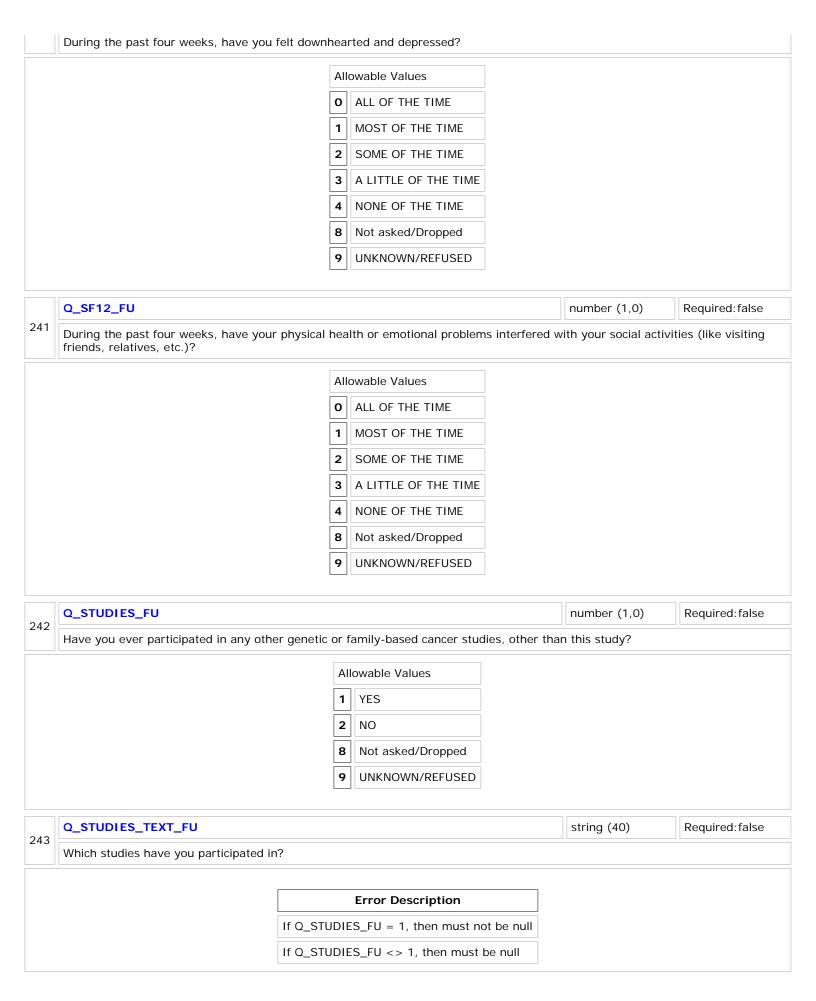
| | ANTACIDS_TIME_FU | | number (1,0) | Required: false |
|-----|---|---|---|---------------------------------|
| 227 | Interval for total time calcium-ba | sed antacids were taken. | | |
| | | Allowable Values | | |
| | | | | |
| | | | | |
| | | | | |
| | | 9 UNKNOWN/REFUSED | | |
| | | Error Description | | |
| | | 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 | | |
| | Q_RISK_FU | | number (1,0) | Required: false |
| 228 | Do you think your chance of gett According to the Questionnaire, p | ing colon [bowel] cancer is higher or lower than the aver participant can skip this question if he/she has ever beer | rage person of your diagnosed with Col | age and sex? orectal 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, don't include on self | | |
| | | Error Description | | |
| | | If FU_ID>1, must equal 8 | | |
| | Q_TEST_FU | | number (1,0) | Required: false |
| 229 | Have you ever had a blood test to | o look for genes for colorectal cancer as part of your hea ESEARCH STUDY OR OTHER RESEARCH STUDIES]? | Ith care [DO NOT IN | ICLUDE TESTS |
| | CONDUCTED AS FART OF THIS R | | | |
| | | Allowable Values | | |
| | | 2 NO | | |
| | | 8 Not asked/Dropped | | |
| | | 9 UNKNOWN/REFUSED | | |
| | | | | |

| 230 | Q_SF1_FU | | number (1,0) | Required: false |
|-----|--|---|----------------------------|-----------------|
| | In general, would you say your health | n is ? | | |
| | | Allowable Values | | |
| | | 1 EXCELLENT | | |
| | | 2 VERY GOOD | | |
| | | 3 GOOD | | |
| | | 4 FAIR | | |
| | | 5 POOR | | |
| | | 8 Not asked/Dropped | | |
| | | 9 UNKNOWN/REFUSED | | |
| | | | | |
| | Q_SF2_FU | | number (1,0) | Required: false |
| 31 | During a typical day, does your health | h now limit you in moderate activities, such as | moving a table, pushing | a vacuum cleane |
| | bowling, or playing golf? | | | |
| | | Allowable Values | | |
| | | 1 YES, LIMITED A LOT | | |
| | | 2 YES, LIMITED A LITTLE | LE | |
| | | 3 NO, NOT LIMITED AT ALL | | |
| | | 8 Not asked/Dropped | | |
| | | 9 UNKNOWN/REFUSED | | |
| | Q_SF3_FU | | number (1,0) | Required: false |
| 32 | | h now limit you in climbing several flights of st | | Required. Taise |
| | During a typical day, does your health | Thow mining several highlis of st | | |
| | | 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 | Q_SF4_FU | | number (1,0) | Required: false |
| | During the past 4 weeks, have you ad | ccomplished less than you would like as a resu | It of your physical health | l? |
| | | Allowable Values | | |
| | | O ALL OF THE TIME | | |
| | | 1 MOST OF THE TIME | | |
| | | | | |



9 UNKNOWN/REFUSED

| | Q_SF8_FU | | | number (1,0) | Required: fals |
|-----|--|-------------------|----------------------------------|---------------------------|----------------|
| 37 | During the past 4 weeks, how much housework? | did pain interfe | ere with your normal work, inclu | ding both work outside th | e home and |
| | | А | llowable Values | | |
| | | 1 | NOT AT ALL | | |
| | | 2 | A LITTLE BIT | | |
| | | 3 | MODERATELY | | |
| | | 4 | QUITE A BIT | | |
| | | 5 | EXTREMELY | | |
| | | 8 | Not asked/Dropped | | |
| | | 9 | UNKNOWN/REFUSED | | |
| | Q_SF9_FU | | | number (1,0) | Required: fals |
| 38 | During the past four weeks, have yo | ou felt calm and | peaceful? | | |
| | | AII | owable 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_SF10_FU | | | number (1,0) | Required: fals |
| 239 | During the past four weeks, have yo | u felt like you l | nave a lot of energy? | | |
| | | | | | |
| | | | owable Values | | |
| | | 0 | | | |
| | | 2 | MOST OF THE TIME | | |
| | | | A LITTLE OF THE TIME | | |
| | | 3 | NONE OF THE TIME | | |
| | | 8 | Not asked/Dropped | | |
| | | 8 | UNKNOWN/REFUSED | | |
| | | 9 | | | |
| | | | | | |



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143.CHON SULF TIME FU 144.<u>GLUCOSAMINE_FU</u> 145.GLUCOSAMINE FRQ FU 146.GLUCOSAMINE INT FU 147. GLUCOSAMINE LEN FU 148.GLUCOSAMINE TIME FU 149.ST JOHNS WORT FU 150.ST JOHNS WORT FRQ FU 151.ST JOHNS WORT INT FU 152.ST JOHNS WORT LEN FU 153.ST JOHNS WORT TIME FU 154. OTHER PILL FU 155. OTHER PILL SPECIFY 156. OTHER PILL FRQ FU 157. OTHER PILL INT FU 158.OTHER PILL LEN FU 159. OTHER PILL TIME FU 160.BODY MEASURE 161.<u>HIP CIRCUM FU</u> 162. HIP CIRCUM UNIT FU 163.WAIST CIRCUM FU 164. WAIST CIRCUM UNIT FU 165.<u>TEETH MISSING FU</u> 166. TEETH MISSING CNT FU 167.<u>CHEMO RAD FU</u> 168.CHEMO FU 169.<u>RAD_FU</u> 170.CHEMO EVER FU 171.RAD EVER FU 172.PAPSMEAR FU 173.PAP PROBLEM FU 174.<u>PAP_FAMHX_FU</u> 175. PAP ROUTINE FU 176.PAP OTHER FU 177. PAP OTH TEXT FU 178. PAPSMEAR NO FU 179. PAPSMEAR LST AGE FU 180.<u>MAMMO_FU</u> 181.MAM PROBLEM FU 182.MAM FAMHX FU 183.MAM ROUTINE FU 184.MAM OTHER FU 185.MAM OTH TEXT FU 186.MAMMO NO FU 187.MAMMO LST AGE FU 188.<u>PSA_FU</u> 189.PSA PROBLEM FU 190.PSA FAMHX FU 191.PSA ROUTINE FU 192.PSA OTHER FU 193.PSA OTH TEXT FU 194.<u>PSA NO FU</u> 195.PSA LST AGE FU 196.<u>CIG FU</u> 197.CIG CURR FU 198.CIG STOP AGE FU

CENTER_NO

1

| Allo | vable Values |
|------|---|
| 11 | Sinai Health Systems (formerly Cancer Care Ontario) |
| 12 | Cedars-Sinai & Cleveland Clinic (formerly USC Consortium) |
| 13 | University of Melbourne |
| 14 | University of Hawaii Cancer Center |
| 15 | Mayo Clinic |
| | |

number (2,0)

Required: true

16 Fred Hutch, Seattle

17 UCSF: University of California at San Franscisco (formerly CPIC, originally Northern California (NCCC))

| | PERSON_ID (*PK) string (12) | | | | | Required: true | |
|-----------------|---|--|---|--|---|----------------|--|
| Number tha | at uniquely identifies an individual. *PERSON_ID + FU_ID are the primary key for the table. | | | | | | |
| FU_ID (*P | D (*PK) number (1,0) | | | | | Required: true | |
| Follow-up q | up questionnaire that participant completed. *PERSON_ID + FU_ID are the primary key for the table. | | | | | | |
| | | Allo | wable Values |] | | | |
| | | 1 | 1st Follow-up |] | | | |
| 2 2nd Follow-up | | | | | | | |
| | | 3 | 3rd Follow-up | | | | |
| | | 3 | Sid i ollow-up | | | | |
| FU_TYPE | | | | | number (1,0) | Required: true | |
| | nber of the first follow-up questionr | airo admini | stored Version | 1 is a 4 year 1st f | | | |
| | | All | owable Values | | | | |
| | | 2 | Version 2 | | | | |
| | | | | | | | |
| | | | | | | | |
| CMPLDATE | _FU | | | | string (8) | Required: true | |
| | _FU pant completed follow-up questionr | naire | | | string (8) | Required: true | |
| | | naire | | | string (8) | Required: true | |
| | pant completed follow-up questionr | | mat: | | string (8) | Required: true | |
| | pant completed follow-up questionr Date Value Check | ollowing form nsist of valid be right justif stem date ye ly known, in ' is unknown 99. | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e | tain information. stimate of year or o | code YYYY = 999 | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. | tain information. stimate of year or o | code YYYY = 999 | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year If YYYY = 9999 then MM and | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. | tain information. stimate of year or o stimate of year or o | code YYYY = 999 | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year If YYYY = 9999 then MM and | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. d: | tain information. stimate of year or o stimate of year or o | code YYYY = 999 code YYYY = 999 (YYYYMMDD) | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year If YYYY = 9999 then MM and | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. d: | tain information. stimate of year or o stimate of year or o 2 - system year o | code YYYY = 999 code YYYY = 999 (YYYYMMDD) | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year If YYYY = 9999 then MM and | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. d: | tain information. stimate of year or o stimate of year or o 2 - system year o MM 01 - | code YYYY = 999 code YYYY = 999 (YYYYMMDD) or 8888, 9999 | 9. | |
| | Date Value Check The date must follow to the format YYYYMMDD. Must con Components of date should b MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - sys Use 88, 8888 for not currentl Use 99, 9999 for not known. If century is known, but year If MM = 99 then DD must = 0 If century is known, but year If YYYY = 9999 then MM and | ollowing form nsist of valid be right justif stem date ye ly known, in is unknown 99. is unknown DD must = | date. fied and zero fi ear, 8888, 9999 progress to ob then give an e then give an e 99. d: | tain information. stimate of year or o stimate of year or o 2 - system year o MM 01 - | code YYYY = 999 code YYYY = 999 (YYYYMMDD) or 8888, 9999 - 12 or 88, 99 | 9. | |

