

Module: colon-epi-followup

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colon-epi-followup

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| 1 | CENTER_NO | number (2,0) | Required: true | | | | | | | | | | | | | | | | |
| Center identification number. | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="border: 1px solid black; padding: 2px;">Allowable Values</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; width: 5%;">11</td> <td style="border: 1px solid black; padding: 2px;">Cancer Care Ontario</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; padding: 2px;">USC Consortium</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">13</td> <td style="border: 1px solid black; padding: 2px;">University of Melbourne</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">14</td> <td style="border: 1px solid black; padding: 2px;">Cancer Research Center of Hawaii</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; padding: 2px;">Mayo Clinic</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">16</td> <td style="border: 1px solid black; padding: 2px;">Fred Hutchinson, Seattle</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">17</td> <td style="border: 1px solid black; padding: 2px;">Northern California (NCCC)</td> </tr> </table> | | | | | Allowable Values | 11 | Cancer Care Ontario | 12 | USC Consortium | 13 | University of Melbourne | 14 | Cancer Research Center of Hawaii | 15 | Mayo Clinic | 16 | Fred Hutchinson, Seattle | 17 | Northern California (NCCC) |
| | Allowable Values | | | | | | | | | | | | | | | | | | |
| 11 | Cancer Care Ontario | | | | | | | | | | | | | | | | | | |
| 12 | USC Consortium | | | | | | | | | | | | | | | | | | |
| 13 | University of Melbourne | | | | | | | | | | | | | | | | | | |
| 14 | Cancer Research Center of Hawaii | | | | | | | | | | | | | | | | | | |
| 15 | Mayo Clinic | | | | | | | | | | | | | | | | | | |
| 16 | Fred Hutchinson, Seattle | | | | | | | | | | | | | | | | | | |
| 17 | Northern California (NCCC) | | | | | | | | | | | | | | | | | | |
| 2 | PERSON_ID (*PK) | string (12) | Required: true | | | | | | | | | | | | | | | | |
| Number that uniquely identifies an individual. *PERSON_ID + FU_ID are the primary key for the table. | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Error Description</td> </tr> <tr> <td style="padding: 5px;">First 2 digits must equal CENTER_NO</td> </tr> </table> | | | | Error Description | First 2 digits must equal CENTER_NO | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |

Allowable Values

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

Error Description

Each PERSON_ID may only have one row per follow-up questionnaire [FU_ID]

FU_TYPE

number (1,0)

Required: true

4

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

Allowable Values

- 1 Version 1
- 2 Version 2

CMPLDATE_FU

string (8)

Required: true

5

Date participant completed follow-up questionnaire

Date Value Check

The date must follow to the following format:

Format YYYYMMDD. Must consist of valid date.

Components of date should be right justified and zero filled.

MM = 01 - 12, 88, 99

DD = 01 - 31, 88, 99

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

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

Use 99, 9999 for not known.

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

If MM = 99 then DD must = 99.

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

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

The following special parameters are used:

(YYYYMMDD)

YYYY 2002 - system year, 8888, 9999

MM 01 - 12 or 88, 99

DD 01 - 31 or 88, 99

Error Description

If FU_ID=3, CMPLDATE_FU must be greater than CMPLDATE_FU where FU_ID=2 and FU_ID=1

If FU_ID=2, CMPLDATE_FU must be greater than CMPLDATE_FU where FU_ID=1

AGE_EPI_FU

number (3,0)

Required: true

6

Age at the time follow-up questionnaire completed

Allowable Values

22 to 120 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If FU_ID=3, must be >AGE_EPI_FU in FU_ID=2

If FU_ID=2, must be >AGE_EPI_FU in FU_ID=1

SEX number (1,0) Required: false

Participant's sex

Allowable Values

1 Male

2 Female

3 Intersex

9 Unknown

WEIGHT_FU number (3,0) Required: true

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

Allowable Values

25 to 450 or 888,999 Range

888 Not asked/Dropped

999 UNKNOWN/REFUSED

Error Description

If FU_ID=1 & FU_TYPE = 1, then must not be 888

If FU_ID=1 & FU_TYPE in (2,3) & CENTER_NO IN(11,15,16), then must not be 888

If FU_ID=1 & FU_TYPE in (2,3) & CENTER_NO NOT IN(11,15,16), then must be 888

If FU_ID=2 or 3 & CENTER_NO IN(11,12,15,16), then must not be 888

If FU_ID=2 or 3 & CENTER_NO IN(13,14,17), then must be 888

ETHNIC_FU number (1,0) Required: true

Do you consider yourself to be Hispanic or Latino?

Allowable Values

1 Yes, HISPANIC OR LATINO

2 No, HISPANIC OR LATINO

8 Not asked

9 UNKNOWN/REFUSED

| Error Description |
|---|
| If FU_TYPE equals 1, ETHNIC_FU must be 8 |
| If FU_TYPE equals 2 and CENTER_NO NOT IN(11,13) , ETHNIC_FU must not be 8 |
| If FU_TYPE equals1 and CENTER_NO IN(11,13), ETHNIC_FU must be 8 |

| | | | |
|--|-------------------|--------------|----------------|
| 10 | S_RACE1_FU | number (2,0) | Required: true |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards) | | | |

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

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

| | | | |
|---|-----------------------|-------------|-----------------|
| 11 | S_RACE1_OTH_FU | string (30) | Required: false |
| Specification of self-identification as other race. | | | |

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

| | | | |
|--|-------------------|--------------|-----------------|
| 12 | S_RACE2_FU | number (2,0) | Required: false |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards) | | | |

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

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

| | | | |
|---|-----------------------|-------------|-----------------|
| 13 | S_RACE2_OTH_FU | string (30) | Required: false |
| Specification of self-identification as other race. | | | |

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

| | | | |
|--|-------------------|--------------|----------------|
| 14 | S_RACE3_FU | number (2,0) | Required:false |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards) | | | |

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

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

| | | | |
|---|-----------------------|-------------|----------------|
| 15 | S_RACE3_OTH_FU | string (30) | Required:false |
| Specification of self-identification as other race. | | | |

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

| | | | |
|--|-------------------|--------------|----------------|
| 16 | S_RACE4_FU | number (2,0) | Required:false |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards) | | | |

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

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

| | | | |
|---|-----------------------|-------------|----------------|
| 17 | S_RACE4_OTH_FU | string (30) | Required:false |
| Specification of self-identification as other race. | | | |

Error Description

If S_RACE4_OTH_FU = 98, then must not be null

If S_RACE4_OTH_FU <> 98, then must be null

HEMOCCULT_FU

number (1,0)

Required: true

18

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

Allowable Values

1 YES

2 NO

9 UNKNOWN/REFUSED

HEMOCCULT_NO_FU

number (2,0)

Required: false

19

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

Allowable Values

1 to 80 or 99 Range

99 UNKNOW/REFUSED

Error Description

If HEMOCCULT_FU = 1, then must not be null

If HEMOCCULT_FU <> 1, then must be null

HEMOCCULT_LST_AGE_FU

number (3,0)

Required: false

20

How old were you at your most recent hemocult test?

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If HEMOCCULT_FU = 1, then must not be null

If HEMOCCULT_FU <> 1, then must be null

If HEMOCCULT_FU = 1, must be <= AGE_EPI_FU

H_LST_PROBLEM_FU

number (1,0)

Required: false

21

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

This question is asked as:

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

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

Allowable Values

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

Error Description

If HEMOCCULT _FU = 1, then must not be null

If HEMOCCULT _FU <> 1, then must be null

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

Allowable Values

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

Error Description

If HEMOCCULT _FU = 1, then must not be null

If HEMOCCULT _FU <> 1, then must be null

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

Allowable Values

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

Error Description

If HEMOCCULT _FU = 1, then must not be null

If HEMOCCULT _FU <> 1, then must be null

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

Allowable Values

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

Error Description

If HEMOCCULT_FU = 1, then must not be null

If HEMOCCULT_FU <> 1, then must be null

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

Allowable Values

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

Error Description

If HEMOCCULT_FU = 1, then must not be null

If HEMOCCULT_FU <> 1, then must be null

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

Allowable Values

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

Error Description

If HEMOCCULT_FU equals 1, H_LST_OTHER_FU must not be null

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

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

Error Description

If H_LST_OTHER_FU = 1, then must not be null

If H_LST_OTHER_FU <> 1, then must be null

| | | | |
|--|---------------------|--------------|---------------|
| 18 | COLOGUARD_FU | number (1,0) | Required:true |
| Since the date of the last interview, have you had a DNA-based whole stool test (Cologuard)? | | | |

Allowable Values

- 1 YES
- 2 NO
- 9 UNKNOWN/REFUSED

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|------------------------|--------------|----------------|
| 19 | COLOGUARD_NO_FU | number (2,0) | Required:false |
| Since the date of your last interview, how many separate cologuard tests have you had? | | | |

| | | | |
|---|----------------|--|--|
| Allowable Values | | | |
| 1 to 80 or 99 | Range | | |
| 99 | UNKNOW/REFUSED | | |
| Error Description | | | |
| If COLOGUARD _FU = 1, then must not be null | | | |
| If COLOGUARD _FU <> 1, then must be null | | | |

| | | | |
|--|-----------------------------|--------------|----------------|
| 20 | COLOGUARD_LST_AGE_FU | number (3,0) | Required:false |
| How old were you at your most recent cologuard test? | | | |

| | | | |
|---|-----------------|--|--|
| Allowable Values | | | |
| 18 to 120 or 999 | Range | | |
| 999 | UNKNOWN/REFUSED | | |
| Error Description | | | |
| If COLOGUARD_FU = 1, then must not be null | | | |
| If COLOGUARD _FU <> 1, then must be null | | | |
| If COLOGUARD _FU = 1, must be <= AGE_EPI_FU | | | |

| | | | |
|---|------------------------------|--------------|----------------|
| 21 | CGUARD_LST_PROBLEM_FU | number (1,0) | Required:false |
| 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] | | | |
| 1 TO INVESTIGATE A NEW PROBLEM | | | |
| 2 FAMILY HISTORY OF COLORECTAL CANCER | | | |
| 3 ROUTINE EXAM OR CHECK-UP | | | |
| 4 FOLLOW-UP OF A PREVIOUS PROBLEM | | | |
| 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT | | | |
| 6 OTHER, SPECIFY: _____ | | | |
| 9 DON'T KNOW | | | |

| | | | |
|---|-------------------------|--|--|
| Allowable Values | | | |
| 1 | YES | | |
| 2 | NO (not selected, NULL) | | |
| 9 | UNKNOWN/REFUSED | | |
| Error Description | | | |
| If COLOGUARD _FU = 1, then must not be null | | | |
| If COLOGUARD _FU <> 1, then must be null | | | |

| | | | |
|--|----------------------------|--------------|----------------|
| 22 | CGUARD_LST_FAMHX_FU | number (1,0) | Required:false |
| 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 |
| Does the reason for your most recent cologuard test include "routine/yearly exam or check-up"? | | | |

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

| | | | |
|--|------------------------------|--------------|-----------------|
| 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 problem"? | | | |

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

| | | | |
|--|------------------------------|--------------|-----------------|
| 25 | CGUARD_LST_FU_FOBT_FU | number (1,0) | Required: false |
| Does the reason for your most recent cologuard test include "follow-up of a previous FOBT result"? | | | |

Allowable Values

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

| Error Description |
|--|
| If COLOGUARD_FU = 1, then must not be null |
| If COLOGUARD_FU <> 1, then must be null |

| | | | |
|--|----------------------------|--------------|----------------|
| 26 | CGUARD_LST_OTHER_FU | number (1,0) | Required:false |
| Does the reason for your most recent cologuard test include "other reasons"? | | | |

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

| Error Description |
|---|
| If COLOGUARD_FU equals 1, CGUARD_LST_OTHER_FU must not be null |
| If COLOGUARD_FU is not equal to 1, CGUARD_LST_OTHER_FU must be null |

| | | | |
|--|-------------------------------|-------------|----------------|
| 27 | CGUARD_LST_OTH_TEXT_FU | string (40) | Required:false |
| Does the reason for your most recent cologuard test include "other reasons"? SPECIFY | | | |

| Error Description |
|---|
| If CGUARD_LST_OTHER_FU = 1, then must not be null |
| If CGUARD_LST_OTHER_FU <> 1, then must be null |

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

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

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

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

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

| | | | |
|--|----------------------------|--------------|----------------|
| | SIGSCOPE_LST_AGE_FU | number (3,0) | Required:false |
|--|----------------------------|--------------|----------------|

30

How old were you at your most recent sigmoidoscopy?