| | Age at the time follow-up questionnaire co | ompleted | | | | |
|----|---|---|----------------|---------------|-----------------------|--------------------|
| | | Allowable Values | | | | |
| | | 22 to 120 or 999 | Range | | | |
| | | 999 | UNKNOWN/ | REFUSED | | |
| | | | | | | |
| 7 | SEX | | | | number (1,0) | Required: false |
| , | Participant's gender. | | | | | |
| | | Allow | able Values | | | |
| | | 1 | lale | | | |
| | | 2 | emale | | | |
| | | 9 (| Jnknown | | | |
| | | | | | | |
| 8 | SUN_EXP | | | | number (1,0) | Required: true |
| 0 | pseudo entry question (not asked) to use | for validations if su | n exposure que | stions were a | sked | |
| | | Allow | able Values | | | |
| | | 1 | Yes | | | |
| | | 2 | No | | | |
| | | | | | | |
| | SUN_EXP_WKDAY_40_FU | | | | number (1,0) | Required: false |
| 9 | In your 40s and 50s (age: 40 to 59 years) did you spend outside in the sun? | , on a typical week | day in the sum | mer, (May-Se | ptember), about how | many hours per day |
| | | Allowabl | e Values |] | | |
| | | 1 Less | than 1 hour | | | |
| | | 2 1 to | 2 hours | | | |
| | | 3 3 to | 4 hours | | | |
| | | 4 More | than 4 hours | | | |
| | | 8 Not | asked/dropped | | | |
| | | 9 Don' | t know |] | | |
| | | | | | | |
| 10 | SUN_EXP_WKND_40_FU | | | | number (1,0) | Required: false |
| | In your 40s and 50s (age: 40 to 59 years how many hours per day did you spend of | s), on a typical wee outside in the sun? | kend (Saturday | / and Sunday) |) in the summer, (May | -September), about |
| | | Allowabl | e Values | | | |
| | | 1 Less | than 1 hour | | | |
| | | 2 1 to | 2 hours |] | | |
| | | 3 3 to | 4 hours |] | | |
| | | 4 More | than 4 hours |] | | |
| | | | | 7 | | |

| | | 8 | Not asked | /dropped | | | |
|----|---|-------|---------------|--------------|------------------|------------------------|---------------------|
| | | 9 | Don't know | v | | | |
| | | | | | | | |
| | SUNSCREEN_40_FU | | | | | number (1,0) | Required: false |
| 11 | In your 40s and 50s (age: 40 to 59 years), when etc.? | in tl | ne sun, did | you wear si | unscreen or pr | otective clothing suc | ch as long sleeves, |
| | | Δ.11 | owable Valu | 100 | | | |
| | | 1 | Never | | | | |
| | | 2 | Sometime | s | | | |
| | | 3 | Always | | | | |
| | | 8 | Not asked | /dropped | | | |
| | | 9 | Don't know | v | | | |
| | | | | | | | |
| 12 | SUN_EXP_40_CITY1_FU | | | | | string (200) | Required: false |
| | In your 40s and 50s (age: 40-59 years), which is | the | first city wh | ere lived fo | r at least 1 ye | ar? | |
| 13 | SUN_EXP_40_COUNTRY1_FU | | | | | number (3,0) | Required: false |
| | In your 40s and 50s (age: 40-59 years), which is | the | COUNTRY of | the first ci | ty where lived | for at least 1 year? | |
| 14 | SUN_EXP_40_YR1_FU | | | | | number (2,0) | Required: false |
| | In your 40s and 50s (age: 40-59 years), how man | ny ye | ears did you | live in the | first city wher | e lived for at least 1 | year? |
| | | Allo | wable Value | S |] | | |
| | | 1 to | 20 or 99 | Range |] | | |
| | | | 99 | Unknown | | | |
| | | | | | | | 1 |
| 15 | SUN_EXP_40_CITY2_FU | | | | | string (200) | Required: false |
| | In your 40s and 50s (age: 40-59 years), which is | the | second city | where lived | l for at least 1 | | |
| 16 | SUN_EXP_40_COUNTRY2_FU | | | | | number (3,0) | Required: false |
| | In your 40s and 50s (age: 40-59 years), which is | the | COUNTRY of | the second | d city where liv | | 1 |
| 17 | SUN_EXP_40_YR2_FU | | | | | number (2,0) | Required: false |
| | In your 40s and 50s (age: 40-59 years), how man | ny ye | ears did you | live in the | second city wi | nere lived for at leas | t 1 year? |
| | | Allo | wable Value | s | | | |
| | | 1 to | 20 or 99 | Range |] | | |
| | | | 99 | Unknown | | | |
| | SUN_EXP_40_CITY3_FU | | | | | string (200) | Required: false |
| 18 | In your 40s and 50s (age: 40-59 years), which is | the | third city wh | ere lived fo | or at least 1 ye | ear? | |
| | SUN_EXP_40_COUNTRY3_FU | | | | | number (3,0) | Required: false |
| 19 | In your 40s and 50s (age: 40-59 years), which is | the | COUNTRY of | the third c | ity where live | d 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 man | ny ye | ars did you | live in th | e third city whe | re lived for at least 1 | year? |
| | | Allov | wable Value | s | | | |
| | | 1 to | 20 or 99 | Range | _ | | |
| | | | 99 | Unknow | n | | |
| | | | | | | | |
| 21 | SUN_EXP_40_CITY4_FU | | | | | string (200) | Required: false |
| | 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 four | th city where liv | ed 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 man | ny ye | ars did you | live in th | e fourth city wh | ere lived for at least | 1 year? |
| | | Allov | wable Value | s | | | |
| | | 1 to | 20 or 99 | Range | _ | | |
| | | | 99 | Unknow | n | | |
| | | | | | | | |
| | SUN_EXP_WKDAY_60_FU | | | | | number (1,0) | Required: false |
| 24 | In your 60s and 70s (age: 60 to 79 years), on a t day did you spend outside in the sun? | ypica | il weekday i | n the sun | nmer, (May-Sep | tember), about how | many hours per |
| | | | | | 1 | | |
| | | | owable Valu | |] | | |
| | | 1 | Less than | |] | | |
| | | 2 | 1 to 2 hou 3 to 4 hou | |] | | |
| | | 3 | More than | |] | | |
| | | 4 | Not asked | |] | | |
| | | 9 | Don't know | |] | | |
| | | 9 | DOITT KHOW | V | | | |
| | SUN_EXP_WKND_60_FU | | | | | number (1,0) | Required: false |
| 25 | In your 60s and 70s (age: 60 to 79 years), on a t | | | (Saturday | and Sunday) ir | n the summer, (May- | |
| | how many hours per day did you spend outside in | n the | sun? | | | | |
| | | All | owable Valu | ies | | | |
| | | 1 | Less than | 1 hour | | | |
| | | 2 | 1 to 2 hou | rs | | | |
| | | 3 | 3 to 4 hou | rs | | | |
| | | 4 | More than | 4 hours | | | |
| | | 8 | Not asked | /dropped | | | |
| | | 9 | Don't know | V | | | |

| ~ (| SUNSCREEN_60_FU | | number (1,0) | Required: false |
|-----|---|--|--------------------------|---------------------|
| 26 | In your 60s and 70s (age: 60 to 79 years), when etc.? | in the sun, did you wear sunscreen or | protective clothing su | ch as long sleeves, |
| | | Allowable Values | | |
| | | 1 Never | | |
| | | 2 Sometimes | | |
| | | 3 Always | | |
| | | 8 Not asked/dropped | | |
| | | 9 Don't know | | |
| | SUN_EXP_60_CITY1_FU | | string (200) | Required: false |
| 27 | In your 60s and 70s (age: 60 to 79 years), which | is the first city where lived for at least | : 1 year? |] [|
| | SUN_EXP_60_COUNTRY1_FU | | number (3,0) | Required: false |
| 28 | In your 60s and 70s (age: 60 to 79 years), which | is the COUNTRY of the first city where | lived for at least 1 ye | ear? |
| 29 | SUN_EXP_60_YR1_FU | number (2,0) | Required: false | |
| 29 | In your 60s and 70s (age: 60 to 79 years), how r | nany years did you live in the first city | where lived for at lea | st 1 year? |
| | | Allowable Values | | |
| | | 1 to 20 or 99 Range | | |
| | | 99 Unknown | | |
| | | | | |
| | SUN_EXP_60_CITY2_FU | | string (200) | Required: false |
| 30 | In your 60s and 70s (age: 60 to 79 years), which | is the second city where lived for at le | ast 1 year? | |
| | SUN_EXP_60_COUNTRY2_FU | | number (3,0) | Required: false |
| 31 | In your 60s and 70s (age: 60 to 79 years), which | is the COUNTRY of the second city wh | ere lived for at least 1 | year? |
| | SUN_EXP_60_YR2_FU | | number (2,0) | Required: false |
| 32 | In your 60s and 70s (age: 60 to 79 years), how r | nany years did you live in the second o | ity where lived for at | least 1 year? |
| | | Allowable Values | | |
| | | 1 to 20 or 99 Range | | |
| | | 99 Unknown | | |
| | | | | |
| 22 | SUN_EXP_60_CITY3_FU | | string (200) | Required: false |
| 33 | In your 60s and 70s (age: 60 to 79 years), which | is the third city where lived for at leas | t 1 year? | |
| 2.4 | SUN_EXP_60_COUNTRY3_FU | | number (3,0) | Required: false |
| 34 | In your 60s and 70s (age: 60 to 79 years), which | is the COUNTRY of the third city wher | e lived for at least 1 y | ear? |
| | SUN_EXP_60_YR3_FU | | number (2,0) | Required: false |
| 35 | | | | |

| | | Allowab | ole Values | | | | | |
|----|---|---|---|---|---------------|-----------------------|-----------------|--|
| | | 1 to 20 | D or 99 Ra | inge | | | | |
| | | | 99 Ur | ıknown | | | | |
| 27 | SUN_EXP_60_CITY4_FU | | | | | string (200) | Required: false | |
| 36 | In your 60s and 70s (age: 60 to 79 years), which is the fourth city where lived for at least 1 year? | | | | | | | |
| | SUN_EXP_60_COUNTRY4_FU | | | | | number (3,0) | Required: false | |
| 37 | In your 40s and 50s (age: 40-59 years), where the second s | hich is the COL | JNTRY of th | e fourth c | ity where li | ved for at least 1 ye | ear? | |
| | SUN_EXP_60_YR4_FU | | | | | number (2,0) | Required: false | |
| 38 | In your 60s and 70s (age: 60 to 79 years), | , how many ye | ears did you | ı live in tl | ne fourth cit | y where lived for at | : least 1 year? | |
| | | Allowab | ole Values | | | | | |
| | | 1 to 20 | D or 99 Ra | inge | | | | |
| | | | 99 Ur | nknown | | | | |
| | | | | | | | | |
| | Q_CRC_OPINION | | | | | number (1,0) | Required: true | |
| 39 | pseudo entry question (not asked) for next block of questions | | | | | | | |
| | pseudo entry question (not asked) for next | | owable Valu | es | | | | |
| | pseudo entry question (not asked) for next | | | es | | | | |
| | Q_TEST_ADVISE_FU | | owable Valu | es | | number (1,0) | Required: false | |
| 40 | | | owable Valu 1 Yes 2 No | | to check fo | | | |
| 40 | Q_TEST_ADVISE_FU | Alle | owable Valu 1 Yes 2 No | | to check fo | | | |
| 40 | Q_TEST_ADVISE_FU | Alle | owable Valu 1 Yes 2 No ised you to able Values | | to check fo | | · | |
| 40 | Q_TEST_ADVISE_FU | Allu ional ever advi | owable Valu 1 Yes 2 No ised you to able Values es | | to check fc | | · | |
| 40 | Q_TEST_ADVISE_FU | ional ever advi Allowa 1 Ye 2 No | owable Valu 1 Yes 2 No ised you to able Values es | get a test | to check fc | | · | |
| 40 | Q_TEST_ADVISE_FU | ional ever advi Allowa Allowa 1 Ye 2 No 8 No | owable Valu 1 Yes 2 No ised you to able Values es o | get a test | to check fo | | Required: false | |
| | Q_TEST_ADVISE_FU | ional ever advi Allowa Allowa 1 Ye 2 No 8 No | owable Valu 1 Yes 2 No ised you to able Values es o ot asked/dro | get a test | to check fo | | | |
| 40 | Q_TEST_ADVISE_FU Has a doctor, nurse or other health profession | Allowa ional ever advi Allowa 1 Ye 2 No 8 No 9 Ur | owable Valu 1 Yes 2 No ised you to able Values es o ot asked/dro nknown/Ref | get a test | | or colorectal cancer? | · | |
| | Q_TEST_ADVISE_FU Has a doctor, nurse or other health professional statements of the second state | Allowa ional ever advi Allowa 1 Ye 2 No 8 No 9 Ur heir chances of | owable Valu 1 Yes 2 No ised you to able Values es o ot asked/dro nknown/Ref | get a test | | or colorectal cancer? | | |
| | Q_TEST_ADVISE_FU Has a doctor, nurse or other health professional statements of the second state | Allowa ional ever advi Allowa 1 Ye 2 No 8 No 9 Ur heir chances of Allowa | owable Valu 1 Yes 2 No ised you to able Values es o ot asked/dro nknown/Ref f getting col | get a test opped used | | or colorectal cancer? | | |
| | Q_TEST_ADVISE_FU Has a doctor, nurse or other health professional statements of the second state | Allowa ional ever advi Allowa 1 Ye 2 No 8 No 9 Ur heir chances of Allowa 1 Stu | owable Valu 1 Yes 2 No ised you to able Values es o ot asked/dro nknown/Ref f getting col able Values | get a test opped used orectal ca | | or colorectal cancer? | | |