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |
| If SIGSCOPE _FU = 1, must be <= AGE_EPI_FU |

S_LST_PROBLEM_FU

number (1,0)

Required:false

31

Does the reason for your most recent sigmoidoscopy include "to investigate a new problem"?
 This question is asked as:
 What were the reasons for the test?
 [SELECT ALL THAT APPLY]
 1 TO INVESTIGATE A NEW PROBLEM
 2 FAMILY HISTORY OF COLORECTAL CANCER
 3 ROUTINE EXAM OR CHECK-UP
 4 FOLLOW-UP OF A PREVIOUS PROBLEM
 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
 6 OTHER, SPECIFY: _____
 9 DON'T KNOW

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |

S_LST_FAMHX_FU

number (1,0)

Required:false

32

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

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |

S_LST_ROUTINE_FU

number (1,0)

Required:false

33

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

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |

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

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |

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

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

| Error Description |
|--|
| If SIGSCOPE _FU = 1, then must not be null |
| If SIGSCOPE _FU <> 1, then must be null |

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

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

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

| | | | |
|---|--------------------------|-------------|-----------------|
| 37 | S_LST_OTH_TEXT_FU | string (40) | Required: false |
| Does the reason for your most recent sigmoidoscopy include "other reasons"? SPECIFY | | | |

| Error Description |
|--|
| If S_LST_OTHER_FU = 1, then must not be null |
| If S_LST_OTHER_FU <> 1, then must be null |

| | | | |
|--|--------------------|--------------|----------------|
| 38 | COLSCOPE_FU | number (1,0) | Required: true |
| Since the date of your last interview, have you had a colonoscopy? | | | |

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

| | | | |
|--|-----------------------|--------------|-----------------|
| 39 | COLSCOPE_NO_FU | number (2,0) | Required: false |
| Since the date of your last interview, how many separate colonoscopies have you had? | | | |

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

| Error Description |
|---|
| If COLSCOPE_FU = 1, then must not be null |
| If COLSCOPE_FU <> 1, then must be null |

| | | | |
|---|----------------------------|--------------|-----------------|
| 40 | COLSCOPE_LST_AGE_FU | number (3,0) | Required: false |
| How old were you at your most recent colonoscopy? | | | |

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

| Error Description |
|---|
| If COLSCOPE_FU = 1, then must not be null |
| If COLSCOPE_FU <> 1, then must be null |
| If COLSCOPE_FU = 1, must be <= AGE_EPI_FU |

| | | | |
|--|-------------------------|--------------|-----------------|
| | C_LST_PROBLEM_FU | number (1,0) | Required: false |
|--|-------------------------|--------------|-----------------|

41 Does the reason for your most recent colonoscopy include "to investigate a new problem"?
 This question is asked as:
 What were the reasons for the test?
 [SELECT ALL THAT APPLY]
 1 TO INVESTIGATE ANEW PROBLEM
 2 FAMILY HISTORY OF COLORECTAL CANCER
 3 ROUTINE EXAM OR CHECK-UP
 4 FOLLOW-UP OF A PREVIOUS PROBLEM
 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
 6 OTHER, SPECIFY: _____
 9 DON'T KNOW

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

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

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 |

43 **C_LST_ROUTINE_FU** number (1,0) Required:false

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

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

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

44 **C_LST_FU_PROB_FU** number (1,0) Required:false

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

Allowable Values

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

Error Description

If COLSCOPE _FU = 1, then must not be null

If COLSCOPE _FU <> 1, then must be null

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

Allowable Values

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

Error Description

If COLSCOPE _FU = 1, then must not be null

If COLSCOPE _FU <> 1, then must be null

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

Allowable Values

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

Error Description

If COLSCOPE _FU = 1, then must not be null

If COLSCOPE _FU <> 1, then must be null

| | | | |
|--|--------------------------|-------------|----------------|
| 47 | C_LST_OTH_TEXT_FU | string (40) | Required:false |
| Does the reason for your most recent colonoscopy include "other reasons? SPECIFY | | | |

Error Description

If C_LST_OTHER_FU = 1, then must not be null

If C_LST_OTHER_FU <> 1, then must be null

| | | | |
|--|-----------------------|--------------|---------------|
| | BARIUM_EVER_FU | number (1,0) | Required:true |
|--|-----------------------|--------------|---------------|

48

Have you ever had a barium enema?

Allowable Values

- 1 YES
- 2 NO
- 8 Not Asked
- 9 UNKNOWN/REFUSED

Error Description

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

If FU_ID>1, then must be 8

BARIUM_EVER_NO_FU

number (2,0)

Required:false

49

How many separate barium enemas have you ever had?

Allowable Values

- 88 not asked
- 99 Unknown/Refused

Error Description

If BARIUM_EVER_FU = 1, then must not be null

If BARIUM_EVER_FU <> 1, then must be null

BARIUM_FST_AGE_FU

number (3,0)

Required:false

50

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

Allowable Values

- | | |
|----------------------|-------------------|
| 1 to 120 or 888, 999 | Range |
| 888 | NOT ASKED/DROPPED |
| 999 | UNKNOWN/REFUSED |

Error Description

If BARIUM_EVER_FU = 1, then must not be null

If BARIUM_EVER_FU <> 1, then must be null

If BARIUM_EVER_FU = 1, must be <=AGE_EPI_FU

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE (2,3), then must be 888

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 888

B_FST_PROBLEM_FU

number (1,0)

Required:false

51

Does the reason for your first barium enema include "to investigate a new problem"?
 This question is asked as: What were the reasons for the test?
 [SELECT ALL THAT APPLY]
 1 TO INVESTIGATE ANEW PROBLEM
 2 FAMILY HISTORY OF COLORECTAL CANCER

3 ROUTINE EXAM OR CHECK-UP
4 FOLLOW-UP OF A PREVIOUS PROBLEM
5 FOLLOW-UP OF A PREVIOUS FOBT RESULT
6 OTHER, SPECIFY: _____
9 DON'T KNOW

Allowable Values

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

Error Description

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

52 **B_FST_FAMHX_FU**

number (1,0)

Required:false

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

53 **B_FST_ROUTINE_FU**

number (1,0)

Required:false

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

Allowable Values

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

Error Description

If BARIUM_EVER_FU = 1, then must not be null

If BARIUM_EVER_FU <> 1, then must be null

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE in (2,3), then must be 8

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 8

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

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

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

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

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

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

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

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

Error Description

If BARIUM_EVER_FU = 1, then must not be null

If BARIUM_EVER_FU <> 1, then must be null

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE in (2,3), then must be 8

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must not be 8

B_FST_OTH_TEXT_FU

string (40)

Required:false

57

Does the reason for your first barium enema include "other reasons"? SPECIFY

Error Description

If B_FST_OTH_TEXT_FU=1, then must not be null

If B_FST_OTH_TEXT_FU <> 1, then must be null

BARIUM_SINCE_FU

number (1,0)

Required:TRUE

58

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not asked/Dropped

9 UNKNOWN/REFUSED*

Error Description

If FU_ID=1, must be 8

If FU_ID>1, must not be null or 8

BARIUM_SINCE_NO_FU

number (1,0)

Required:false

59

How many separate barium enemas have you had since your last interview?

Allowable Values

88 Not Asked

99 Unknown/Refused"

Error Description

BARIUM_SINCE_FU= 1, then must not be null

BARIUM_SINCE_FU<> 1, then must be null

BARIUM_LST_AGE_FU

number (3,0)

Required:false

60

How old were you when you had your most recent barium enema?

Allowable Values

1 to 120 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

If BARIUM_EVER_FU = 1, must be >=BARIUM_FST_AGE_FU

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then be <= AGE_EPI_FU

B_LST_PROBLEM_FU

number (1,0)

Required:false

61

Does the reason for your most recent barium enema include "to investigate a new problem"?
This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY]

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

B_LST_FAMHX_FU

number (1,0)

Required:false

62

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

B_LST_ROUTINE_FU

number (1,0)

Required:false

63

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

B_LST_FU_PROB_FU

number (1,0)

Required:false

64

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If BARIUM_EVER_FU = 1, then must not be null

If BARIUM_EVER_FU <> 1, then must be null

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must be 8

If BARIUM_EVER_FU = 1 & FU_ID<>1 & FU_TYPE<>1, then must not be 8

B_LST_FU_FOBT_FU

number (1,0)

Required:true

65

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

Allowable Values

1 Yes

2 No (not selected, NULL)

8 Not Asked/Dropped

9 Unknown/Refused

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

If BARIUM_EVER_FU = 1 & FU_ID=1 & FU_TYPE =1, must be 8

B_LST_OTHER_FU

number (1,0)

Required:false

66

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If BARIUM_EVER_FU = 1 or BARIUM_SINCE_FU= 1, then must not be null

If BARIUM_EVER_FU <> 1 & BARIUM_SINCE_FU<> 1, then must be null

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

Error Description

If B_LST_OTHER_FU = 1, then must not be null

If B_LST_OTHER_FU <> 1, then must be null

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

Allowable Values

1 YES

2 NO

9 UNKNOWN/REFUSED

Error Description

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

If FU_ID>1, then must be 8

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

Allowable Values

1 to 10 or 88, 99 Range

88 Not asked

99 Unknown/Refused

Error Description

If VIRTUAL_C_EVER_FU = 1, then must not be null

If VIRTUAL_C_EVER_FU <> 1, then must be null

If VIRTUAL_C_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1 & CENTER_NO=14, then must equal 8

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

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

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

| | | | |
|--|------------------------------|--------------|----------------|
| 71 | VIRTUAL_C_SINCE_NO_FU | number (2,0) | Required:false |
| How many times have you had a virtual colonoscopy since your last follow-up questionnaire? | | | |

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

| Error Description |
|---|
| If VIRTUAL_C_SINCE_FU=1, must not be null |
| If VIRTUAL_C_SINCE_FU<>1, must be null |

| | | | |
|---|---------------------------|--------------|----------------|
| 72 | VIRTUAL_LST_AGE_FU | number (3,0) | Required:false |
| How old were you when you had your most recent virtual colonoscopy? | | | |

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

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

| | | | |
|--|--------------------------|--------------|----------------|
| 73 | VC_LST_PROBLEM_FU | number (1,0) | Required:false |
| Does the reason for your most recent virtual colonoscopy include "to investigate a new problem"? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1 TO INVESTIGATE ANEW PROBLEM 2 FAMILY HISTORY OF COLORECTAL CANCER 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLEM 5 FOLLOW-UP OF A PREVIOUS FOBT RESULT 6 OTHER, SPECIFY: _____ 9 DON'T KNOW | | | |

| Allowable Values | |
|------------------|-------------------------|
| 1 | Yes |
| 2 | No (not selected, NULL) |
| 8 | Not Asked |
| | |

9 Unknown/refused

Error Description

If VIRTUAL_C_EVER_FU = 1 or VIRTUAL_C_SINCE_FU=1, then must not be null

If VIRTUAL_C_EVER_FU <> 1 & VIRTUAL_C_SINCE_FU<>1, then must be null

If VIRTUAL_C_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1 & CENTER_NO=14, then must equal 8

74 **VC_LST_FAMHX_FU**

number (1,0)

Required:false

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

Allowable Values

1 Yes

2 No (not selected, NULL)

8 Not Asked

9 Unknown/refused

Error Description

When VIRTUAL_C_EVER_FU equals 1, VC_LST_FAMHX_FU must not be null

When VIRTUAL_C_EVER_FU is not equal to 1, VC_LST_FAMHX_FU must be null

When FU_TYPE equals 2, VC_LST_FAMHX_FU must not be 8

75 **VC_LST_ROUTINE_FU**

number (1,0)

Required:false

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

Allowable Values

1 Yes

2 No (not selected, NULL)

8 Not Asked

9 Unknown/refused

Error Description

If VIRTUAL_C_EVER_FU = 1 or VIRTUAL_C_SINCE_FU=1, then must not be null

If VIRTUAL_C_EVER_FU <> 1 & VIRTUAL_C_SINCE_FU<>1, then must be null

If VIRTUAL_C_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1 & CENTER_NO=14, then must equal 8

76 **VC_LST_FU_PROB_FU**

number (1,0)

Required:false

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

Allowable Values

1 Yes

2 No (not selected, NULL)

8 Not Asked

9 Unknown/refused

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

| | | | |
|---|--------------------------|--------------|----------------|
| 77 | VC_LST_FU_FOBT_FU | number (1,0) | Required:false |
| Does the reason for your most recent virtual colonoscopy include "follow-up of a previous FOBT result"? | | | |

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

| Error Description |
|---|
| If VIRTUAL_C_EVER_FU = 1 or VIRTUAL_C_SINCE_FU=1, then must not be null |
| If VIRTUAL_C_EVER_FU <> 1 & VIRTUAL_C_SINCE_FU<>1, then must be null |
| If FU_ID in (1,2) & FU_TYPE in (2,5), then must not equal 8 |
| If VIRTUAL_C_EVER_FU = 1 & FU_ID=1 & FU_TYPE=1, then must equal 8 |

| | | | |
|---|------------------------|--------------|----------------|
| 78 | VC_LST_OTHER_FU | number (1,0) | Required:false |
| Does the reason for your most recent virtual colonoscopy include "other reasons"? | | | |