| | | 8 Not asked/dropped | | |
|----|--|---|--------------------------------|-----------------|
| | | 9 No opinion | | |
| | | | | |
| 12 | Q_PREVENT_CRC_FU | | number (1,0) | Required: false |
| ٢Z | There are so many different recommend | lations about preventing colorectal cance | er, it's hard to know which or | es to follow |
| | | Allowable Values | | |
| | | 1 Strongly agree | | |
| | | 2 Somewhat agree | | |
| | | 3 Somewhat disagree | | |
| | | 4 Strongly disagree | | |
| | | 8 Not asked/dropped | | |
| | | 9 No opinion | | |
| | | | | |
| 3 | Q_CAUSE_CRC_FU | | 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 | | |
| | | | | |
| 4 | Q_SCREEN_FAMILY_SUPPORT_FU | | number (1,0) | Required: false |
| | I get encouragement from my family me | embers to have a colorectal cancer scree | ning test | |
| | | Allowable Values | | |
| | | 1 Strongly agree | | |
| | | 2 Somewhat agree | | |
| | | 3 Somewhat disagree | | |
| | | 4 Strongly disagree | | |
| | | 8 Not asked/dropped | | |
| | | 9 No opinion | | |
| | | | | |
| 5 | Q_SCREEN_FRIEND_SUPPORT_FU | | 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/drop | ped | | |
| | | 9 | No opinion | | | |
| | | | | | | |
| 46 | Q_WORRY_FRQ_FU | | | | number (1,0) | Required: false |
| | How often do you worry about colorectal ca | ancer? | | | | |
| | | All | owable Values | | | |
| | | 1 | Rarely or never | | | |
| | | 2 | Sometimes | | | |
| | | 3 | Often | | | |
| | | 4 | All the time | | | |
| | | 8 | Not asked/drop | ped | | |
| | | 9 | No opinion | | | |
| | | | | | | |
| 47 | CHOLESTROL_FU | | | | number (1,0) | Required: false |
| 47 | Since the date of your last interview, have Pravachol, Torvast, Lescol, Mevacor, Cresto | you ever ta or, Zocor] (| iken Cholesterol (do not include Z | lowering drugs (st etia Ezetrol, and I | atins) [such as Lipitor Ezemibe and/or niacin) | , Mevacor, Altocor ,), at least |
| | | | | | | |
| | | | owable Values | | | |
| | | 1 | Yes | | | |
| | | 8 | No Not asked/drop | pod | | |
| | | 9 | Unknown/Refus | - | | |
| | | 9 | UTIKITOWIT/ Refus | eu - | | |
| | CHOLESTROL_FRQ_FU | | | | number (4,0) | Required: false |
| 48 | Since the date of your last interview, how o | often did yo | u take Cholester | ol lowering drugs | | |
| | times a week for more than a month? | , | | | | |
| | | Allowable | Values | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | | | | | |
| 49 | CHOLESTROL_INT_FU | | | | number (1,0) | Required: false |
| | Interval in which Cholesterol lowering drug | s (statins) v | was taken. | | | |
| | | | Allowable Value | 5 | | |
| | | | 1 Per Day | | | |
| | | | | | | |

| 2 Per Week 8 not asked 9 Unknown 50 Since your last interview, how many months or years in total did you take Cholesterol lowering drugs (statim) ? Itowable Values Ito 900 or 8888, 9999 1 100 or 8888, 9999 51 CHOLESTROL_TIME_FU 51 CHOLESTROL_TIME_FU 51 CHOLESTROL_TIME_FU 51 Interval for total time Cholesterol lowering drugs (statins) was taken. 52 CHOLESTROL_TIME_FU 53 CHOLESTROL_TIME_FU 54 Interval for total time Cholesterol lowering drugs (statins) was taken. 54 Interval for total time Cholesterol lowering drugs (statins) was taken. 54 Interval for total time Cholesterol lowering drugs (statins) was taken. 54 Interval for total time Cholesterol lowering drugs (statins) was taken. 54 Since the date of your last interview, have you ever taken polyethylene glycol loxative such as MireLax, Glyce Lax, or Get/TELY 55 LAXATIVE_FU number (1,0) Required: false 54 Since the date of your last interview, have you ever taken polyethylene glycol loxative such as MireLax, Glyce Lax, or Get/TELY Itexated Values 54 Not aske | | | | | | | |
|---|----|---|--------------|---------------------------------------|------------------------------------|--|--|
| 9 Unknown 50 CHOLESTROL_LEN_FU number (4,0) Required: false 50 Since your last interview. how many months or years in total did you take Cholesterol lowering drugs (statins) 7 Ilovable Values 1 to 900 or 8888, 9999 Range 51 CHOLESTROL_TIME_FU number (1,0) Required: false 51 CHOLESTROL_TIME_FU number (1,0) Required: false 51 Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. 52 Since the date of your last interview, have you ever taken polyethylene glycol laxative such as Miralax, Glyco Lax, or Gel YELY (scopt for as a proparation for a colenscopy. sigmicidescopy. or Fahrum Amma procedure), at least take a work for more than 53 LAXATIVE_FRO_FU number (4,0) Required: false 53 Since the date of your last Interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a montif? 54 LAXATIVE_FRO_FU number (4 | | | | 2 Per Week | | | |
| 50 HOLESTROL_LEN_FU number (4.0) Required: false 51 Since your last interview, how many months or years in total did you take Cholesterol lowering drugs (statins) ? 51 Ito 900 or 8888, 9999 Range 888 Not Asked 9999 Unknown 51 CHOLESTROL_TIME_FU number (1,0) Required: false 51 Interval for total time Cholesterol lowering drugs (statins) was taken. 52 Number of Months 2 Number of Years 8 Not asked 9 Unknown 52 Since the date of your tast interview, have you ever taken polyethylene glycol taxative such as MiraLas, Glyco Las, or GaLYTELY (except for as a preparation for a colonoscopy, sigmidoscopy, or barline encena procedure), at least twice a weak for more than 53 Since the date of your tast interview, have you ever taken polyethylene glycol taxative such as MiraLas, Glyco Las, or GaLYTELY (except for as a preparation for a colonoscopy, sigmidoscopy, or barline encena procedure), at least twice a weak for more than 54 No 8 Not asked/dropped 9 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 53 Since the date | | | | 8 not asked | | | |
| 50 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 8888 Not Asked 9999 Unknown 51 CHOLESTROL_TIME_FU 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 | | | | 9 Unknown | | | |
| 50 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 8888 Not Asked 9999 Unknown 51 CHOLESTROL_TIME_FU 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 | | | | | | | |
| Allowable Values 1 to 900 or 8888, 9999 8888 9999 Unknown 51 CHOLESTROL_TIME_FU Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for total time Cholesterol lowering drugs (statins) was taken. Interval for a colonoscopy, signoidoscopy. or barium enema procedure), at least twice a week for more than Allowable Values I Yes I No B Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at | 50 | CHOLESTROL_LEN_FU | | | | number (4,0) | Required: false |
| 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown 51 CHOLESTROL_TIME_FU 51 Interval for total time Cholesterol lowering drugs (statins) was taken. Allowable Values 1 1 Number of Months 2 Number of Years 8 Not asked 9 Unknown 52 Ence the date of your last interview, have you ever taken polyethylene glycel laxative such as MiraLax. Ciyco Lax, or GaLYTELY (except for as a preparation for a colonoscopy, signoidoscopy, or barium enema procedure), at least twice a week for more than Allowable Values 1 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 1 Yes 8 Not asked/dropped 9 Unknown | | Since your last interview, how many mont | hs or years | in total did you t | ake Cholesterol | lowering drugs (statins |)? |
| 8888 Not Asked 9999 Unknown 51 CHOLESTROL_TIME_FU 51 Interval for total time Cholesterol lowering drugs (statins) was taken. Allowable Values 1 1 Number of Months 2 Number of Years 8 Not Asked 9 Unknown 52 Except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), at least twice a week for more than Allowable Values 1 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 1 100 or 3838, 9999 8888 Not Asked 9999 Unknown | | | Allowable | Values | | | |
| 9999 Unknown 51 CHOLESTROL_TIME_FU number (1,0) Required:false 51 Interval for total time Cholesterol lowering drugs (statins) was taken. 1 Number of Months 2 Number of Years 8 Not asked 9 Unknown | | | 1 to 900 | or 8888, 9999 | Range | | |
| 51 CHOLESTROL_TIME_FU number (1.0) Required:false 51 Interval for total time Cholesterol lowering drugs (statins) was taken. 1 Number of Months 2 Number of Years 8 Not asked 9 Unknown 52 Since the date of your last interview, have you ever taken polyethylene glycol laxative such as Miral.ax, Glyco Lax, or Gol YTELY (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), at least twice a week for more than Allowable Values 1 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 LAXATIVE_FRQ_FU 54 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? 53 LAXATIVE_FRQ_FU 54 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? 54 I to 900 or 8888, 9999 Range 8888 Not Asked 99999 99999 Unknown | | | | 8888 | Not Asked | | |
| 51 Interval for total time Cholesterol lowering drugs (statins) was taken. Image: Allowable Values 1 Number of Months 2 Number of Vears 8 Not asked 9 Unknown 9 52 LAXATIVE_FU Since the date of your last interview, have you ever taken polyethylene glycol laxative such as MiraLax, Clyco Lax, or GoLYTELY (except for as a preparation for a colonoscopy, sigmoldoscopy, or barlum enema procedure), at least twice a week for more than Allowable Values 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 LaxATIVE_FRQ_FU Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 1 to 900 or 8888, 9999 Range 8888 Not Asked 99999 Unknown | | | | 9999 | Unknown | | |
| 51 Interval for total time Cholesterol lowering drugs (statins) was taken. Image: Allowable Values 1 Number of Months 2 Number of Vears 8 Not asked 9 Unknown 9 52 LAXATIVE_FU Since the date of your last interview, have you ever taken polyethylene glycol laxative such as MiraLax, Clyco Lax, or GoLYTELY (except for as a preparation for a colonoscopy, sigmoldoscopy, or barlum enema procedure), at least twice a week for more than Allowable Values 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 LaxATIVE_FRQ_FU Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 1 to 900 or 8888, 9999 Range 8888 Not Asked 99999 Unknown | | | | | | | |
| Interval for total time Cholesterol lowering drugs (statins) was taken. Image: Image | 51 | CHOLESTROL_TIME_FU | | | | number (1,0) | Required: false |
| 1 Number of Months 2 Number of Years 8 Not asked 9 Unknown | | Interval for total time Cholesterol lowering | g drugs (sta | tins) was taken. | | | |
| 2 Number of Years 8 Not asked 9 Unknown 52 LAXATIVE_FU 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 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 LAXATIVE_FRQ_FU Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 Not Asked 9999 Unknown | | | A | llowable Values | | | |
| Allowable Values LAXATIVE_FR0_FU 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, sigmidloscopy, 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 LAXATIVE_FR0_FU number (4,0) Required: false 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown | | | 1 | Number of Mo | nths | | |
| 9 Unknown 52 LAXATIVE_FU 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 barlum enema procedure), at least twice a week for more than Allowable Values 1 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 10 90 or 8888, 9999 11 00 or 8888, 9999 11 00 or 8888, 9999 12 No 13 1 to 900 or 8888, 9999 14 0 153 1 to 900 or 8888, 9999 11 0 12 1 13 1 to 900 or 8888, 9999 14 0 153 1 to 900 or 8888, 9999 154 1 to 900 or 8888, 9999 155 1 to 900 or 8888, 9999 155 1 to 900 or 8888 155 | | | 2 | Number of Yea | rs | | |
| 52 LAXATIVE_FU number (1,0) Required: false 52 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 9 Unknown/Refused 53 LAXATIVE_FRO_FU number (4,0) Required: false 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 | | | 8 | Not asked | | | |
| 52 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 9 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 Yes 9 Unknown/Refused 1 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 1 1 Not asked 9999 Unknown 9999 | | | 9 | Unknown | | | |
| 52 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 9 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 Yes 9 Unknown/Refused 1 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 1 1 Not asked 9999 Unknown 9999 | | | | | | | |
| 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 | | LAXATIVE_FU | | | | number (1,0) | Required: false |
| Allowable Values 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 Range 8888 99999 Unknown | 52 | Since the date of your last interview, have (except for as a preparation for a colonosc | e you ever t | aken polyethylen idoscopy, or bari | e glycol laxative um enema proc | e such as MiraLax, Glyco edure), at least twice a | Lax, or GoLYTELY week for more than |
| 1 Yes 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 Not Asked 9999 Unknown | | | | | | | |
| 2 No 8 Not asked/dropped 9 Unknown/Refused 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 Not Asked 9999 Unknown | | | | | | | |
| 8 Not asked/dropped 9 Unknown/Refused 53 LAXATIVE_FRO_FU 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 9999 Unknown | | | | | | | |
| 9 Unknown/Refused 53 LAXATIVE_FRQ_FU 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 Not Asked 9999 Unknown | | | | | mod | | |
| LAXATIVE_FRQ_FU number (4,0) Required: false 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown | | | | | - | | |
| 53 Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 8888 Not Asked 9999 Unknown | | | 7 | | seu | | |
| Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times week for more than a month? Allowable Values 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown | | LAXATIVE_FRQ_FU | | | | number (4,0) | Required: false |
| Allowable Values 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown | 53 | Since the date of your last interview, how | often did y | ou take polyethyl | ene glycol laxat | | |
| 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 Unknown | | week for more than a month? | | | | | |
| 8888 Not Asked 9999 Unknown | | | Allowable | Values | | | |
| 9999 Unknown | | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | | 8888 | Not Asked | | |
| | | | | 9999 | Unknown | | |
| NUMBER (1.0) Described false | | | | | | | |
| 54 number (1,0) Required: faise | 54 | LAXATIVE_INT_FU | | | | number (1,0) | Required: false |