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

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

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

| Error Description |
|---|
| If VC_LST_OTHER_FU=1, then must not be null |
| If VC_LST_OTHER_FU <> 1, then must be null |

| | | | | | | | | | | | |
|---|------------------|--------------|----------------|------------------|--|---|-----|---|----|---|-----------------|
| 80 | POLYPS_FU | number (1,0) | Required: true | | | | | | | | |
| Since the date of your last interview, has a doctor told you that you had polyps in your large bowel/colon/rectum? | | | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>YES</td></tr> <tr><td>2</td><td>NO</td></tr> <tr><td>9</td><td>UNKNOWN/REFUSED</td></tr> </table> | | | | Allowable Values | | 1 | YES | 2 | NO | 9 | UNKNOWN/REFUSED |
| Allowable Values | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | |
| 2 | NO | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---------------------|--------------|-----------------|--------------------------|--|---|-----|--------------------------------------|----|---|-----------------|
| 81 | POLYP_REM_FU | number (1,0) | Required: false | | | | | | | | |
| Since the date of your last interview, have you had any polyps removed? | | | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>YES</td></tr> <tr><td>2</td><td>NO</td></tr> <tr><td>9</td><td>UNKNOWN/REFUSED</td></tr> </table> | | | | Allowable Values | | 1 | YES | 2 | NO | 9 | UNKNOWN/REFUSED |
| Allowable Values | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | |
| 2 | NO | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED | | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Error Description</td></tr> <tr><td colspan="2">If POLYPS_FU = 1, then must not be null</td></tr> <tr><td colspan="2">If POLYPS_FU <> 1, then must be null</td></tr> </table> | | | | Error Description | | If POLYPS_FU = 1, then must not be null | | If POLYPS_FU <> 1, then must be null | | | |
| Error Description | | | | | | | | | | | |
| If POLYPS_FU = 1, then must not be null | | | | | | | | | | | |
| If POLYPS_FU <> 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 separate occasions have you had polyps removed? | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1 to 10 or 99</td><td>Range</td></tr> <tr><td>99</td><td>UNKNOWN/REFUSED</td></tr> </table> | | | | Allowable Values | | 1 to 10 or 99 | Range | 99 | UNKNOWN/REFUSED | | | | | | | | |
| Allowable Values | | | | | | | | | | | | | | | | | |
| 1 to 10 or 99 | Range | | | | | | | | | | | | | | | | |
| 99 | UNKNOWN/REFUSED | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Error Description</td></tr> <tr><td colspan="2">If POLYP_REM_FU = 1, then must not be null</td></tr> <tr><td colspan="2">If POLYP_REM_FU <> 1, then must be null</td></tr> <tr><td colspan="2">If FU_ID=1 & FU_TYPE=2 & POLYP_REM_FU = 1, then must equal 88</td></tr> <tr><td colspan="2">If FU_TYPE=5 & POLYP_REM_FU = 1, then must equal 88</td></tr> <tr><td colspan="2">If FU_ID=3 & POLYP_REM_FU = 1, then must not equal 88</td></tr> <tr><td colspan="2">If FU_ID=1 & FU_TYPE=1 & POLYP_REM_FU = 1, then must not equal 88</td></tr> </table> | | | | Error Description | | If POLYP_REM_FU = 1, then must not be null | | If POLYP_REM_FU <> 1, then must be null | | If FU_ID=1 & FU_TYPE=2 & POLYP_REM_FU = 1, then must equal 88 | | If FU_TYPE=5 & POLYP_REM_FU = 1, then must equal 88 | | If FU_ID=3 & POLYP_REM_FU = 1, then must not equal 88 | | If FU_ID=1 & FU_TYPE=1 & POLYP_REM_FU = 1, then must not equal 88 | |
| Error Description | | | | | | | | | | | | | | | | | |
| If POLYP_REM_FU = 1, then must not be null | | | | | | | | | | | | | | | | | |
| If POLYP_REM_FU <> 1, then must be null | | | | | | | | | | | | | | | | | |
| If FU_ID=1 & FU_TYPE=2 & POLYP_REM_FU = 1, then must equal 88 | | | | | | | | | | | | | | | | | |
| If FU_TYPE=5 & POLYP_REM_FU = 1, then must equal 88 | | | | | | | | | | | | | | | | | |
| If FU_ID=3 & POLYP_REM_FU = 1, then must not equal 88 | | | | | | | | | | | | | | | | | |
| If FU_ID=1 & FU_TYPE=1 & POLYP_REM_FU = 1, then must not equal 88 | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|---|--------------------------|--------------|-----------------|------------------|--|------------------|-------|-----|-----------------|
| 83 | POLYP_REM1_AGE_FU | number (3,0) | Required: false | | | | | | |
| How old were you the first time you had polyps removed since the date of your last interview? | | | | | | | | | |
| <table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>18 to 120 or 999</td><td>Range</td></tr> <tr><td>999</td><td>UNKNOWN/REFUSED</td></tr> </table> | | | | Allowable Values | | 18 to 120 or 999 | Range | 999 | UNKNOWN/REFUSED |
| Allowable Values | | | | | | | | | |
| 18 to 120 or 999 | Range | | | | | | | | |
| 999 | UNKNOWN/REFUSED | | | | | | | | |

| Error Description |
|--|
| If POLYP_REM_FU = 1, then must not be null |
| If POLYP_REM_FU <> 1, then must be null |
| If POLYP_REM_FU = 1, must be <=AGE_EPI_FU |
| If POLYP_REM_NO_FU = 88, then must be null |

| | | | |
|--|--------------------------|--------------|----------------|
| 84 | POLYP_REM2_AGE_FU | number (3,0) | Required:false |
| How old were you the second time you had polyps removed since the date of your last interview? | | | |

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

| Error Description |
|--|
| If POLYP_REM_NO_FU >= 2 and POLYP_REM_NO_FU <> 99, then must not be null |
| If POLYP_REM_FU <> 1, then must be null |
| If POLYP_REM_NO_FU < 2, then must be null |
| If POLYP_REM1_AGE_FU is null, then must be null |
| If POLYP_REM_NO_FU >= 2 & POLYP_REM1_AGE_FU <> 999, must be >= POLYP_REM1_AGE_FU |
| If POLYP_REM_NO_FU = 88, then must be null |

| | | | |
|---|--------------------------|--------------|----------------|
| 85 | POLYP_REM3_AGE_FU | number (3,0) | Required:false |
| How old were you the third time you had polyps removed since the date of your last interview? | | | |

| | |
|------------------|-----------------|
| Allowable Values | |
| 18 to 120 | Range |
| 999 | UNKNOWN/REFUSED |

| Error Description |
|--|
| must be 18-120 or 999 |
| If POLYP_REM_NO_FU >= 3 and POLYP_REM_NO_FU <> 99, then must not be null |
| If POLYP_REM_FU <> 1, then must be null |
| If POLYP_REM_NO_FU < 3, then must be null |
| If POLYP_REM2_AGE_FU is null, then must be null |
| If POLYP_REM_NO_FU >= 3 & POLYP_REM2_AGE_FU <> 999, must be >= POLYP_REM2_AGE_FU |
| If POLYP_REM_NO_FU = 88, then must equal 888 |

| | | | |
|--|--------------------------|--------------|----------------|
| 86 | POLYP_REM4_AGE_FU | number (3,0) | Required:false |
| How old were you the fourth time you had polyps removed since the date of your last interview? | | | |

| | |
|------------------|-------|
| Allowable Values | |
| 18 to 120 | Range |

999 UNKNOWN/REFUSED

Error Description

must be 18-120 or 999

If POLYP_REM_NO_FU >= 4 and POLYP_REM_NO_FU <> 99, then must not be null

If POLYP_REM_FU <> 1, then must be null

If POLYP_REM_NO_FU < 4, then must be null

If POLYP_REM3_AGE_FU is null, then must be null

If POLYP_REM_NO_FU >= 4 & POLYP_REM3_AGE_FU <> 999, must be >= POLYP_REM3_AGE_FU

If POLYP_REM_NO_FU = 88, then must equal 888

87 POLYP_REM5_AGE_FU

number (3,0)

Required: false

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

Allowable Values

18 to 120 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If POLYP_REM_NO_FU >= 5 and POLYP_REM_NO_FU <> 99, then must not be null

If POLYP_REM_FU <> 1, then must be null

If POLYP_REM_NO_FU < 5, then must be null

If POLYP_REM4_AGE_FU is null, then must be null

If POLYP_REM_NO_FU >= 5 & POLYP_REM4_AGE_FU <> 999, must be >= POLYP_REM4_AGE_FU

If POLYP_REM_NO_FU = 88, then must be null

88 CRSRG_FU

number (1,0)

Required: true

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

Allowable Values

1 YES

2 NO

9 UNKNOWN/REFUSED

Error Description

Colon EPI: COLON_REM_EXT=1, then <> 1

89 CRSRG_NO_FU

number (2,0)

Required: false

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

Allowable Values

1 to 10 or 99

Range

99 UNKNOWN/REFUSED

Error Description

If CRSRG_FU = 1, then must not be null

If CRSRG_FU <> 1, then must be null

If FU_ID=1 & FU_TYPE=1 & CRSRG_FU = 1, then must not equal 88

If FU_ID<>1 & FU_TYPE<>1 & CRSRG_FU = 1, then must equal 88

90 **CRSRG1_AGE_FU** number (3,0) Required: false

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

Allowable Values

18 to 120 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If CRSRG_FU = 1, then must not be null

If CRSRG_FU = 1, must be <= AGE_EPI_FU

If CRSRG_FU <> 1, then must be null

91 **CRSRG1_T_FU** number (1,0) Required: false

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

Allowable Values

1 COMPLETELY

2 PARTIALLY

9 UNKNOWN/REFUSED

Error Description

If CRSRG_FU=1, then must not be null

If CRSRG_FU <> 1, then must be null

92 **CRSRG1_R_TUMOR_FU** number (1,0) Required: false

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

- 1. BENIGN OR MALIGNANT TUMOR
- 2. DIVERTICULAR DISEASE
- 3. INFLAMMATORY BOWEL DISEASE
- 4. OTHER_SPECIFY, _____
- 5. DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

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

If CRSRG_FU=1, then must not be null

If CRSRG_FU <> 1, then must be null

93

CRSRG1_R_CAN_FU

number (1,0)

Required:false

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

94

CRSRG1_R_DIV_FU

number (1,0)

Required:false

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

95

CRSRG1_R_COLITIS_FU

number (1,0)

Required:false

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

96 **CRSRG1_R_IBD_FU**

number (1,0)

Required:false

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

97 **CRSRG1_R_CROHN_FU**

number (1,0)

Required:false

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=1 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

98 **CRSRG1_R_OTHER_FU**

number (1,0)

Required:false

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

Allowable Values

1 YES

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

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

| | | | |
|---|-----------------------------|-------------|----------------|
| 99 | CRSRG1_R_OTH_TEXT_FU | string (40) | Required:false |
| Did the reasons for your first CRC surgery include "OTHER REASONS"? SPECIFY | | | |

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

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

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

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

| | | | |
|---|--------------------|--------------|----------------|
| 101 | CRSRG2_T_FU | number (1,0) | Required:false |
| During that surgery, was your colon completely or only partially removed? | | | |

| | |
|------------------|-----------------|
| Allowable Values | |
| 1 | COMPLETELY |
| 2 | PARTIALLY |
| 8 | NOT ASKED |
| 9 | UNKNOWN/REFUSED |

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

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

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

| | | | |
|---|------------------------|--------------|-----------------|
| 103 | CRSRG2_R_CAN_FU | number (1,0) | Required: false |
| Did the reasons for your second CRC surgery include "CANCER"? | | | |

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

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

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

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

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

| | | | |
|--|----------------------------|--------------|-----------------|
| | CRSRG2_R_COLITIS_FU | number (1,0) | Required: false |
|--|----------------------------|--------------|-----------------|

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 not be null
- If CRSRG_FU <> 1, then must be null
- If CRSRG_NO_FU =88, then must equal 8
- If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

CRSRG2_R_IBD_FU

number (1,0)

Required: false

106

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

Allowable Values

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

Error Description

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

CRSRG2_R_CROHN_FU

number (1,0)

Required: false

107

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

Allowable Values

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

Error Description

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

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

| | | | |
|--|--------------------------|--------------|-----------------|
| 108 | CRSRG2_R_OTHER_FU | number (1,0) | Required: false |
| Did the reasons for your second CRC surgery include "OTHER REASONS"? | | | |

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

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

| | | | |
|--|-----------------------------|-------------|-----------------|
| 109 | CRSRG2_R_OTH_TEXT_FU | string (40) | Required: false |
| Did the reasons for your second CRC surgery include "OTHER REASONS"? SPECIFY | | | |

| Error Description | |
|---|--|
| If CRSRG2_R_OTHER_FU = 1, then must not be null | |
| If CRSRG2_R_OTHER_FU <> 1, then must be null | |

| | | | |
|---|----------------------|--------------|-----------------|
| 110 | CRSRG3_AGE_FU | number (3,0) | Required: false |
| How old were you when you had your third surgery since the date of your last interview? | | | |