| Interval in | which polyethy | ylene glycol lax | ative was taker |
|-------------|----------------|------------------|-----------------|

| | Interval in which polyethylene glycol laxati | | | | | |
|----|---|------------------|--------------------|------------------|-----------------------------|--------------------|
| | | | Allowable Value | 5 | | |
| | | | 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 month | hs or years | in total did you t | ake polyethyler | ne 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 | s taken. | | | |
| | | AI | lowable Values | | | |
| | | 1 | Number of Mor | iths | | |
| | | 2 | Number of Yea | rs | | |
| | | 8 | Not asked | | | |
| | | 9 | Unknown | | | |
| | | | | | | |
| 57 | DIABETES_FU | | | | number (1,0) | Required: false |
| 07 | Since the date of your last interview, have least twice a week for more than a month? | you ever ta ? | aken medication t | o control diabe | etes - either insulin or or | al medications, at |
| | | AI | lowable Values | | | |
| | | 1 | 1 | | | |
| | | 2 |] | | | |
| | | 8 | Not asked/drop | ped | | |
| | | 9 | Unknown/Refus | sed | | |
| | | | | | | |
| FO | DIAB_MED_TYPE_FU | | | | number (1,0) | Required: false |
| 58 | Since the date of your last questionnaire , | what type of | of medication to c | control diabetes | s did you take? | |
| | Allo | wable Value | es | | | |
| | | Pills | | | | |
| | | Insulin Inje | ections | | | |
| | | | nd Insulin Injecti | ons | | |
| | | | | | | |

| | 4 | Insulin Pump | | | |
|----|---|---------------------------------|----------------------|-----------------------|-----------------|
| | | | | | |
| | 5 | Both Pills and Insulin Pump | | | |
| | 6 | Both Insulin Injections + In | | | |
| | 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 mon | ths or years in total did you t | ake oral medicatio | n to control diabetes | ? |
| | | Allowable Values | | | |
| | | 1 to 900 or 8888, 9999 | Range | | |
| | | 8888 | Not Asked | | |
| | | 9999 | Unknown | | |
| | | | | | |
| | DIAB_ORAL_TIME_FU | | | number (1,0) | Required: false |
| 60 | Interval for total time oral medication to o | control diabetes was taken. | | | |
| | | Allowable Values | | | |
| | | 1 Number of Mor | the | | |
| | | | | | |
| | | | | | |
| | | 8 Not Asked | | | |
| | | 9 Unknown | | | |
| | DIAB_INS_INJ_LEN_FU | | | number (4,0) | Required: false |
| 61 | Since your last interview, how many mon | the or years in total did you t | ako insulin inioctic | | |
| | Since your last interview, now many mon | | | | 5 : |
| | | 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 Mor | iths | | |
| | | 2 Number of Yea | rs | | |
| | | 8 Not Asked | | | |
| | | 9 Unknown | | | |
| | | |] | | |

| 63 | DIAB_INS_PUMP_LEN_FU | | | | number (4,0) | Required: false | | |
|----|--|--------------------------|---------------------------------------|------------------------------------|--|---------------------|--|--|
| 03 | Since your last interview, how many mont | ths or year | rs in total did you ι | se insulin pump | to control diabetes ? | | | |
| | | Allowab | le Values | | | | | |
| | | 1 to 90 | 0 or 8888, 9999 | Range | | | | |
| | 8888 Not Asked | | | | | | | |
| | | | 9999 | Unknown | | | | |
| | | | | | | | | |
| 64 | DIAB_INS_PUMP_TIME_FU | | | | number (1,0) | Required: false | | |
| | Interval for total time insulin pump to con | trol diabet | es was used. | | | | | |
| | | | Allowable Values | | | | | |
| | | [| 1 Number of Mor | iths | | | | |
| | | | 2 Number of Yea | rs | | | | |
| | | | 8 Not Asked | | | | | |
| | | | 9 Unknown | | | | | |
| | | | | | | | | |
| | HORMON_MEDS_FU | | | | number (1,0) | Required: false | | |
| 65 | (For females only) Since the date of your disease prevention, at least twice a week combination with another hormone continu hormone therapy delivered by injections/v | for more t uously for | han a month? ONT 6 months/ (do not | ARIO Q: have yo include hormone | u taken estrogen pill o therapy for birth con | r patch alone or in | | |
| | | | Allowable Values | | | | | |
| | | | 1 Yes | | | | | |
| | | | 2 No | | | | | |
| | | | 8 Not asked/drop | ped | | | | |
| | | | 9 Unknown/Refu | sed | | | | |
| | | | | | | | | |
| 66 | HORMON_MEDS_TYPE_FU | | | | number (1,0) | Required: false | | |
| 00 | (For females only) Since the date of your disease prevention did you take? | last questi | onnaire , what type | e of hormonal me | edication for menopaus | sal symptoms or | | |
| | | Allo | wable Values | | | | | |
| | | 1 | Estrogen alone | | | | | |
| | | 2 | Estrogen + Proges | terone | | | | |
| | | 3 | Estrogen + Testos | terone | | | | |
| | | 4 | Other | | | | | |
| | | 9 | Don't know/Refuse | ed | | | | |
| | 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 1 to 900 or 8888, 9999 Range Not Asked 8888 9999 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 1 Per Day 2 Per Week 8 Not Asked 9 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 1 to 900 or 8888, 9999 Range 8888 Not Asked 9999 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 Number of Months 1 2 Number of Years 8 not asked 9 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

| | | H | 2 No | | |
|----|---|---|---|------------------------------|------------------------------------|
| | | | B Not asked/dropped | | |
| | | | 9 Unknown/Refused | | |
| | ALT_MED_PROV1_SPECIFY_FU | | | string (200) | Required: FALSE |
| 73 | Type of alternative health care provider (speci | fv) | | | |
| | ALT_MED_PROV1_TIME_FU | | | number (1,0) | Required: false |
| 74 | When was your last treatment provided by the | e alterr | native health care provider? | | |
| | | All | owable Values | | |
| | | 1 | In the past month | | |
| | | 2 | In the past year | | |
| | | 3 | More than 1 year ago | | |
| | | 4 | More than 5 years ago | | |
| | | 8 | not asked | | |
| | | 9 | Don't know/refused | | |
| | | | | | |
| | ALT_MED_PROV2_SPECIFY_FU | | | string (200) | Required: false |
| 75 | Type of alternative health care provider (speci | | | | |
| | ALT_MED_PROV2_TIME_FU | | | number (1,0) | Required: false |
| 76 | When was your last treatment provided by the | e alterr | native health care provider? | | |
| | | | | | |
| | | All | owable Values | | |
| | | All | | | |
| | | | | | |
| | | 1 | In the past month | | |
| | | 1 | In the past month In the past year | | |
| | | 1 2 3 | In the past month In the past year More than 1 year ago | | |
| | | 1 2 3 4 | In the past month In the past year More than 1 year ago More than 5 years ago | | |
| | | 1 2 3 4 8 | In the past month In the past year More than 1 year ago More than 5 years ago not asked | | |
| 77 | ALT_MED_PROV3_SPECIFY_FU | 1 2 3 4 8 | In the past month In the past year More than 1 year ago More than 5 years ago not asked | string (200) | Required: false |
| 77 | ALT_MED_PROV3_SPECIFY_FU Type of alternative health care provider (speci | 1 2 3 4 8 9 | In the past month In the past year More than 1 year ago More than 5 years ago not asked | string (200) | Required: false |
| | | 1 2 3 4 8 9 | In the past month In the past year More than 1 year ago More than 5 years ago not asked | string (200) number (1,0) | Required: false Required: false |
| 77 | Type of alternative health care provider (speci | 1 2 3 4 8 9 | In the past month In the past year More than 1 year ago More than 5 years ago not asked Don't know/refused | | |
| | Type of alternative health care provider (speci ALT_MED_PROV3_TIME_FU | 1 2 3 4 8 9 | In the past month In the past year More than 1 year ago More than 5 years ago not asked Don't know/refused | | |
| | Type of alternative health care provider (speci ALT_MED_PROV3_TIME_FU | 1 2 3 4 8 9 | In the past month In the past year More than 1 year ago More than 5 years ago not asked Don't know/refused | | |
| | Type of alternative health care provider (speci ALT_MED_PROV3_TIME_FU | 1 2 3 4 8 9 fy) | In the past month In the past year More than 1 year ago More than 5 years ago not asked Don't know/refused hative health care provider? owable Values | | |
| | Type of alternative health care provider (speci ALT_MED_PROV3_TIME_FU | 1 2 3 4 8 9 fy) e alterr All 1 | In the past month In the past year More than 1 year ago More than 5 years ago not asked Don't know/refused hative health care provider? owable Values In the past month | | |

| | | 4 | More than 5 year | rs ago | | |
|----|---|---------------|---------------------|---------------------|-------------------------|--------------------|
| | | 8 | not asked | | | |
| | | 9 | Don't know/refus | sed | | |
| | | | | | | |
| 79 | VIT_A_FU | | | | number (1,0) | Required: false |
| 19 | Since the date of your last interview, have | you taken | Vitamin A pills or | tablets at least tw | vice a week for more tl | han a month? |
| | | A | llowable Values | | | |
| | | 1 | Yes | | | |
| | | 2 | No | | | |
| | | 8 | Not asked/drop | oped | | |
| | | 9 | Unknown/Refus | sed | | |
| | | | | | | |
| 00 | VIT_A_FRQ_FU | | | | number (4,0) | Required: false |
| 80 | Since the date of your last interview, how of week for more than a month? | often did y | ou take Vitamin A | pills or tablets wi | hen you were using it a | at least 2 times a |
| | | Allowable | Values | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | | | | | |
| 81 | VIT_A_INT_FU | | | | number (1,0) | Required: false |
| | Interval for frequency in which Vitamin A pi | ills or table | ets were taken. | | | |
| | | | Allowable Value | s | | |
| | | | 1 Per Day | | | |
| | | | 2 Per Week | | | |
| | | | 8 not asked | | | |
| | | | 9 Unknown | | | |
| |][| | | | | 1 |
| 82 | VIT_A_LEN_FU | | | | number (4,0) | Required: false |
| | Since the date of your last interview, how r | nany mon | ths or years in tot | al did you take Vi | tamin As? | |
| | | Allowable | Values | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| 83 | VIT_A_TIME_FU | | | | number (1,0) | Required: false |
| 03 | Interval for total time Vitamin A pills or tab | lets were | taken. | | | |
| | | | | | | |

| | | AI | lowable Values | | | | | | |
|----|---|---------------|-----------------------|--------------------|-------------------------|--------------------|--|--|--|
| | | 1 | Number of Mor | ths | | | | | |
| | | 2 | Number of Yea | rs | | | | | |
| | | 8 | not asked | | | | | | |
| | | 9 | Unknown | | | | | | |
| | | | | | | | | | |
| 84 | VIT_B_FU | | | | number (1,0) | Required: false | | | |
| | Since the date of your last interview, have | you taken | Vitamin B pills or | tablets at leas | t twice a week for more | than a month? | | | |
| | | AI | lowable Values | | | | | | |
| | | 1 | Yes | | | | | | |
| | | 2 | No | | | | | | |
| | | 8 | Not asked/drop | ped | | | | | |
| | | 9 | Unknown/Refus | sed | | | | | |
| | | | | | | | | | |
| | VIT_B_FRQ_FU | | | | number (4,0) | Required: false | | | |
| 85 | Since the date of your last interview, how of week for more than a month? | often did yo | ou take Vitamin B | pills or tablets | when you were using it | at least 2 times a | | | |
| | | | | | | | | | |
| | | Allowable | 1 | Danga | | | | | |
| | | 1 10 900 | or 8888, 9999 8888 | Range Not Asked | | | | | |
| | | | 9999 | Unknown | | | | | |
| | | | ,,,,, | Unknown | | | | | |
| | VIT_B_INT_FU | | | | number (1,0) | Required: false | | | |
| 86 | Interval for frequency in which Vitamin B p | ills or table | ts were taken. | | |] [| | | |
| | | | Allowable Value | | | | | | |
| | | | 1 Per Day | 5 | | | | | |
| | | | 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 r | many mont | hs or years in tot | al did you take | Vitamin Bs? | | | | |
| | Allowable Values | | | | | | | | |
| | | | or 8888, 9999 | Range | | | | | |
| | | | 8888 | Not Asked | | | | | |
| | | | 9999 | Unknown | | | | | |
| | | L | | | | | | | |

| | VIT_B_TIME_FU | | | | number (1,0) | Required: false | | | | |
|----|---|----------------|--------------------|------------------|-------------------------|--------------------|--|--|--|--|
| 88 | Interval for total time Vitamin B pills or tab | olets were ta | aken. | | | | | | | |
| | Allowable Values | | | | | | | | | |
| | 1 Number of Months | | | | | | | | | |
| | | 2 | Number of Yea | | | | | | | |
| | | 8 | not asked | 5 | | | | | | |
| | | 9 | Unknown | | | | | | | |
| | | | Unknown | | | | | | | |
| | VIT_C_FU | | | | number (1,0) | Required: false | | | | |
| 89 | Since the date of your last interview, have | you taken V | /itamin C pills or | tablets at leas | t twice a week for more | than a month? | | | | |
| | | All | owable Values | | | | | | | |
| | | 1 | Yes | | | | | | | |
| | | 2 | No | | | | | | | |
| | | 8 | Not asked/drop | ped | | | | | | |
| | | 9 | Unknown/Refus | sed | | | | | | |
| | | | | | | | | | | |
| 00 | VIT_C_FRQ_FU | | | | number (4,0) | Required: false | | | | |
| 90 | Since the date of your last interview, how of week for more than a month? | often did yo | u take Vitamin C | pills or tablets | when you were using it | at least 2 times a | | | | |
| | | Allowable | Values | | | | | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | | | | | |
| | | | 8888 | Not Asked | | | | | | |
| | | | 9999 | Unknown | | | | | | |
| | | | | | | | | | | |
| 91 | VIT_C_INT_FU | | | | number (1,0) | Required: false | | | | |
| | Interval for frequency in which Vitamin C p | oills or table | ts were taken. | | | | | | | |
| | | | Allowable Value | 5 | | | | | | |
| | | | 1 Per Day | | | | | | | |
| | | | 2 Per Week | | | | | | | |
| | | | 8 Not asked | | | | | | | |
| | | | 9 Unknown | | | | | | | |
| | | | | | | | | | | |
| 92 | VIT_C_LEN_FU | | | | number (4,0) | Required: false | | | | |
| | Since the date of your last interview, how r | many month | ns or years in tot | al did you take | Vitamin Cs? | | | | | |
| | | Allowable | Values | | | | | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | | | | | |
| | | | 8888 | Not Asked | | | | | | |

| | | L | 9999 | Unknown | | | | | | |
|----|---|-------------------|-----------------|---------------------|----------------------|-----------------|--|--|--|--|
| | | | | | | | | | | |
| | VIT_C_TIME_FU | | | | number (1,0) | Required: false | | | | |
| 93 | Interval for total time Vitamin C pills or tab | lets were take | n. | | | | | | | |
| | Allowable Values | | | | | | | | | |
| | | 1 N | umber of Mon | ths | | | | | | |
| | | 2 N | umber of Yea | ^S | | | | | | |
| | | 8 n | ot asked | | | | | | | |
| | | 9 U | nknown | | | | | | | |
| | | | | | | | | | | |
| 94 | VIT_D_FU | | | | number (1,0) | Required: false | | | | |
| | Since the date of your last interview, have | you taken Vita | amin D pills or | tablets at least tw | vice a week for more | than a month? | | | | |
| | | Allow | able Values | | | | | | | |
| | | 1 Ye | es | | | | | | | |
| | | 2 N | | | | | | | | |
| | | | ot asked/drop | | | | | | | |
| | | 9 U | nknown/Refus | sed | | | | | | |
| | VIT_D_FRQ_FU | | | | number (4,0) | Required: false | | | | |
| 95 | Since the date of your last interview, how of week for more than a month? | often did you ta | ake Vitamin D | pills or tablets w | | | | | | |
| | | Allowable Val | ues | | | | | | | |
| | | 1 to 900 or | 8888, 9999 | Range | | | | | | |
| | | | 8888 | Not Asked | | | | | | |
| | | | 9999 | Unknown | | | | | | |
| | | | | | | | | | | |
| 96 | VIT_D_INT_FU | | | | number (1,0) | Required: false | | | | |
| | Interval for frequency in which Vitamin D p | ills or tablets v | were taken. | | | | | | | |
| | | All | owable Values | 5 | | | | | | |
| | | 1 | Per Day | | | | | | | |
| | | 2 | Per Week | | | | | | | |
| | | 8 | not asked | | | | | | | |
| | | 9 | Unknown | | | | | | | |
| | VIT_D_LEN_FU | | | | number (4,0) | Required: false | | | | |
| 97 | Since the date of your last interview, how r | many months o | or years in tot | al did you take Vi | tamin Ds? | | | | | |
| | | | | | | | | | | |

| | | Allowable Values | | | | |
|-----|--|-------------------------|---------|----------------------|---------------------|-----------------|
| | | 1 to 900 or 8888, | 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | | | | | |
| 98 | VIT_D_TIME_FU | | | | number (1,0) | Required: false |
| | Interval for total time Vitamin D pills or ta | blets were taken. | | | | |
| | | Allowable Va | alues | | | |
| | | 1 Number | of Mor | nths | | |
| | | 2 Number | of Yea | irs | | |
| | | 8 not aske | ed | | | |
| | | 9 Unknow | n | | | |
| | | | | | | |
| 99 | VIT_E_FU | | | | number (1,0) | Required: false |
| | Since the date of your last interview, have | | | | ice a week for more | than a month? |
| | | Allowable Va | alues | | | |
| | | 1 Yes | | | | |
| | | 2 No | | | | |
| | | 8 Not aske | | | | |
| | | 9 Unknow | n/Refu | sed | | |
| | VIT_E_FRQ_FU | | | | number (4,0) | Required: false |
| 100 | Since the date of your last interview, how week for more than a month? | v often did you take V | itamin | E pills or tablets w | | |
| | | Allowable Values | | | | |
| | | 1 to 900 or 8888, | 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | | | | | |
| 101 | VIT_E_INT_FU | | | | number (1,0) | Required: false |
| | Interval for frequency in which Vitamin E | pills or tablets were t | aken. | | | |
| | | Allowable | e Value | S | | |
| | | 1 Per I | Day | | | |
| | | 2 Per V | Veek | | | |
| | | 8 not a | isked | | | |
| | | 9 Unkr | iown | | | |
| | | | | | | |

| 102 | VIT_E_LEN_FU | | | number (4,0) | Required: false | | | | | |
|-----|---|---------------------------------|--------------------|-------------------------|--------------------|--|--|--|--|--|
| 102 | Since the date of your last interview, h | how many months or years in t | otal did you take | e Vitamin Es? | | | | | | |
| | | Allowable Values | | | | | | | | |
| | | 1 to 900 or 8888, 9999 | Range | | | | | | | |
| | | 8888 | Not Asked | | | | | | | |
| | | 9999 | Unknown | | | | | | | |
| | | | | | | | | | | |
| 103 | VIT_E_TIME_FU | | | number (1,0) | Required: false | | | | | |
| | Interval for total time Vitamin E pills or tablets were taken. | | | | | | | | | |
| | | Allowable Values | | | | | | | | |
| | | 1 Number of Mor | nths | | | | | | | |
| | | 2 Number of Yea | rs | | | | | | | |
| | | 8 not asked | | | | | | | | |
| | | 9 Unknown | | | | | | | | |
| | | | | | | | | | | |
| 104 | SELENIUM_FU | | | number (1,0) | Required: false | | | | | |
| | Since the date of your last interview, h | have you taken selenium pills o | r tablets at least | t twice a week for more | than a month? | | | | | |
| | | Allowable Values | | | | | | | | |
| | | 1 Yes | | | | | | | | |
| | | 2 No | | | | | | | | |
| | | 8 Not asked/drop | ped | | | | | | | |
| | | 9 Unknown/Refu | sed | | | | | | | |
| | | | | | | | | | | |
| | SELENIUM_FRQ_FU | | | number (4,0) | Required: false | | | | | |
| 105 | Since the date of your last interview, h week for more than a month? | how often did you take seleniur | n pills or tablets | when you were using it | at least 2 times a | | | | | |
| | | Allowable Values | | | | | | | | |
| | | 1 to 900 or 8888, 9999 | Range | | | | | | | |
| | | 8888 | Not Asked | | | | | | | |
| | | 9999 | Unknown | | | | | | | |
| | | | | | | | | | | |
| 10/ | SELENIUM_INT_FU | | | number (1,0) | Required: false | | | | | |
| 106 | Interval for frequency in which seleniu | um pills or tablets were taken. | | | | | | | | |
| | | Allowable Value | s | | | | | | | |
| | | 1 Per Day | | | | | | | | |
| | | | | | | | | | | |
| | | 2 Per Week | | | | | | | | |