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

| Error Description | |
|--|--|
| If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null | |
| If CRSRG_NO_FU < 3 or null, then must be null | |
| If CRSRG_NO_FU >=3, must be >= CRSRG2_AGE_FU | |
| If CRSRG_NO_FU =88, then must equal 888 | |
| If CRSRG1_T_FU=1, then must be null | |

| | | | |
|---|--------------------|--------------|-----------------|
| 111 | CRSRG3_T_FU | number (1,0) | Required: false |
| During that surgery, was your colon completely or only partially removed? | | | |

| Allowable Values | |
|------------------|------------|
| 1 | COMPLETELY |
| 2 | PARTIALLY |

9 UNKNOWN/REFUSED

Error Description

If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then 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:

112

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

- 1. BENIGN OR MALIGNANT TUMOR
- 2. DIVERTICULAR DISEASE
- 3. INFLAMMATORY BOWEL DISEASE
- 4. OTHER_SPECIFY, _____
- 5. DON'T KNOW

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

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

If CRSRG_FU=1, then must not be null

If CRSRG_FU <> 1, then must be null

CRSRG3_R_CAN_FU

number (1,0)

Required: false

113

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

CRSRG3_R_DIV_FU

number (1,0)

Required: false

114

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

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

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

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

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

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

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

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

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

| | | | |
|---|--------------------------|--------------|-----------------|
| 117 | CRSRG3_R_CROHN_FU | number (1,0) | Required: false |
| Did the reasons for your third CRC surgery include "CROHN'S DISEASE"? | | | |

Allowable Values

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

Error Description

If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

118

[CRSRG3_R_OTHER_FU](#)

number (1,0)

Required: false

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

Allowable Values

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

Error Description

If CRSRG_NO_FU >=3 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

119

[CRSRG3_R_OTH_TEXT_FU](#)

string (40)

Required: false

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

Error Description

If CRSRG3_R_OTHER_FU = 1, then must not be null

If CRSRG3_R_OTHER_FU <> 1, then must be null

120

[CRSRG4_AGE_FU](#)

number (3,0)

Required: false

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

Allowable Values

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

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

| | | | |
|---|--------------------|--------------|----------------|
| 121 | CRSRG4_T_FU | number (1,0) | Required:false |
| During that surgery, was your colon completely or only partially removed? | | | |

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

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

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

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

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

| | | | |
|---|------------------------|--------------|----------------|
| 123 | CRSRG4_R_CAN_FU | number (1,0) | Required:false |
| Did the reasons for your fourth CRC surgery include "CANCER"? | | | |

| Allowable Values |
|------------------|
| |

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

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

| | | | |
|---|------------------------|--------------|-----------------|
| 124 | CRSRG4_R_DIV_FU | number (1,0) | Required: false |
| Did the reasons for your fourth CRC surgery include "DIVERTICULAR DISEASE"? | | | |

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

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

| | | | |
|---|----------------------------|--------------|-----------------|
| 125 | CRSRG4_R_COLITIS_FU | number (1,0) | Required: false |
| Did the reasons for your fourth CRC surgery include "ULCERATIVE COLITIS"? | | | |

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

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

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

Allowable Values

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

Error Description

If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

127

[CRSRG4_R_CROHN_FU](#)

number (1,0)

Required: false

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

Allowable Values

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

Error Description

If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

If CRSRG_FU = 1 & FU_ID=1 & FU_TYPE =1, then must not be 8

128

[CRSRG4_R_OTHER_FU](#)

number (1,0)

Required: false

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

Allowable Values

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

Error Description

If CRSRG_NO_FU >=4 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

129

[CRSRG4_R_OTH_TEXT_FU](#)

string (40)

Required: false

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

Error Description

If CRSRG4_R_OTHER_FU = 1, then must not be null

If CRSRG4_R_OTHER_FU <> 1, then must be null

130

CRSRG5_AGE_FU

number (3,0)

Required: false

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

Allowable Values

18 to 120 or 888,999

Range

888

Not asked

999

UNKNOWN/REFUSED

Error Description

If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_NO_FU < 5 or null, then must be null

If CRSRG_NO_FU >=5, must be >= CRSRG2_AGE_FU

If CRSRG_NO_FU =88, then must equal 888

If CRSRG1_T_FU=1, then must be null

131

CRSRG5_T_FU

number (1,0)

Required: false

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

Allowable Values

1 COMPLETELY

2 PARTIALLY

8 Not asked

9 UNKNOWN/REFUSED

Error Description

If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_NO_FU < 5 or null, then must be null

If CRSRG1_T_FU=1, then must be null

132

CRSRG5_R_TUMOR_FU

number (1,0)

Required: false

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

1. BENIGN OR MALIGNANT TUMOR
2. DIVERTICULAR DISEASE
3. INFLAMMATORY BOWEL DISEASE
4. OTHER_SPECIFY, _____
5. DON'T KNOW

Allowable Values

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

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

133 **CRSRG5_R_CAN_FU** number (1,0) Required: false

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

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

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

134 **CRSRG5_R_DIV_FU** number (1,0) Required: false

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

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

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

135 **CRSRG5_R_COLITIS_FU** number (1,0) Required: false

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

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

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

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

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

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

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

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

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

| | | | |
|--|--------------------------|--------------|-----------------|
| | CRSRG5_R_OTHER_FU | number (1,0) | Required: false |
|--|--------------------------|--------------|-----------------|

138

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

8 Not Asked

9 UNKNOWN/REFUSED*

Error Description

If CRSRG_NO_FU >=5 & CRSRG_NO_FU <>99, then must not be null

If CRSRG_FU <> 1, then must be null

If CRSRG_NO_FU =88, then must equal 8

139

CRSRG5_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 be null

140

CANCER_TOLD_FU

number (1,0)

Required:true

Since the date of your last interview, has a doctor told you that you had any type of cancer, leukemia or malignant tumor?

Allowable Values

1 YES

2 NO

8 Not Asked

9 UNKNOWN/REFUSED

141

SITE1_FU

string (4)

Required:false

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

142

SITE2_FU

string (4)

Required:false

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

143

SITE3_FU

string (4)

Required:false

What type of cancer was it? (Ref. Q_CANCER3_T).

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

144

SITE4_FU

string (4)

Required:false

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

145

SITE5_FU

string (4)

Required:false

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

146

SITE6_FU

string (4)

Required:false

What type of cancer was it?

Allowable Values

ICDO-3 site code

Error Description

If CANCER_TOLD_FU = 1, then must not be null

If CANCER_TOLD_FU <> 1, then must be null

| | | | |
|--|------------------|--------------|----------------|
| 147 | AGEDX1_FU | number (3,0) | Required:false |
| How old were you when your doctor told you that you had this type of cancer? | | | |

Allowable Values

18 to 120 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If CANCER_TOLD_FU = 1, then must not be null

If CANCER_TOLD_FU <> 1, then must be null

If CANCER_TOLD_FU = 1, must be <= AGE_EPI_FU

| | | | |
|--|------------------|--------------|----------------|
| 148 | AGEDX2_FU | number (3,0) | Required:false |
| How old were you when your doctor told you that you had this type of cancer? | | | |

Allowable Values

18 to 120 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If CANCER_TOLD_FU = 1 and SITE2_FU <> null, must be >= AGEDX1_FU

| | | | |
|--|------------------|--------------|----------------|
| 149 | AGEDX3_FU | number (3,0) | Required:false |
| How old were you when your doctor told you that you had this type of cancer? | | | |

Allowable Values

18 to 120 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If CANCER_TOLD_FU = 1 and SITE3_FU <> null, must be >= AGEDX2_FU

| | | | |
|--|------------------|--------------|----------------|
| 150 | AGEDX4_FU | number (3,0) | Required:false |
| How old were you when your doctor told you that you had this type of cancer? | | | |

Allowable Values

18 to 120

Range

999

UNKNOWN/REFUSED

Error Description

must be 18-120 or 999

If CANCER_TOLD_FU = 1 and SITE4_FU <> null, must be >= AGEDX3_FU

151 **AGEDX5_FU** number (3,0) Required:false
How old were you when your doctor told you that you had this type of cancer?

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

Error Description
If CANCER_TOLD_FU = 1 and SITE5_FU <> null, must be >= AGEDX4_FU

152 **AGEDX6_FU** number (3,0) Required:false
How old were you when your doctor told you that you had this type of cancer?

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

Error Description
If CANCER_TOLD_FU = 1 and SITE6_FU <> null, must be >= AGEDX5_FU

153 **CHEMO_RAD1_FU** number (1,0) Required:false
Did you receive chemotherapy or radiation for this cancer?

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

Error Description
If CANCER_TOLD_FU = 1, then must not be null
If CANCER_TOLD_FU <> 1, then must be null
If FU_TYPE=4, then must not be 8

154 **CHEMO_RAD2_FU** number (1,0) Required:false
Did you receive chemotherapy or radiation for this cancer?

| Allowable Values | |
|------------------|-------------------|
| 1 | Yes, chemotherapy |
| 2 | Yes, radiation |

- 3 Yes, both
- 4 No, neither
- 8 Not asked
- 9 Unknown/refused

Error Description

If SITE2_FU is not null, then must not be 8

| | | | |
|--|-------------------------------|--------------|-----------------|
| 155 | CHEMO_RAD3_FU | number (1,0) | Required: false |
| Did you receive chemotherapy or radiation for this cancer? | | | |

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

Error Description

If SITE3_FU is not null, then must not be 8

| | | | |
|--|-------------------------------|--------------|-----------------|
| 156 | CHEMO_RAD4_FU | number (1,0) | Required: false |
| Did you receive chemotherapy or radiation for this cancer? | | | |

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

Error Description

If SITE4_FU is not null, then must not be 8

| | | | |
|--|-------------------------------|--------------|-----------------|
| 157 | CHEMO_RAD5_FU | number (1,0) | Required: false |
| Did you receive chemotherapy or radiation for this cancer? | | | |

- Allowable Values
- 1 Yes, chemotherapy
 - 2 Yes, radiation

- 3 Yes, both
- 4 No, neither
- 8 Not asked
- 9 Unknown/refused

Error Description

If SITE5_FU is not null, then must not be 8

158 **CHEMO_RAD6_FU** number (1,0) Required: false

Did you receive chemotherapy or radiation for this cancer?

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

Error Description

If SITE6_FU is not null, then must not be 8

159 **HRT_FU** number (1,0) Required: false

(For FEMALES only) Since the date of your last interview, have you been prescribed an estrogen pill or patch, alone or in combination with another hormone that you used for 6 months or longer?

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

Error Description

If SEX=1, then must be null

If FU_ID=1 & FU_TYPE=1, then must not be 8

If FU_ID in (1, 2) & FU_TYPE in (2,5), then must equal 8

If FU_TYPE=4, then must equal 8

160 **HRT_LEN_FU** number (3,0) Required: false

(For FEMALES only) In total how many months or years did you take estrogen (in any form)?

- Allowable Values
- 1 to 900 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If HRT_FU = 1, then must not be null

If HRT_FU <> 1, then must be null

If HRT_TIME_FU = 9, then must be 999

If HRT_TIME_FU <> 9, then must not be 999

161

HRT_TIME_FU

number (1,0)

Required:false

(For FEMALES only) Interval for frequency of estrogen medication taken?