| | | | 9 Unknown | | | | | | | | |
|-----|---|-------------|----------------------|--------------------|-------------------------|---------------------|--|--|--|--|--|
| | SELENIUM_LEN_FU | | | | number (4,0) | Required: false | | | | | |
| 107 | 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 | SELENIUM_TIME_FU | | | | number (1,0) | Required: false | | | | | |
| 100 | Interval for total time selenium pills or tak | olets were | taken. | | | | | | | | |
| | | A | llowable Values | | | | | | | | |
| | | 1 | Number of Mor | iths | | | | | | | |
| | | 2 | Number of Yea | rs | | | | | | | |
| | | 8 | not asked | | | | | | | | |
| | | 9 | Unknown | | | | | | | | |
| | | | | | | | | | | | |
| 109 | ZINC_FU | | | | number (1,0) | Required: false | | | | | |
| | Since the date of your last interview, have | e you takei | n zinc pills or tabl | ets at least twice | e a week for more than | a month? | | | | | |
| | | A | llowable Values | | | | | | | | |
| | | 1 | Yes | | | | | | | | |
| | | 2 | No | | | | | | | | |
| | | 8 | Not asked/drop | ped | | | | | | | |
| | | 9 | Unknown/Refus | sed | | | | | | | |
| | | | | | | | | | | | |
| 110 | ZINC_FRQ_FU | CI 11.1 | | | number (4,0) | Required: false | | | | | |
| | Since the date of your last interview, how for more than a month? | often ala | you take zinc pills | or tablets when | you were using it at le | east 2 times a week | | | | | |
| | | Allowable | Values | | | | | | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | | | | | | |
| | | | 8888 | Not Asked | | | | | | | |
| | | | 9999 | Unknown | | | | | | | |
| | | | | | | | | | | | |
| 111 | ZINC_INT_FU Interval for frequency in which zinc pills of | r tablata | oro takon | | number (1,0) | Required: false | | | | | |
| | Intervation nequency in which zinc plils of | I LODIELS W | | | | | | | | | |
| | | | Allowable Value | 5 | | | | | | | |
| | | | | | | | | | | | |

| | | | 1 | Per Day | | | | |
|-----|--|-------------------|--------|------------------|-----------|-------------|--------------------------|---------------------|
| | | | 2 | Per Week | | | | |
| | | | 8 | not asked | | | | |
| | | | 9 | Unknown | | | | |
| | | | | | | | | |
| 112 | ZINC_LEN_FU | | | | | | number (4,0) | Required: false |
| | Since the date of your last interview, how | many mo | nths | or years in to | otal did | you take : | zinc? | |
| | | Allowable | e Valu | ues | | | | |
| | | 1 to 900 | or 8 | 8888, 9999 | Range | | | |
| | | | | 8888 | Not As | ked | | |
| | | | | 9999 | Unkno | wn | | |
| | | | | | | | | |
| 113 | ZINC_TIME_FU | | | | | | number (1,0) | Required: false |
| | Interval for total time zinc pills or tablets | were taker | ٦. | | | | | |
| | | A | llowa | able Values | | | | |
| | | 1 | Nu | umber of Mon | ths | | | |
| | | 2 | N | umber of Yea | rs | | | |
| | | 8 | nc | ot asked | | | | |
| | | 9 | Ur | nknown | | | | |
| | | | | | | | | |
| | COD_FU | | | | | | number (1,0) | Required: false |
| 114 | Since the date of your last interview, have a month? | e you take | n coo | d liver oil/othe | er fish c | il pills or | tablets at least twice a | week for more than |
| | | A | llowa | able Values | | | | |
| | | 1 | Ye | es | | | | |
| | | 2 | No | C | | | | |
| | | 8 | No | ot asked/drop | ped | | | |
| | | 9 | Ur | nknown/Refus | sed | | | |
| | | | | | | | | |
| 11- | COD_FRQ_FU | | | | | | number (4,0) | Required: false |
| 115 | Since the date of your last interview, how least 2 times a week for more than a more | often did hth? | you | take cod liver | oil/oth | er fish oil | pills or tablets when y | ou were using it at |
| | | Allowable | Valu | ues | | | | |
| | | 1 to 900 | or 8 | 8888, 9999 | Range | | | |
| | | | | 8888 | Not As | ked | | |
| | | | | 9999 | Unkno | wn | | |
| | | | | | | | | |

| 116 | Interval for frequency in which cod liver o | il/othor fich oil | pills or table | s wore taker | | |] [|
|-----|--|--------------------|------------------------------|------------------|-----------|-----------------------|--------------------|
| | Interval for frequency in which cod liver o | m/other fish off | pills of table | ls were laker | 1. | | |
| | | All | owable Value | S | | | |
| | | 1 | | | | | |
| | | 2 | Per Week | | | | |
| | | 8 | not asked | | | | |
| | | 9 | Unknown | | | | |
| | | | | |] | (4.0) | |
| 117 | COD_LEN_FU Since the date of your last interview, how | manymanths | or vooro in to | | | number (4,0) | Required:false |
| | Since the date of your last interview, now | | or years in to | ital did you t | ake cou | iiver on/other fish c | 11 ? |
| | | Allowable Val | | | | | |
| | | 1 to 900 or | | Range | | | |
| | | | 8888 | Not Asked | | | |
| | | | 9999 | Unknown | | | |
| | COD_TIME_FU | | | | | number (1,0) | Required: false |
| 118 | Interval for total time cod liver oil/other fi | ish oil pills or t | ablets were ta | iken | | | Required.raise |
| | | | | | | | |
| | | | able Values | 41 | | | |
| | | | umber of Mor umber of Yea | | | | |
| | | | ot asked | 15 | | | |
| | | | nknown | | | | |
| | | | | | | | |
| | LYCOPENE_FU | | | | | number (1,0) | Required: false |
| 119 | Since the date of your last interview, have | e you taken lyo | copene pills or | tablets at le | east twic | e a week for more t | han a month? |
| | | Allow | able Values | | | | |
| | | 1 Ye | | | | | |
| | | 2 N | | | | | |
| | | | ot asked/drop | ped | | | |
| | | 9 U | nknown/Refus | sed | | | |
| | | | | | | | |
| | LYCOPENE_FRQ_FU | | | | | number (4,0) | Required: false |
| 120 | Since the date of your last interview, how week for more than a month? | often did you | take lycopene | e pills or table | ets wher | ו you were using it a | at least 2 times a |
| | | Allowable Val | ues | | | | |
| | | 1 to 900 or | 8888, 9999 | Range | | | |
| | | | 8888 | Not Asked | | | |
| | | | | | | | |

| | | | 9999 | Unknown | | | | | | | |
|-----|--|-----------------|--------------------|---------------------|--------------|-----------------|--|--|--|--|--|
| | LYCOPENE_INT_FU | | | | number (1,0) | Required: false | | | | | |
| 121 | I Interval for frequency in which lycopene pills or tablets were taken. | | | | | | | | | | |
| | Allowable Values | | | | | | | | | | |
| | | [| 1 Per Day | | | | | | | | |
| | | | 2 Per Week | | | | | | | | |
| | | [| 8 not asked | | | | | | | | |
| | | | 9 Unknown | | | | | | | | |
| 100 | LYCOPENE_LEN_FU | | | | number (4,0) | Required: false | | | | | |
| 122 | Since the date of your last interview, he | ow many mon | ths or years in to | otal did you take | lycopene? | | | | | | |
| | | Allowable | Values | | | | | | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | | | | | | |
| | | | 8888 | Not Asked | | | | | | | |
| | | | 9999 | Unknown | | | | | | | |
| | LYCOPENE_TIME_FU | | | | number (1,0) | Required: false | | | | | |
| 123 | Interval for total time lycopene pills or | tablets were ta | aken. | | | | | | | | |
| | | All | owable Values | | | | | | | | |
| | | 1 | Number of Mor | iths | | | | | | | |
| | | 2 | Number of Yea | | | | | | | | |
| | | 8 | not asked | | | | | | | | |
| | | 9 | Unknown | | | | | | | | |
| | GINGKO_FU | | | | number (1,0) | Required: false | | | | | |
| 124 | Since the date of your last interview, ha | ave you taken | gingko biloba pi | lls or tablets at l | | | | | | | |
| | | ΔΙΙ | owable Values | | | | | | | | |
| | | 1 | Yes | | | | | | | | |
| | | 2 | No | | | | | | | | |
| | | 8 | Not asked/drop | ped | | | | | | | |
| | | 9 | Unknown/Refu | | | | | | | | |
| | GINGKO_FRQ_FU | | | | number (4,0) | Required: false | | | | | |
| 125 | Since the date of your last interview, ho a week for more than a month? | ow often did y | ou take gingko k | iloba pills or tab | | | | | | | |
| | | Allowable | Values | | | | | | | | |

| | | 1 to 900 | or 8888, 9999 | Range | | | | | |
|-----|---|-------------|--------------------|-----------------------|----------------|-----------------|--|--|--|
| | | | 8888 | Not Asked | | | | | |
| | | | 9999 | Unknown | | | | | |
| | | | | | | | | | |
| 126 | GINGKO_INT_FU | | | | number (1,0) | Required: false | | | |
| 120 | Interval for frequency in which gingko bild | ba pills or | tablets were tak | en. | | | | | |
| | | | Allowable Value | S | | | | | |
| | | | 1 Per Day | | | | | | |
| | | | 2 Per Week | | | | | | |
| | | | 8 not asked | | | | | | |
| | | | 9 Unknown | | | | | | |
| | | | | | | | | | |
| 127 | GINGKO_LEN_FU | | | | number (4,0) | Required: false | | | |
| | Since the date of your last interview, how | many mon | ths or years in t | otal did you take | gingko biloba? | | | | |
| | Allowable Values | | | | | | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | | | | |
| | | | 8888 | Not Asked | | | | | |
| | | | 9999 | Unknown | | | | | |
| | | | | | | | | | |
| 128 | GINGKO_TIME_FU | | | | number (1,0) | Required: false | | | |
| | Interval for total time gingko biloba pills c | | | | | | | | |
| | | AI | owable Values | | | | | | |
| | | 1 | Number of Mo | | | | | | |
| | | 2 | Number of Yea | rs | | | | | |
| | | 8 | not asked | | | | | | |
| | | 9 | Unknown | | | | | | |
| | SAW_PALM_FU | | | | number (1,0) | Required: false | | | |
| 129 | Since the date of your last interview, have | e you taken | saw palmetto p | ills or tablets at le | | | | | |
| | | | | | | | | | |
| | | | owable Values | | | | | | |
| | | 1 | Yes | | | | | | |
| | | 8 | Not asked/drop | pred | | | | | |
| | | 9 | Unknown/Refu | | | | | | |
| | | | | | | | | | |
| | | | Error Descripti | on | | | | | |
| 1 | | М | ust be in: 1, 2, 8 | 3, 9 | | | | | |

| 130 | SAW_PALM_FRQ_FU | | | | number (4,0) | Required: false |
|-----|--|---------------|----------------------|--------------------|---------------------------|------------------------|
| 130 | Since the date of your last interview, how a week for more than a month? | v often did y | you take saw pal | metto pills or ta | ablets when you were us | ing it at least 2 time |
| | | Allowable | Values | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | - | | | | |
| 101 | SAW_PALM_INT_FU | | | | number (1,0) | Required: false |
| 31 | Interval for frequency in which saw palme | etto pills or | tablets were tak | en. | | |
| | | | Allowable Value | s | | |
| | | | 1 Per Day | | | |
| | | | 2 Per Week | | | |
| | | | 8 not asked | | | |
| | | | 9 Unknown | | | |
| | | | | | | |
| | SAW_PALM_LEN_FU | | | | number (4,0) | Required: false |
| 32 | Since the date of your last interview, how | / many mor | nths or years in t | otal did you tak | e saw palmetto? |] |
| | L | Allowable | Values | | | |
| | | | or 8888, 9999 | Danga | | |
| | | 1 10 900 | - | Range Not Asked | | |
| | | | 8888 | Unknown | | |
| | | | 7777 | UTKHOWH | | |
| | SAW_PALM_TIME_FU | | | | number (1,0) | Required: false |
| 133 | Interval for total time saw palmetto pills of | or tablets w | ere taken. | | | |
| | | ΔΙ | lowable Values | | | |
| | | 1 | Number of Mo | oths | | |
| | | 2 |] | | | |
| | | 8 |] | | | |
| | | 9 | Unknown | | | |
| | | | | | | |
| | GARLIC_FU | | | | number (1,0) | Required: false |
| 134 | Since the date of your last interview, have | e you taker | n garlic pills or ta | blets at least tw | vice a week for more that | an a month? |
| | | ΔΙ | lowable Values | | | |
| | | 1 | 1 | | | |
| | | 2 | No | | | |
| | | 2 | | | | |