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

9 UNKNOWN/REFUSED

Error Description

If HRT_FU = 1, then must not be null

If HRT_FU <> 1, then must be null

If HRT_LEN_FU = 999, then must be 9

If HRT_TIME_FU <> 999, then must not be 9

162

HYST_SINCE_FU

number (1,0)

Required:false

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

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

Error Description

If SEX=1, then must be null

If FU_ID in (1, 2), then must not be 8

163

HYST_NO_FU

number (2,0)

Required:false

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

Allowable Values

1 to 10 or 88, 99 Range

88 Not Asked

99 Unknown/Refused

Error Description

If HYST_SINCE_FU = 1, then must not be null

If HYST_SINCE_FU <> 1, then must be null

HYST1_AGE_FU

number (3,0)

Required: false

164

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

Allowable Values

18 to 120 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If HYST_SINCE_FU = 1, then must not be null

If HYST_SINCE_FU <> 1, then must be null

HYST1_T_P_OV_FU

number (1,0)

Required: false

165

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

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

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

Error Description

If HYST_SINCE_FU = 1, then must not be null

If HYST_SINCE_FU <> 1, then must be null

If Colon EPI: HYST_ONLY=1, then must not be 1

If Colon EPI: HYST_P_OV=1, then must not be 1

If Colon EPI: HYST_B_OV=1, then must not be 1

If Colon EPI: OV_B_REM=1, then must not be 1

HYST1_T_B_OV_FU

number (1,0)

Required: false

166

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

Allowable Values

1 YES

2 NO (not selected, NULL)*

9 UNKNOWN/REFUSED*

| Error Description |
|---|
| If HYST_SINCE_FU =1, then must not be null |
| If HYST_SINCE_FU <> 1, then must be null |
| If HYST_SINCE_FU = 1 & HYST_NO_FU=88, then must equal 8 |
| If Colon EPI: HYST_ONLY=1, then must not be 1 |
| If Colon EPI: HYST_P_OV=1, then must not be 1 |
| If Colon EPI: HYST_B_OV=1, then must not be 1 |
| If Colon EPI: HYST_B_OV=1, then must not be 1 |
| If Colon EPI: OV_B_REM=1, then must not be 1 |

167 **HYST1_T_ONLY_FU** number (1,0) Required: false

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

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

| Error Description |
|--|
| If HYST_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 |

168 **OV_P_REM1_FU** number (1,0) Required: false

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

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

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

| 169 | OV_B_REM1_FU (For females only) During your first gynecological surgery, did you have BOTH OVARIES REMOVED WITHOUT HYSTERECTOMY? | number (1,0) | Required: false | | | | | | | | | | | | | |
|---|--|--------------|-----------------|------------------|--|-----|-----------|-----|--------------------------|---|------------------|-------------------|---|--|---|--|
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="2" data-bbox="641 216 982 258">Allowable Values</th> </tr> <tr> <td data-bbox="641 268 673 310">1</td> <td data-bbox="682 268 982 310">YES</td> </tr> <tr> <td data-bbox="641 321 673 363">2</td> <td data-bbox="682 321 982 363">NO (not selected, NULL)*</td> </tr> <tr> <td data-bbox="641 373 673 415">9</td> <td data-bbox="682 373 982 415">UNKNOWN/REFUSED*</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th data-bbox="532 457 1089 499">Error Description</th> </tr> <tr> <td data-bbox="532 510 1089 552">If HYST_SINCE_FU = 1, then must not be null</td> </tr> <tr> <td data-bbox="532 562 1089 604">If HYST_SINCE_FU <> 1, then must be null</td> </tr> <tr> <td data-bbox="532 615 1089 657">If Colon EPI: HYST_B_OV=1, then must not be 1</td> </tr> <tr> <td data-bbox="532 667 1089 709">If Colon EPI: OV_B_REM=1, then must not be 1</td> </tr> </table> | | | | Allowable Values | | 1 | YES | 2 | NO (not selected, NULL)* | 9 | UNKNOWN/REFUSED* | Error Description | If HYST_SINCE_FU = 1, then must not be null | If HYST_SINCE_FU <> 1, then must be null | If Colon EPI: HYST_B_OV=1, then must not be 1 | If Colon EPI: OV_B_REM=1, then must not be 1 |
| Allowable Values | | | | | | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | | | | | | |
| 2 | NO (not selected, NULL)* | | | | | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED* | | | | | | | | | | | | | | | |
| Error Description | | | | | | | | | | | | | | | | |
| If HYST_SINCE_FU = 1, then must not be null | | | | | | | | | | | | | | | | |
| If HYST_SINCE_FU <> 1, then must be null | | | | | | | | | | | | | | | | |
| If Colon EPI: HYST_B_OV=1, then must not be 1 | | | | | | | | | | | | | | | | |
| If Colon EPI: OV_B_REM=1, then must not be 1 | | | | | | | | | | | | | | | | |
| 170 | FEM_SURG_OTHER1_FU (For females only) During your first gynecological surgery, did you have other gynecological organs removed? | number (1,0) | Required: false | | | | | | | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="2" data-bbox="662 858 959 900">Allowable Values</th> </tr> <tr> <td data-bbox="662 911 695 953">1</td> <td data-bbox="703 911 959 953">YES</td> </tr> <tr> <td data-bbox="662 963 695 1005">2</td> <td data-bbox="703 963 959 1005">NO</td> </tr> <tr> <td data-bbox="662 1016 695 1058">9</td> <td data-bbox="703 1016 959 1058">UNKNOWN/REFUSED</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th data-bbox="548 1100 1073 1142">Error Description</th> </tr> <tr> <td data-bbox="548 1152 1073 1194">If HYST_SINCE_FU = 1, then must not be null</td> </tr> <tr> <td data-bbox="548 1205 1073 1247">If HYST_SINCE_FU <> 1, then must be null</td> </tr> </table> | | | | Allowable Values | | 1 | YES | 2 | NO | 9 | UNKNOWN/REFUSED | Error Description | If HYST_SINCE_FU = 1, then must not be null | If HYST_SINCE_FU <> 1, then must be null | | |
| Allowable Values | | | | | | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | | | | | | |
| 2 | NO | | | | | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED | | | | | | | | | | | | | | | |
| Error Description | | | | | | | | | | | | | | | | |
| If HYST_SINCE_FU = 1, then must not be null | | | | | | | | | | | | | | | | |
| If HYST_SINCE_FU <> 1, then must be null | | | | | | | | | | | | | | | | |
| 171 | FEM_SURG_OTH_TEXT1_FU (For females only) During your first gynecological surgery, what other gynecological organs were removed? SPECIFY | string (40) | Required: false | | | | | | | | | | | | | |
| 172 | HYST2_AGE_FU (For females only) How old were you when you second had this type of surgery? | number (3,0) | Required: FALSE | | | | | | | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="2" data-bbox="662 1507 959 1549">Allowable Values</th> </tr> <tr> <td data-bbox="662 1560 727 1602">888</td> <td data-bbox="735 1560 959 1602">Not Asked</td> </tr> <tr> <td data-bbox="662 1612 727 1654">999</td> <td data-bbox="735 1612 959 1654">Unknown/Refused</td> </tr> </table> | | | | Allowable Values | | 888 | Not Asked | 999 | Unknown/Refused | | | | | | | |
| Allowable Values | | | | | | | | | | | | | | | | |
| 888 | Not Asked | | | | | | | | | | | | | | | |
| 999 | Unknown/Refused | | | | | | | | | | | | | | | |
| 173 | HYST2_T_P_OV_FU (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 _____ | number (1,0) | Required: false | | | | | | | | | | | | | |

Allowable Values

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

Error Description

| |
|--|
| If HYST_NO_FU > 1, then must not be null |
| If HYST_NO_FU < 2, then must be null |
| If HSYT1_AGE_FU is null, then must be null |
| If HYST1_T_P_OV_FU=1, then <>1 |
| If HYST1_T_B_OV_FU=1, then <>1 |
| If HYST1_T ONLY_FU=1, then <>1 |
| If Colon EPI HYST_ONLY=1, then must not be 1 |
| If Colon EPI HYST_P_OV=1, then must not be 1 |
| If Colon EPI HYST_B_OV=1, then must not be 1 |
| If Colon EPI OV_B_REM=1, then must not be 1 |

HYST2_T_B_OV_FU

number (1,0)

Required: false

174

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

Allowable Values

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

Error Description

| |
|--|
| If HYST_NO_FU > 1, then must not be null |
| If HYST_NO_FU < 2, then must be null |
| If HSYT1_AGE_FU is null, then must be null |
| If HYST1_T_P_OV_FU=1, then <>1 |
| If HYST1_T_B_OV_FU=1, then <>1 |
| If OV_B_REM1_FU=1, then <>1 |
| If Colon EPI HYST_ONLY=1, then must not be 1 |
| If Colon EPI HYST_P_OV=1, then must not be 1 |
| If Colon EPI HYST_B_OV=1, then must not be 1 |
| If Colon EPI OV_B_REM=1, then must not be 1 |

HYST2_T_ONLY_FU

number (1,0)

Required: false

175

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

REMOVED)?

Allowable Values

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

Error Description

- If HYST_NO_FU > 1, then must not be null
- If HYST_NO_FU < 2, then must be null
- If HSYT1_AGE_FU is null, then must be null
- If HYST1_T_P_OV_FU=1, then <>1
- If HYST1_T_B_OV_FU=1, then <>1
- If HYST1_T ONLY_FU=1, then <>1
- If Colon EPI HYST_ONLY=1, then must not be 1
- If Colon EPI HYST_P_OV=1, then must not be 1
- If Colon EPI HYST_B_OV=1, then must not be 1

OV_P_REM2_FU

number (1,0)

Required: false

176

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

Allowable Values

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

Error Description

- If HYST_NO_FU > 1, then must not be null
- If HYST_NO_FU < 2, then must be null
- If HSYT1_AGE_FU is null, then must be null
- If HYST1_T_B_OV_FU=1, then <>1
- If Colon EPI HYST_ONLY=1, then must not be 1
- If Colon EPI HYST_B_OV=1, then must not be 1
- If Colon EPI OV_B_REM=1, then must not be 1

OV_B_REM2_FU

number (1,0)

Required: false

177

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

Allowable Values

- 1 YES
-

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

| Error Description |
|--|
| If HYST_NO_FU > 1, then must not be null |
| If HYST_NO_FU < 2, then must be null |
| If HSYT1_AGE_FU is null, then must be null |
| If HYST1_T_P_OV_FU=1, then <>1 |
| If HYST1_T_B_OV_FU=1, then <>1 |
| If OV_P_REM1_FU=1, then <>1 |
| If OV_B_REM1_FU=1, then <>1 |
| If Colon EPI HYST_B_OV=1, then must not be 1 |
| If colon EPI HYST_P_OV=1, then <>1 |
| If Colon EPI OV_B_REM=1, then must not be 1 |

| | | | |
|---|---------------------------|--------------|----------------|
| 178 | FEM_SURG_OTHER2_FU | number (1,0) | Required:false |
| (For females only) During your second gynecological surgery, did you have other gynecological organs removed? | | | |

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

| Error Description |
|--|
| If HYST_NO_FU > 1, then must not be null |
| If HYST_NO_FU < 2, then must be null |
| If HSYT1_AGE_FU is null, then must be null |

| | | | |
|--|------------------------------|-------------|----------------|
| 179 | FEM_SURG_OTH_TEXT2_FU | string (40) | Required:false |
| (For females only) During your second gynecological surgery, what other gynecological organs were removed? | | | |

| Error Description |
|--|
| If FEM_SURG_OTHER2_FU = 1, then must not be null |
| If FEM_SURG_OTHER2_FU <> 1, then must be null |

| | | | |
|--|---------------------|--------------|----------------|
| 180 | HYST3_AGE_FU | number (3,0) | Required:FALSE |
| (For females only) How old were you when you third had this type of surgery? | | | |

- | Allowable Values | |
|------------------|-----------------|
| 888 | Not Asked |
| 999 | Unknown/Refused |

| Error Description |
|---|
| If HYST_NO_FU > 2, then must not be null |
| If HYST_NO_FU < 3, then must be null |
| If HSYT2_AGE_FU is null, then must be null |
| If HYST_NO_FU > 2, must be >= HYST2_AGE_FU |
| If HYST_SINCE_FU = 1 & HYST_NO_FU=88, then must equal 8 |

| | | | |
|-----|--|--------------|-----------------|
| 181 | HYST3_T_P_OV_FU | number (1,0) | Required: false |
| | <p>(For females only) During your third gynecological surgery, did you have a HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY?</p> <p>This question is asked as: What type of gynecologic surgery did you have?</p> <p>1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY 3 HYSTERECTOMY ALONG WITH BOTH OVARIES 3 HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED) 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY 5 BOTH OVARIES WERE REMOVED WITHOUT HYSTERECTOMY 6 OTHER, SPECIFY _____ 9 DON'T KNOW</p> | | |

| <table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO (not selected, NULL)*</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED*</td> </tr> </tbody> </table> | | Allowable Values | | 1 | YES | 2 | NO (not selected, NULL)* | 9 | UNKNOWN/REFUSED* | | | |
|--|--------------------------|-------------------|--|--------------------------------------|--|--------------------------------|--------------------------------|--------------------------------|--|--|--|---|
| Allowable Values | | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | | |
| 2 | NO (not selected, NULL)* | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED* | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Error Description</th> </tr> </thead> <tbody> <tr> <td>If HYST_NO_FU > 2, then must not be null</td> </tr> <tr> <td>If HYST_NO_FU < 3, then must be null</td> </tr> <tr> <td>If HSYT2_AGE_FU is null, then must be null</td> </tr> <tr> <td>If HYST2_T_P_OV_FU=1, then <>1</td> </tr> <tr> <td>If HYST2_T_B_OV_FU=1, then <>1</td> </tr> <tr> <td>If HYST2_T ONLY_FU=1, then <>1</td> </tr> <tr> <td>If Colon EPI HYST_ONLY=1, then must not be 1</td> </tr> <tr> <td>If Colon EPI HYST_P_OV=1, then must not be 1</td> </tr> <tr> <td>If Colon EPI HYST_B_OV=1, then must not be 1</td> </tr> <tr> <td>If Colon EPI OV_B_REM=1, then must not be 1</td> </tr> </tbody> </table> | | 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 |
| 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 | | | | | | | | | | | | |

| 182 | HYST3_T_B_OV_FU | number (1,0) | Required: false | | | | | | | | | | |
|---|---|------------------|-----------------|---|-----|---|--------------------------|---|------------------|---|--|-------------------|--|
| | <p>(For females only) During your third gynecological surgery, did you have a HYSTERECTOMY ALONG WITH BOTH OVARIES?</p> | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO (not selected, NULL)*</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED*</td> </tr> </tbody> </table> | | Allowable Values | | 1 | YES | 2 | NO (not selected, NULL)* | 9 | UNKNOWN/REFUSED* | <table border="1"> <thead> <tr> <th>Error Description</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table> | | Error Description | |
| Allowable Values | | | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | | | |
| 2 | NO (not selected, NULL)* | | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED* | | | | | | | | | | | | |
| Error Description | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

HYST3_T_ONLY_FU

number (1,0)

Required: false

183

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

Allowable Values

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

Error Description

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

OV_P_REM3_FU

number (1,0)

Required: false

184

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

Allowable Values

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

Error Description

- If HYST_NO_FU > 2, then must not be null

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

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

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

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

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

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

- Error Description**
- If HYST_NO_FU > 2, then must not be null
 - If HYST_NO_FU < 3, then must be null
 - If HSYT2_AGE_FU is null, then must be null

| | | | |
|-----|---------------------------------------|-------------|-----------------|
| 187 | FEM_SURG_OTH_TEXT3_FU | string (40) | Required: false |
|-----|---------------------------------------|-------------|-----------------|

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

Error Description

If FEM_SURG_OTHER3_FU = 1, then must not be null

If FEM_SURG_OTHER3_FU <> 1, then must be null

ASPIRIN_FU

number (1,0)

Required: true

188

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

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

ASPIRIN_FRQ_FU

number (3,0)

Required: false

189

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

Allowable Values

1 to 70 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If ASPIRIN_FU = 1, then must not be null

If ASPIRIN_FU <> 1, then must be null

If ASPIRIN_INT_FU = 9, then must be 999

If ASPIRIN_INT_FU <> 9, then must not be 999

ASPIRIN_INT_FU

number (1,0)

Required: false

190

Interval in which aspirin was taken.

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

Error Description

If ASPIRIN_FU = 1, then must not be null

If ASPIRIN_FU <> 1, then must be null

If ASPIRIN_FRQ_FU = 999, then must be 9

If ASPIRIN_FRQ_FU <> 999, then must not be 9

| | | | | | | | | | | | | | |
|--|-----------------------|--------------|-----------------|--------------------------|--|--|-------|---------------------------------------|-----------------|---|--|--|--|
| 191 | 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? | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 60 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>UNKNOWN/REFUSED</td> </tr> </table> | | | | Allowable Values | | 1 to 60 or 999 | Range | 999 | UNKNOWN/REFUSED | | | | |
| Allowable Values | | | | | | | | | | | | | |
| 1 to 60 or 999 | Range | | | | | | | | | | | | |
| 999 | UNKNOWN/REFUSED | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Error Description</td> </tr> <tr> <td colspan="2">If ASPIRIN_FU = 1, then must not be null</td> </tr> <tr> <td colspan="2">If ASPIRIN_FU <> 1, then must be null</td> </tr> <tr> <td colspan="2">If ASPIRIN_FRQ_FU = 999, then must be 9</td> </tr> <tr> <td colspan="2">If ASPIRIN_FRQ_FU <> 999, then must not be 9</td> </tr> </table> | | | | 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 | |
| Error Description | | | | | | | | | | | | | |
| If ASPIRIN_FU = 1, then must not be null | | | | | | | | | | | | | |
| If ASPIRIN_FU <> 1, then must be null | | | | | | | | | | | | | |
| If ASPIRIN_FRQ_FU = 999, then must be 9 | | | | | | | | | | | | | |
| If ASPIRIN_FRQ_FU <> 999, then must not be 9 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|------------------------|--------------|-----------------|--------------------------|--|--|------------------|---------------------------------------|-----------------|---|-----------------|--|--|
| 192 | ASPIRIN_TIME_FU | number (1,0) | Required: false | | | | | | | | | | |
| Interval for total time aspirin was taken. | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>NUMBER OF MONTHS</td> </tr> <tr> <td>2</td> <td>NUMBER OF YEARS</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED</td> </tr> </table> | | | | Allowable Values | | 1 | NUMBER OF MONTHS | 2 | NUMBER OF YEARS | 9 | UNKNOWN/REFUSED | | |
| Allowable Values | | | | | | | | | | | | | |
| 1 | NUMBER OF MONTHS | | | | | | | | | | | | |
| 2 | NUMBER OF YEARS | | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Error Description</td> </tr> <tr> <td colspan="2">If ASPIRIN_FU = 1, then must not be null</td> </tr> <tr> <td colspan="2">If ASPIRIN_FU <> 1, then must be null</td> </tr> <tr> <td colspan="2">If ASPIRIN_LEN_FU = 999, then must be 9</td> </tr> <tr> <td colspan="2">If ASPIRIN_LEN_FU <> 999, then must not be 9</td> </tr> </table> | | | | Error Description | | If ASPIRIN_FU = 1, then must not be null | | If ASPIRIN_FU <> 1, then must be null | | If ASPIRIN_LEN_FU = 999, then must be 9 | | If ASPIRIN_LEN_FU <> 999, then must not be 9 | |
| Error Description | | | | | | | | | | | | | |
| If ASPIRIN_FU = 1, then must not be null | | | | | | | | | | | | | |
| If ASPIRIN_FU <> 1, then must be null | | | | | | | | | | | | | |
| If ASPIRIN_LEN_FU = 999, then must be 9 | | | | | | | | | | | | | |
| If ASPIRIN_LEN_FU <> 999, then must not be 9 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---------------------|--------------|----------------|------------------|--|----------|-----|----------|----|----------|-----------|----------|-----------------|
| 193 | IBUPROFEN_FU | number (1,0) | Required: true | | | | | | | | | | |
| Since the date of your last interview, have you ever taken any other non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice a week for more than a month? DO NOT INCLUDE COX-2 INHIBITORS. | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO</td> </tr> <tr> <td>8</td> <td>Not asked</td> </tr> <tr> <td>9</td> <td>UNKNOWN/REFUSED</td> </tr> </table> | | | | Allowable Values | | 1 | YES | 2 | NO | 8 | Not asked | 9 | UNKNOWN/REFUSED |
| Allowable Values | | | | | | | | | | | | | |
| 1 | YES | | | | | | | | | | | | |
| 2 | NO | | | | | | | | | | | | |
| 8 | Not asked | | | | | | | | | | | | |
| 9 | UNKNOWN/REFUSED | | | | | | | | | | | | |

| | | | | | |
|--|------------------|--------------|-----------------|------------------|--|
| 194 | IB_FRQ_FU | number (3,0) | Required: false | | |
| Since the date of your last interview, how often did you take type of medication (IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, OR MEDIAPREN) when you were using it at least 2 times a week for more than a month? | | | | | |
| <table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> </table> | | | | Allowable Values | |
| Allowable Values | | | | | |

| | |
|-----------------------|-----------------|
| 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 |

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

| 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 |

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

| Allowable Values | |
|-----------------------|-----------------|
| 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 |
| If IB_TIME_FU = 9, then must be 999 |
| If IB_TIME_FU <> 9, then must not be 999 |

| | | | |
|---|-------------------|--------------|----------------|
| 197 | IB_TIME_FU | number (1,0) | Required:false |
| Interval for total time ibuprofen-based medication was taken. | | | |

| Allowable Values | |
|------------------|------------------|
| 1 | NUMBER OF MONTHS |
| 2 | NUMBER OF YEARS |

9 UNKNOWN/REFUSED

Error Description

If IBUPROFEN_FU = 1, then must not be null

If IBUPROFEN_FU <> 1, then must be null

If IB_LEN_FU = 999, then must be 9

If IB_LEN_FU <> 999, then must not be 9

COX2_FU

number (1,0)

Required: true

198

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

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

COX2_FRQ_FU

number (3,0)

Required: false

199

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

Allowable Values

1 to 28 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If COX2_FU = 1, then must not be null

If COX2_FU <> 1, then must be null

If COX2_INT_FU = 9, then must be 999

If COX2_INT_FU <> 9, then must not be 999

COX2_INT_FU

number (1,0)

Required: false

200

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

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

Error Description

If COX2_FU = 1, then must not be null

If COX2_FU <> 1, then must be null

If COX2_FRQ_FU = 999, then must be 9

If COX2_FRQ_FU <> 999, then must not be 9

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, Rofecoxib, Bextra, or Valdecoxib?

Allowable Values

1 to 60 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If COX2_FU = 1, then must not be null

If COX2_FU <> 1, then must be null

If COX2_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 was taken. (Ref. Q_COX2_D)

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

9 UNKNOWN/REFUSED

Error Description

If COX2_FU = 1, then must not be null

If COX2_FU <> 1, then must be null

If COX2_LEN_FU = 999, then must be 9

If COX2_LEN_FU <> 999, then must not be 9

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 asked

9 UNKNOWN/REFUSED

ACET_FRQ_FU

number (3,0)

Required: false

204

Since the date of your last interview, how often did you take ACETAMINOPHEN-BASED MEDICATIONS when you were using it at

least 2 times a week for more than a month?

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

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

ACET_INT_FU

number (1,0)

Required:false

205

Interval in which acetaminophen was taken.

Allowable Values

| | |
|---|-----------------|
| 1 | PER DAY |
| 2 | PER WEEK |
| 9 | UNKNOWN/REFUSED |

Error Description

If ACETAMIN_FU = 1, then must not be null

If ACETAMIN_FU <> 1, then must be null

If ACET_FRQ_FU = 999, then must be 9

If ACET_FRQ_FU <> 999, then must not be 9

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 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_TIME_FU = 9, then must be 999

If ACET_TIME_FU <> 9, then must not be 999

ACET_TIME_FU

number (1,0)

Required:false

207

Interval for total time acetaminophen was taken.

Allowable Values

| | |
|--|--|
| | |
|--|--|

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

| Error Description |
|---|
| If ACETAMIN_FU = 1, then must not be null |
| If ACETAMIN_FU <> 1, then must be null |
| If ACET_LEN_FU = 999, then must be 9 |
| If ACET_LEN_FU <> 999, then must not be 9 |

| | | | |
|--|------------------------|--------------|----------------|
| 208 | MULTIVITAMIN_FU | number (1,0) | Required: true |
| Since the date of your last interview, have you taken multivitamin pills or tablets (not individual vitamins) at least twice a week for more than a month? | | | |

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

| | | | |
|---|------------------|--------------|-----------------|
| 209 | MV_FRO_FU | number (3,0) | Required: false |
| Since the date of your last interview, how often did you take multivitamin pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

- | Allowable Values | |
|------------------|-----------------|
| 1 to 28 or 999 | Range |
| 999 | UNKNOWN/REFUSED |

| Error Description |
|---|
| If MULTIVITAMIN_FU = 1, then must not be null |
| If MULTIVITAMIN_FU <> 1, then must be null |
| If MV_INT_FU = 9, then must be 999 |
| If MV_INT_FU <> 9, then must not be 999 |

| | | | |
|---|------------------|--------------|-----------------|
| 210 | MV_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which multivitamin pills or tablets were taken. | | | |

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

| Error Description |
|-------------------|
|-------------------|

If MULTIVITAMIN_FU = 1, then must not be null

If MULTIVITAMIN_FU <> 1, then must be null

If MV_FRQ_FU = 999, then must be 9

If MV_FRQ_FU <> 999, then must not be 9

211 **MV_LEN_FU**

number (3,0)

Required: false

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

Allowable Values

1 to 60 or 999

Range

999

UNKNOWN/REFUSED

Error Description

If MULTIVITAMIN_FU = 1, then must not be null

If MULTIVITAMIN_FU <> 1, then must be null

If MV_TIME_FU = 9, then must be 999

If MV_TIME_FU <> 9, then must not be 999

212 **MV_TIME_FU**

number (1,0)

Required: false

Interval for total time multivitamin pills or tablets were taken.

Allowable Values

1

NUMBER OF MONTHS

2

NUMBER OF YEARS

9

UNKNOWN/REFUSED

Error Description

If MULTIVITAMIN_FU = 1, then must not be null

If MULTIVITAMIN_FU <> 1, then must be null

If MV_LEN_FU = 999, then must be 9

If MV_LEN_FU <> 999, then must not be 9

213 **FOLATE_FU**

number (1,0)

Required: true

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

Allowable Values

1

YES

2

NO

8

Not asked

9

UNKNOWN/REFUSED

214 **FA_FRQ_FU** number (3,0) Required:false

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

| Allowable Values | |
|------------------|-----------------|
| 1 to 28 or 999 | Range |
| 999 | UNKNOWN/REFUSED |

| Error 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 999 |
| If FA_INT_FU <> 9, then must not be 999 |

215 **FA_INT_FU** number (1,0) Required:false

Interval for frequency folic acid or folate pills were taken.