| | | 8 | Not a | sked/drop | ped | | |
|-----|---|----------------|-------------|---------------|---------------------|-------------------------|-----------------|
| | | 9 | Unkn | own/Refus | ed | | |
| | GARLIC_FRQ_FU | | | | | number (4,0) | Required: false |
| 135 | Since the date of your last interview, hov for more than a month? | v often did y | ou take | e garlic pill | s or tablets whe | | |
| | | Allowable | Values | | | | |
| | | 1 to 900 | or 888 | 8, 9999 | Range | | |
| | | | | 8888 | Not Asked | | |
| | | | | 9999 | Unknown | | |
| 10/ | GARLIC_INT_FU | | | | | number (1,0) | Required: false |
| 136 | Interval for frequency in which garlic pills | s or tablets v | vere ta | ken. | | | |
| | | | Allowa | ble Values | 5 | | |
| | | | 1 Pe | er Day | | | |
| | | [| 2 Pe | er Week | | | |
| | | | 8 no | ot asked | | | |
| | | | 9 Ui | nknown | | | |
| 137 | GARLIC_LEN_FU | | | | | number (4,0) | Required: false |
| 137 | Since the date of your last interview, how | v many mon | ths or | years in to | tal did you take | garlic? | |
| | | Allowable | Values | | | | |
| | | 1 to 900 | or 888 | 8, 9999 | Range | | |
| | | | | 8888 | Not Asked | | |
| | | | | 9999 | Unknown | | |
| 100 | GARLIC_TIME_FU | | | | | number (1,0) | Required: false |
| 138 | Interval for total time garlic pills or table | ts were take | n. | | | | |
| | | All | lowable | Values | | | |
| | | 1 | Num | per of Mon | ths | | |
| | | 2 | Num | per of Year | 'S | | |
| | | 8 | not a | sked | | | |
| | | 9 | Unkn | own | | | |
| | CHON_SULF_FU | | | | | number (1,0) | Required: false |
| 139 | Since the date of your last interview, hav | ve vou taken | Chond | roitin sulf: | ate nills or tablet | s at least twice a week | for more than a |

| | | Allow | able Values | | | | | | | |
|------|--|-----------------|------------------|--------------------|-------------------------|-----------------------|--|--|--|--|
| | | 1 Y | 'es | | | | | | | |
| | | 2 N | lo | | | | | | | |
| | | 8 N | lot asked/drop | ped | | | | | | |
| | | 9 L | Inknown/Refus | sed | | | | | | |
| | | | | | | | | | | |
| | CHON_SULF_FRQ_FU | | | | number (4,0) | Required: false | | | | |
| 140 | Since the date of your last interview, how times a week for more than a month? | often did you | take Chondro | itin sulfate pills | or tablets when you wer | e using it at least 2 | | | | |
| | | Allowable Va | lues | | | | | | | |
| | | 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. | | | | | | | | | |
| | | AI | lowable Value | 6 | | | | | | |
| | | 1 | Per Day | | | | | | | |
| | | 2 | Per Week | | | | | | | |
| | | 8 | not asked | | | | | | | |
| | | 9 | Unknown | | | | | | | |
| | | | | | | | | | | |
| 1.10 | CHON_SULF_LEN_FU | | | | number (4,0) | Required: false | | | | |
| 142 | Since the date of your last interview, how | many months | s or years in to | otal did you take | e Chondroitin sulfate? | | | | | |
| | | Allowable Va | lues | | | | | | | |
| | | | 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 fi | sh oil pills or | tablets were ta | iken. | | | | | | |
| | | Allow | vable Values | | | | | | | |
| | | 1 N | lumber of Mor | iths | | | | | | |
| | | 2 N | lumber of Yea | rs | | | | | | |
| | | 8 r | not asked | | | | | | | |
| | | 9 L | Jnknown | | | | | | | |
| | | | | | | | | | | |

| | GLUCOSAMINE_FU | | | | number (1,0) | Required: false |
|-----|--|---------------|---------------------|---------------------|--------------------------|-----------------------|
| 144 | Since the date of your last interview, have | e you taken | glucosamine pill | ls or tablets at le | east twice a week for mo | pre than a month? |
| | | AI | lowable Values | | | |
| | | 1 | Yes | | | |
| | | 2 | No | | | |
| | | 8 | Not asked/drop | pred | | |
| | | 9 | Unknown/Refu | | | |
| | | | | | | |
| | GLUCOSAMINE_FRQ_FU | | | | number (4,0) | Required: false |
| 145 | Since the date of your last interview, how a week for more than a month? | often did y | vou take glucosar | nine pills or table | ets when you were using | g it at least 2 times |
| | | Allowable | Values | | | |
| | | 1 to 900 | or 8888, 9999 | Range | | |
| | | | 8888 | Not Asked | | |
| | | | 9999 | Unknown | | |
| | | L | | | | |
| 14/ | GLUCOSAMINE_INT_FU | | | | number (1,0) | Required: false |
| 146 | Interval for frequency in which glucosami | ne pills or t | ablets were take | n. | | |
| | | | Allowable Value | s | | |
| | | | 1 Per Day | | | |
| | | | 2 Per Week | | | |
| | | | 8 not asked | | | |
| | | | 9 Unknown | | | |
| | | | | | | |
| 147 | GLUCOSAMINE_LEN_FU | | | | number (4,0) | Required: false |
| 147 | Since the date of your last interview, how | many mon | iths or years in to | otal 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 |
| 140 | Interval for total time glucosamine pills or | r tablets we | re taken. | | | |
| | | AI | lowable Values | | | |
| | | 1 | Number of Mor | nths | | |
| | | 2 | Number of Yea | rs | | |
| | | 8 | not asked | | | |
| | | I | | 1 | | |

| | | 9 | Ur | nknown | | | | |
|-----|--|--------------|-------|-----------------|----------------|----------|-----------------------|----------------------|
| | | | | | | | | |
| | ST_JOHNS_WORT_FU | | | | | | number (1,0) | Required: false |
| 149 | Since the date of your last interview, have than a month? | e you ever | take | en St. John's V | Wort pills, ca | psules (| or tablets at least t | wice a week for more |
| | | All | lowa | able Values | | | | |
| | | 1 | Ye | es | | | | |
| | | 2 | Nc |) | | | | |
| | | 8 | Nc | ot asked/drop | ped | | | |
| | | 9 | Ur | nknown/Refus | sed | | | |
| | ST_JOHNS_WORT_FRQ_FU | | | | | | number (4,0) | Required: false |
| 150 | Since the date of your last interview, how least 2 times a week for more than a more | | /ou t | take St. John | 's Wort pills, | capsule | es or tablets when y | ou were using it at |
| | | Allowable | Valu | Jes | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | 9999 | Unknown | | | |
| | ST_JOHNS_WORT_INT_FU | | | | | | number (1,0) | Required: false |
| 151 | Interval for frequency St. John's Wort pill | s, capsules | or ta | ablets were t | aken. | | |] [|
| | | | Allo | owable Value | | | | |
| | | | 1 | Per Day | | | | |
| | | | 2 | Per Week | | | | |
| | | | 8 | not asked | | | | |
| | | | 9 | Unknown | | | | |
| | | | | | | | | |
| 152 | ST_JOHNS_WORT_LEN_FU | | | | | | number (4,0) | Required: false |
| | Since your last interview, how long, in tot | tal, have yo | u ta | ken St. John' | s Wort pills, | capsule | s or tablets? | |
| | | Allowable | Valu | Jes | | | | |
| | | 1 to 900 | or 8 | 3888, 9999 | Range | | | |
| | | | | 8888 | Not Asked | | | |
| | | | | 9999 | Unknown | | | |
| | ST_JOHNS_WORT_TIME_FU | | | | | | number (1,0) | Required: false |
| 153 | Interval for total time St. John's Wort pills | s, capsules | or ta | ablets were ta | aken. | | | |
| | | AI | lowa | able Values | | | | |

| | | 1 | Nu | mber of Mon | ths | | |
|-----|---|---------------------------|----------------|--------------------------|----------------------|------------------------|--------------------|
| | | 2 | Nu | mber of Yea | rs | | |
| | | 8 | no | t asked | | | |
| | | 9 | Un | known | | | |
| | | | | | | | |
| 154 | OTHER_PILL_FU | | | | | number (1,0) | Required: false |
| | Since the date of your last interview, have | e you ever | takeı | n other pills a | at least twice a we | ek for more than a m | onth? |
| | | AI | lowa | ble Values | | | |
| | | 1 | Yes | S | | | |
| | | 2 | No | | | | |
| | | 8 | No | t asked/drop | ped | | |
| | | 9 | Un | known/Refus | sed | | |
| | | | | | | | |
| 155 | OTHER_PILL_SPECIFY | | | | | string (200) | Required: false |
| 155 | List other pills, capsules or tablets taken s taking the pills at least 2 times a week for | since the da more than | ate o n a m | f your last qu nonth: | uestionnaire (see la | abel on page 1 for dat | e), when you were |
| | OTHER_PILL_FRQ_FU | | | | | number (4,0) | Required: false |
| 156 | Since the date of your last interview, how times a week for more than a month? | often did y | you t | ake other pil | ls, capsules or tab | lets when you were u | sing it at least 2 |
| | | Allowable | Valu | ies | | | |
| | | 1 to 900 | or 8 | 888, 9999 | Range | | |
| | | | | 8888 | Not Asked | | |
| | | | | 9999 | Unknown | | |
| | Г | | | | | | 7 |
| 157 | OTHER_PILL_INT_FU | | | | | number (1,0) | Required: false |
| | Interval for frequency other pills, capsules | s or tablets | were | e taken. | | | |
| | | | Allo | wable Values | 5 | | |
| | | | 1 | Per Day | | | |
| | | | 2 | Per Week | | | |
| | | | 8 | not asked | | | |
| | | | 9 | Unknown | | | |
| | | | | | | number (4.0) | Doguirod false |
| 158 | OTHER_PILL_LEN_FU Since your last interview, how long, in tot | al, have yo | ou tak | ken other pill | s, capsules or tabl | ets? | Required: false |
| | | Allowable | | | | | |
| | | | | 888, 9999 | Range | | |
| | | | | 8888 | Not Asked | | |
| | | | | | | | |
| | | | | | | | |

| | l | | 9999 | Unknown | | | | | | |
|-----|---|-------------------|--------------|-----------|--------------|-----------------|--|--|--|--|
| | OTHER_PILL_TIME_FU | | | | number (1,0) | Required: false | | | | |
| 159 | Interval for total time other pills, capsules | or tablets were | taken. | | |] [| | | | |
| | | Allowab | le Values | | | | | | | |
| | | | nber of Mont | ths | | | | | | |
| | | | nber of Year | | | | | | | |
| | | 8 not | asked | | | | | | | |
| | | 9 Unk | nown | | | | | | | |
| | | | | | | | | | | |
| 160 | BODY_MEASURE | | | | number (1,0) | Required: true | | | | |
| | pseudo entry question (not asked) for nex | t block of questi | ons | | | | | | | |
| | | Allov | able Values | | | | | | | |
| | | | | | | | | | | |
| | | 2 | No | | | | | | | |
| | | | | | | | | | | |
| 161 | HIP_CIRCUM_FU number (4,0) Required: false | | | | | | | | | |
| | What are your current hip circumference (| measurements)' | ? | | | | | | | |
| | Allowable Values | | | | | | | | | |
| | | 10 to 900 or 8 | 888, 9999 | Range | | | | | | |
| | | | 8888 | Not Asked | | | | | | |
| | | | 9999 | Unknown | | | | | | |
| | | | | | | | | | | |
| 162 | HIP_CIRCUM_UNIT_FU | | | | number (1,0) | Required: false | | | | |
| | What is the unit of measure used for hip ci | ircumterence? | | | | | | | | |
| | | Allov | able Values | | | | | | | |
| | | | Centimeters | | | | | | | |
| | | 2 | nches | | | | | | | |
| | WAIST_CIRCUM_FU | | | | number (4,0) | Required: false | | | | |
| 163 | What are your current waist circumference | e (measurement | s)? | | ! | I I | | | | |
| | | Allowable Values | 5 | | | | | | | |
| | | 10 to 900 or 8 | | Range | | | | | | |
| | | | 8888 | Not Asked | | | | | | |
| | | | 9999 | Unknown | | | | | | |
| | | | | | | | | | | |