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

| Error Description |
|---|
| If FOLATE_FU = 1, then must not be null |
| If FOLATE_FU <> 1, then must be null |
| If FA_FRQ_FU = 999, then must be 9 |
| If FA_FRQ_FU <> 999, then must not be 9 |

216 **FA_LEN_FU** number (3,0) Required:false

Since your last interview, how many months or years in total did you take folate or folic acid?

| Allowable Values | |
|------------------|-----------------|
| 1 to 60 or 99 | Range |
| 999 | UNKNOWN/REFUSED |

| Error Description |
|--|
| If FOLATE_FU = 1, then must not be null |
| If FOLATE_FU <> 1, then must be null |
| If FA_TIME_FU = 9, then must be 999 |
| If FA_TIME_FU <> 9, then must not be 999 |

217 **FA_TIME_FU** number (1,0) Required:false

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

Allowable Values

1 NUMBER IN MONTHS

2 NUMBER IN YEARS

9 UNKNOWN/REFUSED

Error Description

If FOLATE_FU = 1, then must not be null

If FOLATE_FU <> 1, then must be null

If FA_LEN_FU = 999, then must be 9

If FA_LEN_FU <> 999, then must not be 9

CALCIUM_FU

number (1,0)

Required: true

218

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

Allowable Values

1 YES

2 NO

8 Not asked

9 UNKNOWN/REFUSED

CALCIUM_FRQ_FU

number (3,0)

Required: false

219

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

Allowable Values

1 to 28 or 999 Range

999 UNKNOWN/REFUSED

Error Description

If CALCIUM_FU = 1, then must not be null

If CALCIUM_FU <> 1, then must be null

If CALCIUM_INT_FU = 9, then must be 999

If CALCIUM_INT_FU <> 9, then must not be 999

CALCIUM_INT_FU

number (1,0)

Required: false

220

Interval for frequency calcium pills or tablets were taken.

Allowable Values

1 PER DAY

2 PER WEEK

9 UNKNOWN/REFUSED

| Error Description |
|--|
| If CALCIUM_FU = 1, then must not be null |
| If CALCIUM_FU <> 1, then must be null |
| If CALCIUM_FRQ_FU = 999, then must be 9 |
| If CALCIUM_FRQ_FU <> 999, then must not be 9 |

| | | | |
|---|-----------------------|--------------|-----------------|
| 221 | CALCIUM_LEN_FU | number (3,0) | Required: false |
| Since your last interview, how long, in total, have you taken calcium pills or tablets? | | | |

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

| Error Description |
|---|
| If CALCIUM_FU = 1, then must not be null |
| If CALCIUM_FU <> 1, then must be null |
| If CALCIUM_TIME_FU = 9, then must be 999 |
| If CALCIUM_TIME_FU <> 9, then must not be 999 |

| | | | |
|--|------------------------|--------------|-----------------|
| 222 | CALCIUM_TIME_FU | number (1,0) | Required: false |
| Interval for total time calcium pills or tablets were taken. | | | |

| Allowable Values |
|---------------------------|
| 1 NUMBER OF MONTHS |
| 2 NUMBER OF YEARS |
| 9 UNKNOWN/REFUSED |

| Error Description |
|--|
| If CALCIUM_FU = 1, then must not be null |
| If CALCIUM_FU <> 1, then must be null |
| If CALCIUM_LEN_FU = 999, then must be 9 |
| If CALCIUM_LEN_FU <> 999, then must not be 9 |

| | | | |
|---|--------------------|--------------|----------------|
| 223 | ANTACIDS_FU | number (1,0) | Required: true |
| Since the date of your last interview, have you ever taken calcium-based antacids (such as Tums, Roloids, Extra-Strength Roloids, Alka-Mints, and Chooz Antacid gum) at least twice a week for more than a month? | | | |

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

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

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

| Error Description |
|---|
| If ANTACIDS_FU = 1, then must not be null |
| If ANTACIDS_FU <> 1, then must be null |
| If ANTACIDS_INT_FU = 9, then must be 999 |
| If ANTACIDS_INT_FU <> 9, then must not be 999 |

| | | | |
|---|------------------------|--------------|-----------------|
| 225 | ANTACIDS_INT_FU | number (1,0) | Required: false |
| Interval for frequency calcium-based antacids were taken. | | | |

| Allowable Values | |
|------------------|-----------------|
| 1 | PER DAY |
| 2 | PER WEEK |
| 8 | Not asked |
| 9 | UNKNOWN/REFUSED |

| Error Description |
|---|
| If ANTACIDS_FU = 1, then must not be null |
| If ANTACIDS_FU <> 1, then must be null |
| If ANTACIDS_FRQ_FU = 999, then must be 9 |
| If ANTACIDS_FRQ_FU <> 999, then must not be 9 |

| | | | |
|---|------------------------|--------------|-----------------|
| 226 | ANTACIDS_LEN_FU | number (3,0) | Required: false |
| Since your last interview, how long, in total, have you taken calcium-based antacids? | | | |

| Allowable Values | |
|---------------------------|-----------------|
| 1 to 60 or 888,999 | Range |
| 888 | Not asked |
| 999 | UNKNOWN/REFUSED |

| Error Description |
|---|
| If ANTACIDS_FU = 1, then must not be null |
| If ANTACIDS_FU <> 1, then must be null |

If ANTACIDS_TIME_FU = 9, then must be 999

If ANTACIDS_TIME_FU <> 9, then must not be 999

ANTACIDS_TIME_FU

number (1,0)

Required: false

227

Interval for total time calcium-based antacids were taken.

Allowable Values

1 NUMBER OF MONTHS

2 NUMBER OF YEARS

8 Not asked

9 UNKNOWN/REFUSED

Error Description

If ANTACIDS_FU = 1, then must not be null

If ANTACIDS_FU <> 1, then must be null

If ANTACIDS_LEN_FU = 999, then must be 9

If ANTACIDS_LEN_FU <> 999, then must not be 9

Q_RISK_FU

number (1,0)

Required: false

228

Do you think your chance of getting colon [bowel] cancer is higher or lower than the average person of your age and sex?
According to the Questionnaire, participant can skip this question if he/she has ever been diagnosed with Colorectal Cancer.

Allowable Values

1 MUCH LOWER

2 SOMEWHAT LOWER

3 THE SAME

4 SOMEWHAT HIGHER

5 MUCH HIGHER

8 Not asked/Dropped

9 UNKNOWN/REFUSED, dont include on self

Error Description

If FU_ID>1, must equal 8

Q_TEST_FU

number (1,0)

Required: false

229

Have you ever had a blood test to look for genes for colorectal cancer as part of your health care [DO NOT INCLUDE TESTS CONDUCTED AS PART OF THIS RESEARCH STUDY OR OTHER RESEARCH STUDIES]?

Allowable Values

1 YES

2 NO

8 Not asked/Dropped

9 UNKNOWN/REFUSED

| | | | |
|---|-----------------|--------------|-----------------|
| 230 | Q_SF1_FU | number (1,0) | Required: false |
| In general, would you say your health is... ? | | | |

Allowable Values

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

| | | | |
|--|-----------------|--------------|-----------------|
| 231 | Q_SF2_FU | number (1,0) | Required: false |
| During a typical day, does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | | | |

Allowable Values

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

| | | | |
|---|-----------------|--------------|-----------------|
| 232 | Q_SF3_FU | number (1,0) | Required: false |
| During a typical day, does your health now limit you in climbing several flights of stairs? | | | |

Allowable Values

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

| | | | |
|--|-----------------|--------------|-----------------|
| 233 | Q_SF4_FU | number (1,0) | Required: false |
| During the past 4 weeks, have you accomplished less than you would like as a result of your physical health? | | | |

Allowable Values

- 0 ALL OF THE TIME
- 1 MOST OF THE TIME
- 2 SOME OF THE TIME

- 3 A LITTLE OF THE TIME
- 4 NONE OF THE TIME
- 8 Not asked/Dropped
- 9 UNKNOWN/REFUSED

| | | | |
|---|--------------------------|--------------|-----------------|
| 234 | Q_SF5_FU | number (1,0) | Required: false |
| During the past four weeks, were you limited in the kind of work or other activities as a result of your physical health? | | | |

- | | |
|----------------------------|----------------------|
| Allowable Values | |
| <input type="checkbox"/> 0 | ALL OF THE TIME |
| <input type="checkbox"/> 1 | MOST OF THE TIME |
| <input type="checkbox"/> 2 | SOME OF THE TIME |
| <input type="checkbox"/> 3 | A LITTLE OF THE TIME |
| <input type="checkbox"/> 4 | NONE OF THE TIME |
| <input type="checkbox"/> 8 | Not asked/Dropped |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED |

| | | | |
|---|--------------------------|--------------|-----------------|
| 235 | Q_SF6_FU | number (1,0) | Required: false |
| During the past four weeks, have you accomplished less than you would like as a result of emotional problems? | | | |

- | | |
|----------------------------|----------------------|
| Allowable Values | |
| <input type="checkbox"/> 0 | ALL OF THE TIME |
| <input type="checkbox"/> 1 | MOST OF THE TIME |
| <input type="checkbox"/> 2 | SOME OF THE TIME |
| <input type="checkbox"/> 3 | A LITTLE OF THE TIME |
| <input type="checkbox"/> 4 | NONE OF THE TIME |
| <input type="checkbox"/> 8 | Not asked/Dropped |
| <input type="checkbox"/> 9 | UNKNOWN/REFUSED |

| | | | |
|---|--------------------------|--------------|-----------------|
| 236 | Q_SF7_FU | number (1,0) | Required: false |
| During the past four weeks, have you done work or other activities less carefully than usual as a result of any emotional problems? | | | |

- | | |
|----------------------------|----------------------|
| Allowable Values | |
| <input type="checkbox"/> 0 | ALL OF THE TIME |
| <input type="checkbox"/> 1 | MOST OF THE TIME |
| <input type="checkbox"/> 2 | SOME OF THE TIME |
| <input type="checkbox"/> 3 | A LITTLE OF THE TIME |
| <input type="checkbox"/> 4 | NONE OF THE TIME |
| <input type="checkbox"/> 8 | Not asked/Dropped |

9 UNKNOWN/REFUSED

Q_SF8_FU

number (1,0)

Required: false

237

During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

Allowable Values

1 NOT AT ALL

2 A LITTLE BIT

3 MODERATELY

4 QUITE A BIT

5 EXTREMELY

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_SF9_FU

number (1,0)

Required: false

238

During the past four weeks, have you felt calm and peaceful?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_SF10_FU

number (1,0)

Required: false

239

During the past four weeks, have you felt like you have a lot of energy?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_SF11_FU

number (1,0)

Required: false

240

During the past four weeks, have you felt downhearted and depressed?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_SF12_FU

number (1,0)

Required: false

241

During the past four weeks, have your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Allowable Values

0 ALL OF THE TIME

1 MOST OF THE TIME

2 SOME OF THE TIME

3 A LITTLE OF THE TIME

4 NONE OF THE TIME

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_STUDIES_FU

number (1,0)

Required: false

242

Have you ever participated in any other genetic or family-based cancer studies, other than this study?

Allowable Values

1 YES

2 NO

8 Not asked/Dropped

9 UNKNOWN/REFUSED

Q_STUDIES_TEXT_FU

string (40)

Required: false

243

Which studies have you participated in?