| 1/4 | WAIST_CIRCUM_UNIT_FU | | | | | number (1,0) | Required: false |
|-----|---|--------------|-------------|-------------|--------------|------------------------|-----------------------------|
| 164 | What is the unit of measure used for waist | circumferen | ce? | | | | |
| | | A | llowable Va | lues | | | |
| | | 1 | Centimet | ers | | | |
| | | 2 | Inches | | | | |
| | | | | | | | |
| | TEETH_MISSING_FU | | | | | number (1,0) | Required: false |
| 165 | Not counting wisdom teeth, by the age of 1 teeth that were missing? | 6, did you h | ave any pe | rmanent t | eeth that ne | ever formed at all, th | at is, permanent |
| | | Allow | wable Value | es | | | |
| | | 1 | Yes | | | | |
| | | 2 | No | | | | |
| | | 8 | Not asked | | | | |
| | | 9 1 | Unknown/R | efused | | | |
| | | | | | | | |
| 166 | TEETH_MISSING_CNT_FU | | | | | number (2,0) | Required: false |
| | How many permanent teeth failed to form? | | | | | | |
| | | | | | | | |
| | | 1 to 28 | or 88, 99 | Range | | | |
| | | | 88 | Not aske | d | | |
| | | | 99 | Unknown | I | | |
| | | | | | | | |
| 167 | CHEMO_RAD_FU | | | | | number(2N) | Required:YES, if applicable |
| | SINCE your last interview have you had che | emotherapy | and/or rad | iotherapy f | for bowel or | colon cancer? | |
| | | Allowa | able Values | | | | |
| | | | | 1 Yes | | | |
| | | | | 2 No | | | |
| | | | 8 Not / | Asked | | | |
| | | 9 Uni | known/Re | fused | | | |
| | CHEMO_FU | | | | | number(2N) | Required: YES, if |
| 168 | | ropy bass | | | borossi | | applicable |
| | SINCE your last interview what types of the | apy nave y | ou receive | ar chemot | пегару | | |
| | Allov | wable Values | \$ | | | | |
| | | | - received | | | | |
| | 2 No | o- no did n | ot receive | chemoth | erapy | | |
| | | | | 8 Not A | Asked | | |

| | | 9 Unknown/Refused | | |
|-----|--------------------------------------|--|--------------|------------------------------|
| | | | | |
| 169 | RAD_FU | | number(2N) | Required:YES, if applicable |
| | SINCE your last interview what types | of therapy have you received? Radiotherapy | | |
| | | Allowable Values | | |
| | | 1 Yes- received radiotherapy | | |
| | | 2 No- no did not receive radiotherapy | | |
| | | 8 Not Asked | | |
| | | 9 Unknown/Refused | | |
| | | | | |
| 170 | CHEMO_EVER_FU | | number(2N) | Required: YES, if applicable |
| | Have you EVER received chemotherap | у? | | |
| | | Allowable Values | | |
| | | 1 Yes | | |
| | | 2 No | | |
| | | 8 Not Asked | | |
| | | 9 Unknown/Refused | | |
| | | | | |
| 171 | RAD_EVER_FU | | number(2N) | Required: YES, if applicable |
| | Have you EVER received radiotherapy | ? | | |
| | | Allowable Values | | |
| | | 1 Yes | | |
| | | 2 No | | |
| | | 8 Not Asked | | |
| | | 9 Unknown/Refused | | |
| 170 | PAPSMEAR_FU | | number (1,0) | Required: false |
| 172 | Have you ever had a pap smear? | | | |
| | | Allowable Values | | |
| | | 1 Yes | | |
| | | 2 No | | |
| | | 8 Not asked | | |
| | | 9 Unknown/Refused | | |
| | PAP_PROBLEM_FU | | number (1,0) | Required: false |

| | Does the reason for your pap smear include "to investigate a new problem"? | | | | | | | | | |
|-----|--|------------------|----------------------------------|----------------------|-------------------|--|--|--|--|--|
| | This question is asked as: What were the reasons for the test? [SELECT | | | | | | | | | |
| 170 | 1 TO INVESTIGATE A NEW PROBLEM | ALL | | | | | | | | |
| 173 | 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 not selected as affirmative. | bet | ween "NO" responses and "UNKNOWN | I/REFUSED" only that | at the reason was | | | | | |
| | | All | owable Values | | | | | | | |
| | | 1 | YES | | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | | | |
| | | 8 | Not Asked | | | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | | | |
| | | | | | | | | | | |
| | PAP_FAMHX_FU | | | number (1,0) | Required: false | | | | | |
| 174 | Does the reason for your pap smear include "f | ^f ami | ly history of cancer"? | | | | | | | |
| | * For actual question format see PAP_PROBLEM_FU above. | | | | | | | | | |
| | | All | owable Values | | | | | | | |
| | | 1 | YES | | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | | | |
| | | 8 | Not Asked | | | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | | | |
| | | | | | | | | | | |
| 175 | PAP_ROUTINE_FU | | | number (1,0) | Required: false | | | | | |
| 175 | Does the reason for your pap smear include "r * For actual question format see PAP_PROBLE | | | | | | | | | |
| | | All | owable Values | | | | | | | |
| | | 1 | YES | | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | | | |
| | | 8 | Not Asked | | | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | | | |
| | | | | | | | | | | |
| | PAP_OTHER_FU | | | number (1,0) | Required: false | | | | | |
| 176 | Does the reason for your pap smear include "o * For actual question format see PAP_PROBLE | othe M_F | r reasons"? 'U above. | | | | | | | |
| | | All | owable Values | | | | | | | |
| | | 1 | YES | | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | | | |
| | | 8 | Not Asked | | | | | | | |

| | | 9 UNKM | NOWN/REFU | JSED* | | | | | | | |
|-----|---|----------------------------|---------------|---------------|--------|-----------------|--------------------|--|--|--|--|
| | PAP_OTH_TEXT_FU | | | | | string (200) | Required: false | | | | |
| 177 | What are the specific reasons for your | oap smear? | | | | | | | | | |
| 178 | PAPSMEAR_NO_FU | | | | | number (2,0) | Required: false | | | | |
| 170 | On how many separate occasions have | you had a pap sr | mear? | | | | | | | | |
| | | Allowable Values | S | | | | | | | | |
| | | 1 to 10 or 88 c | or 99 Rar | ge | | | | | | | |
| | | | 88 Not | asked | | | | | | | |
| | | | 99 (Un | known/Refused | d) | | | | | | |
| | PAPSMEAR_LST_AGE_FU number (3,0) Required: false | | | | | | | | | | |
| 179 | 179 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/F | efused) | | | | | | | |
| | | | | | | | | | | | |
| 180 | MAMMO_FU | | | | | number (1,0) | Required: false | | | | |
| | Have you ever had a mammogram? | | | | | | | | | | |
| | | Allow | able Values | | | | | | | | |
| | | 1 Ye | es | | | | | | | | |
| | | 2 N | 0 | | | | | | | | |
| | | 8 N | ot asked | | | | | | | | |
| | | 9 U | nknown/Re | fused | | | | | | | |
| | MAM_PROBLEM_FU | | | | | 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 | | | | | | | | | | |
| 181 | This question is asked as: What were the reasons for the test? [S 1 TO INVESTIGATE A NEW PROBLEM 2 FAMILY HISTORY OF CANCER 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLE 6 OTHER, SPECIFY: 9 DON'T KNOW * Note, it is not always possible to disti | ELECT ALL THAT . M — | APPLY] | | NOWN/R | EFUSED" only th | nat the reason was | | | | |

| | | 2 | NO (not selected, NULL)* | | | | | | |
|-------------------------------------|---|------|-----------------------------|--------------|-----------------|--|--|---|------------------|
| | | 8 | Not Asked | | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | | |
| | | 9 | UNKNOWN/REFUSED | | | | | | |
| | MAM_FAMHX_FU | | | number (1,0) | Required: false | | | | |
| 182 | Does the reason for your mammogram include "family history of cancer"? | | | | | | | | |
| | * For actual question format see MAM_PROBLEM_FU above. | | | | | | | | |
| Allowable Values | | | | | | | | | |
| 1 YES | | | | | | | | | |
| 2NO (not selected, NULL)*8Not Asked | | | | | | | | | |
| | | | | | | | | 9 | UNKNOWN/REFUSED* |
| | MAM_ROUTINE_FU | | | number (1,0) | Required: false | | | | |
| 183 | | o | uting (upper an about un "2 | | Required.Taise | | | | |
| | Does the reason for your mammogram includ * For actual question format see MAM_PROBL | .EM_ | FU above. | | | | | | |
| Allowable Values | | | | | | | | | |
| | | YES | | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | | |
| | | 8 | Not Asked | | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | | |
| | | | | | | | | | |
| 184 | MAM_OTHER_FU | | | 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 | MAM_OTH_TEXT_FU | | | string (200) | Required: false | | | | |
| | What are the specific reasons for your mammogram? | | | | | | | | |
| 186 | MAMMO_NO_FU | | | number (2,0) | Required: false | | | | |
| 100 | On how many separate occasions have you had a mammogram? | | | | | | | | |
| | Allowable Values | | | | | | | | |
| | 88 Not asked | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | (Unknown/Refused) | |
|---|----|-------------------|--|
| 2 | '9 | (Unknown/Refused) | |

| | MAMMO_LST_AGE_FU 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. | | | | | | | |
| | | | | | | | |
| | | 888 | B Not asked | | | | |
| | | 999 | (Unknown/Refused) |) | | | |
| | | | | | | | |
| 188 | PSA_FU | | | | number (1,0) | Required: false | |
| | Have you ever had a PSA (Prostate Specific Antigen testing)? | | | | | | |
| | | А | llowable Values | | | | |
| | | 1 | Yes | | | | |
| | | 2 | No | | | | |
| | | 8 | Not asked | | | | |
| | | 9 | Unknown/Refused | | | | |
| | PSA_PROBLEM_FU | number (1,0) | Required: false | | | | |
| Does the reason for your PSA 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 renot selected as affirmative. | | | | | | | |
| | | Allow | able Values | | | | |
| | | 1 Y | ES | | | | |
| | | 2 N | IO (not selected, NULL |)* | | | |
| | | 8 N | lot Asked | | | | |
| | | 9 L | INKNOWN/REFUSED* | | | | |
| | PSA_FAMHX_FU | | | | 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 Y | ES | | | | |
| | | 2 | IO (not selected, NULL |)* | | | |

| | | | Not Asked | | | | | |
|-----|--|---------------|--------------------------|--------------|-----------------|--|--|--|
| | | 9 | UNKNOWN/REFUSED* | | | | | |
| | PSA_ROUTINE_FU | number (1,0) | Required: false | | | | | |
| 191 | Does the reason for your PSA include "routine | /yea | rly exam or check-up"? | | [| | | |
| | * For actual question format see PSA_PROBLE | EM_F | U above. | | | | | |
| | | | | | | | | |
| | | YES | | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | |
| | | 8 | Not Asked | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | |
| | | | | | | | | |
| 100 | PSA_OTHER_FU | | | number (1,0) | Required: false | | | |
| 192 | Does the reason for your PSA include "other r * For actual question format see PSA_PROBLE | easor EM_F | ns"? J above. | | | | | |
| | | Allo | wable Values | | | | | |
| | | 1 | YES | | | | | |
| | | 2 | NO (not selected, NULL)* | | | | | |
| | | 8 | Not Asked | | | | | |
| | | 9 | UNKNOWN/REFUSED* | | | | | |
| | | | | | | | | |
| 193 | PSA_OTH_TEXT_FU | | | string (200) | Required: false | | | |
| 173 | What are the specific reasons for your PSA? | | | | | | | |
| 194 | PSA_NO_FU | | | number (2,0) | Required: false | | | |
| 194 | On how many separate occasions have you had a PSA? | | | | | | | |
| | | A | llowable Values | | | | | |
| | | 8 | 8 Not asked | | | | | |
| | | 9 | 9 (Unknown/Refused) | | | | | |
| | | | | | | | | |
| | PSA_LST_AGE_FU | | | number (3,0) | Required: false | | | |
| 195 | 195 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 | | | | | | | |
| | | 99 | (Unknown/Refused) | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | CIG_FU | | | number (1,0) | Required: false | | |
|--|---|-----|-------------------|--------------|-----------------|--|--|
| 196 | 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 | | | | | | |
| | | | | | | | |
| | | 1 | Yes | | | | |
| | | 2 | No | | | | |
| | | 8 | Not asked | | | | |
| | | 9 | Unknown/Refused | | | | |
| | | | | | | | |
| 197 | CIG_CURR_FU | | | number (1,0) | Required: false | | |
| Do you currently smoke? | | | | | | | |
| | Allowable Values | | | | | | |
| | | 1 | Yes | | | | |
| | | 2 | No | | | | |
| | | 8 | Not asked | | | | |
| | | 9 | Unknown/Refused | | | | |
| | | | | | | | |
| | CIG_STOP_AGE_FU | | | number (3,0) | Required: false | | |
| 198 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. | | | | | | | |
| | Allowable Values | | | | | | |
| | | 888 | Not asked | | | | |
| | | 999 | (Unknown/Refused) | | | | |
| | | | | | | | |