Error Description

If Q_STUDIES_FU = 1, then must not be null

If Q_STUDIES_FU <> 1, then must be null

Module: colon-epi-followup

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colon-epi-followup-ncore

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142.[CHON SULF LEN FU](#)

- 143.[CHON SULF TIME FU](#)
- 144.[GLUCOSAMINE FU](#)
- 145.[GLUCOSAMINE FRO FU](#)
- 146.[GLUCOSAMINE INT FU](#)
- 147.[GLUCOSAMINE LEN FU](#)
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- 149.[ST JOHNS WORT FU](#)
- 150.[ST JOHNS WORT FRO FU](#)
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- 192.[PSA OTHER FU](#)
- 193.[PSA OTH TEXT FU](#)
- 194.[PSA NO FU](#)
- 195.[PSA LST AGE FU](#)
- 196.[CIG FU](#)
- 197.[CIG CURR FU](#)
- 198.[CIG STOP AGE FU](#)

| | | | |
|-------------------------------|------------------|--------------|----------------|
| 1 | CENTER_NO | number (2,0) | Required: true |
| Center identification number. | | | |

| Allowable Values | |
|------------------|--|
| 11 | Cancer Care Ontario - Colon |
| 12 | USC Consortium - Colon |
| 13 | University of Melbourne - Colon |
| 14 | Cancer Research Center of Hawaii - Colon |
| 15 | Mayo Clinic - Colon |
| | |

| | |
|----|------------------------------------|
| 16 | Fred Hutchinson, Seattle - Colon |
| 17 | Northern California (NCCC) ? Colon |

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

| | | | |
|---|--------------------|--------------|----------------|
| 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. | | | |

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

| | | | |
|---|----------------|--------------|----------------|
| 4 | FU_TYPE | number (1,0) | Required: true |
| Version number of the first follow-up questionnaire administered. Version 1 is a 4-year 1st follow-up designed in phase II to be administered to phase I participants. Version 2 is a 5-year 1st follow-up designed in phase III to be administered to phase II participants. * Note, version 2 is also administered as a 10-year 2nd follow-up to phase I participants in phase III. | | | |

| Allowable Values | |
|------------------|-----------|
| 1 | Version 1 |
| 2 | Version 2 |

| | | | |
|--|-------------------|------------|----------------|
| 5 | CMPDATE_FU | string (8) | Required: true |
| Date participant completed follow-up questionnaire | | | |

| |
|---|
| Date Value Check |
| The date must follow to the following format: Format YYYYMMDD. Must consist of valid date. Components of date should be right justified and zero filled. MM = 01 - 12, 88, 99 DD = 01 - 31, 88, 99 YYYY = Minimum year - system date year, 8888, 9999 Use 88, 8888 for not currently known, in progress to obtain information. Use 99, 9999 for not known. If century is known, but year is unknown then give an estimate of year or code YYYY = 9999. If MM = 99 then DD must = 99. If century is known, but year is unknown then give an estimate of year or code YYYY = 9999. If YYYY = 9999 then MM and DD must = 99. |
| The following special parameters are used: |
| (YYYYMMDD) |
| YYYY 2002 - system year or 8888, 9999 |
| MM 01 - 12 or 88, 99 |
| DD 01 - 31 or 88, 99 |

6 **AGE_EPI_FU** number (3,0) Required: true

Age at the time follow-up questionnaire completed

| Allowable Values | |
|------------------|-----------------|
| 22 to 120 or 999 | Range |
| 999 | UNKNOWN/REFUSED |

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

Participant's gender.

| Allowable Values | |
|------------------|---------|
| 1 | Male |
| 2 | Female |
| 9 | Unknown |

8 **SUN_EXP** number (1,0) Required: true

psedo entry question (not asked) to use for validations if sun exposure questions were asked

| Allowable Values | |
|------------------|-----|
| 1 | Yes |
| 2 | No |

9 **SUN_EXP_WKDAY_40_FU** number (1,0) Required: false

In your 40s and 50s (age: 40 to 59 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?

| Allowable 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), on a typical weekend (Saturday and Sunday) in the summer, (May-September), about how many hours per day did you spend outside in the sun?

| Allowable Values | |
|------------------|------------------|
| 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

| | | | |
|--|------------------------|--------------|----------------|
| 11 | SUNSCREEN_40_FU | number (1,0) | Required:false |
| In your 40s and 50s (age: 40 to 59 years) , when in the sun, did you wear sunscreen or protective clothing such as long sleeves, etc.? | | | |

- | | |
|----------------------------|-------------------|
| Allowable Values | |
| <input type="checkbox"/> 1 | Never |
| <input type="checkbox"/> 2 | Sometimes |
| <input type="checkbox"/> 3 | Always |
| <input type="checkbox"/> 8 | Not asked/dropped |
| <input type="checkbox"/> 9 | Don't know |

| | | | |
|--|----------------------------|--------------|----------------|
| 12 | SUN_EXP_40_CITY1_FU | string (200) | Required:false |
| In your 40s and 50s (age: 40-59 years), which is the first city where lived for at least 1 year? | | | |

| | | | |
|---|-------------------------------|--------------|----------------|
| 13 | 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 city 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 many years did you live in the first city where lived for at least 1 year? | | | |

- | | |
|--|---------|
| Allowable Values | |
| <input type="checkbox"/> 1 to 20 or 99 | Range |
| <input type="checkbox"/> 99 | Unknown |

| | | | |
|---|----------------------------|--------------|----------------|
| 15 | 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 for at least 1 year? | | | |

| | | | |
|--|-------------------------------|--------------|----------------|
| 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 city where lived for at least 1 year? | | | |

| | | | |
|---|--------------------------|--------------|----------------|
| 17 | SUN_EXP_40_YR2_FU | number (2,0) | Required:false |
| In your 40s and 50s (age: 40-59 years), how many years did you live in the second city where lived for at least 1 year? | | | |

- | | |
|--|---------|
| Allowable Values | |
| <input type="checkbox"/> 1 to 20 or 99 | Range |
| <input type="checkbox"/> 99 | Unknown |

| | | | |
|--|----------------------------|--------------|----------------|
| 18 | SUN_EXP_40_CITY3_FU | string (200) | Required:false |
| In your 40s and 50s (age: 40-59 years), which is the third city where lived for at least 1 year? | | | |

| | | | |
|--|-------------------------------|--------------|----------------|
| | 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 city where lived for at least 1 year?

SUN_EXP_40_YR3_FU

number (2,0)

Required:false

20 In your 40s and 50s (age: 40-59 years), how many years did you live in the third city where lived for at least 1 year?

Allowable Values

1 to 20 or 99

Range

99

Unknown

SUN_EXP_40_CITY4_FU

string (200)

Required:false

21 In your 40s and 50s (age: 40-59 years), which is the fourth city where lived for at least 1 year?

SUN_EXP_40_COUNTRY4_FU

number (3,0)

Required:false

22 In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where lived for at least 1 year?

SUN_EXP_40_YR4_FU

number (2,0)

Required:false

23 In your 40s and 50s (age: 40-59 years), how many years did you live in the fourth city where lived for at least 1 year?

Allowable Values

1 to 20 or 99

Range

99

Unknown

SUN_EXP_WKDAY_60_FU

number (1,0)

Required:false

24 In your 60s and 70s (age: 60 to 79 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values

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

SUN_EXP_WKND_60_FU

number (1,0)

Required:false

25 In your 60s and 70s (age: 60 to 79 years), on a typical weekend (Saturday and Sunday) in the summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values

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

| | | | |
|---|------------------------|--------------|-----------------|
| 26 | SUNSCREEN_60_FU | number (1,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), when in the sun, did you wear sunscreen or protective clothing such as long sleeves, etc.? | | | |

Allowable Values

| | |
|---|-------------------|
| 1 | Never |
| 2 | Sometimes |
| 3 | Always |
| 8 | Not asked/dropped |
| 9 | Don't know |

| | | | |
|---|----------------------------|--------------|-----------------|
| 27 | SUN_EXP_60_CITY1_FU | string (200) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the first city where lived for at least 1 year? | | | |

| | | | |
|--|-------------------------------|--------------|-----------------|
| 28 | SUN_EXP_60_COUNTRY1_FU | number (3,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the first city where lived for at least 1 year? | | | |

| | | | |
|---|--------------------------|--------------|-----------------|
| 29 | SUN_EXP_60_YR1_FU | number (2,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), how many years did you live in the first city where lived for at least 1 year? | | | |

Allowable Values

| | |
|---------------|---------|
| 1 to 20 or 99 | Range |
| 99 | Unknown |

| | | | |
|--|----------------------------|--------------|-----------------|
| 30 | SUN_EXP_60_CITY2_FU | string (200) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the second city where lived for at least 1 year? | | | |

| | | | |
|---|-------------------------------|--------------|-----------------|
| 31 | SUN_EXP_60_COUNTRY2_FU | number (3,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the second city where lived for at least 1 year? | | | |

| | | | |
|--|--------------------------|--------------|-----------------|
| 32 | SUN_EXP_60_YR2_FU | number (2,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), how many years did you live in the second city where lived for at least 1 year? | | | |

Allowable Values

| | |
|---------------|---------|
| 1 to 20 or 99 | Range |
| 99 | Unknown |

| | | | |
|---|----------------------------|--------------|-----------------|
| 33 | SUN_EXP_60_CITY3_FU | string (200) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the third city where lived for at least 1 year? | | | |

| | | | |
|--|-------------------------------|--------------|-----------------|
| 34 | SUN_EXP_60_COUNTRY3_FU | number (3,0) | Required: false |
| In your 60s and 70s (age: 60 to 79 years), which is the COUNTRY of the third city where lived for at least 1 year? | | | |

35 **SUN_EXP_60_YR3_FU** number (2,0) Required: false

In your 60s and 70s (age: 60 to 79 years), how many years did you live in the third city where lived for at least 1 year?

Allowable Values

1 to 20 or 99 Range

99 Unknown

36 **SUN_EXP_60_CITY4_FU** string (200) Required: false

In your 60s and 70s (age: 60 to 79 years), which is the fourth city where lived for at least 1 year?

37 **SUN_EXP_60_COUNTRY4_FU** number (3,0) Required: false

In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where lived for at least 1 year?

38 **SUN_EXP_60_YR4_FU** number (2,0) Required: false

In your 60s and 70s (age: 60 to 79 years), , how many years did you live in the fourth city where lived for at least 1 year?

Allowable Values

1 to 20 or 99 Range

99 Unknown

39 **Q_CRC_OPINION** number (1,0) Required: true

pseudo entry question (not asked) for next block of questions

Allowable Values

1 Yes

2 No

40 **Q_TEST_ADVISE_FU** number (1,0) Required: false

Has a doctor, nurse or other health professional ever advised you to get a test to check for colorectal cancer?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

41 **Q_LOWER_RISK_FU** number (1,0) Required: false

There is not much people can do to lower their chances of getting colorectal cancer

Allowable Values

1 Strongly agree

2 Somewhat agree

3 Somewhat disagree

- 4 Strongly disagree
- 8 Not asked/dropped
- 9 No opinion

42 **Q_PREVENT_CRC_FU** number (1,0) Required: false
 There are so many different recommendations about preventing colorectal cancer, it's hard to know which ones to follow

- Allowable Values
- 1 Strongly agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
 - 4 Strongly disagree
 - 8 Not asked/dropped
 - 9 No opinion

43 **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

44 **Q_SCREEN_FAMILY_SUPPORT_FU** number (1,0) Required: false
 I get encouragement from my family members to have a colorectal cancer screening test

- Allowable Values
- 1 Strongly agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
 - 4 Strongly disagree
 - 8 Not asked/dropped
 - 9 No opinion

45 **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/dropped |
| 9 | No opinion |

| | | | |
|---|-----------------------|--------------|----------------|
| 46 | Q_WORRY_FRQ_FU | number (1,0) | Required:false |
| How often do you worry about colorectal cancer? | | | |

| | |
|------------------|--|
| Allowable Values | |
|------------------|--|

- | | |
|---|-------------------|
| 1 | Rarely or never |
| 2 | Sometimes |
| 3 | Often |
| 4 | All the time |
| 8 | Not asked/dropped |
| 9 | No opinion |

| | | | |
|--|----------------------|--------------|----------------|
| 47 | CHOLESTROL_FU | number (1,0) | Required:false |
| Since the date of your last interview, have you ever taken Cholesterol lowering drugs (statins) [such as Lipitor, Mevacor, Altacor , Pravachol, Torvast, Lescol, Mevacor, Crestor, Zocor] (do not include Zetia Ezetrol, and Ezemibe and/or niacin), at least | | | |

| | |
|------------------|--|
| Allowable Values | |
|------------------|--|

- | | |
|---|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|--|--------------------------|--------------|----------------|
| 48 | CHOLESTROL_FRQ_FU | number (4,0) | Required:false |
| Since the date of your last interview, how often did you take Cholesterol lowering drugs (statins) when you were using it at least 2 times a week for more than a month? | | | |

| | |
|------------------|--|
| Allowable Values | |
|------------------|--|

- | | |
|-------------------------------|-----------|
| 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 drugs (statins) was taken. | | | |

| | |
|------------------|--|
| Allowable Values | |
|------------------|--|

| | |
|---|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|--------------------------|--------------|----------------|
| 50 | CHOLESTROL_LEN_FU | number (4,0) | Required:false |
| Since your last interview, how many months or years in total did you take Cholesterol lowering drugs (statins) ? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|---------------------------|--------------|----------------|
| 51 | CHOLESTROL_TIME_FU | number (1,0) | Required:false |
| Interval for total time Cholesterol lowering drugs (statins) was taken. | | | |

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | Not asked |
| 9 | Unknown |

| | | | |
|--|--------------------|--------------|----------------|
| 52 | LAXATIVE_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, sigmoidoscopy, or barium enema procedure), at least twice a week for more than | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|--|------------------------|--------------|----------------|
| 53 | LAXATIVE_FRQ_FU | number (4,0) | Required:false |
| Since the date of your last interview, how often did you take polyethylene glycol laxative when you were using it at least 2 times a week for more than a month? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

54 **LAXATIVE_INT_FU** number (1,0) Required:false

Interval in which polyethylene glycol laxative was taken.

Allowable Values

- 1 Per Day
- 2 Per Week
- 8 not asked
- 9 Unknown

55 **LAXATIVE_LEN_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take polyethylene glycol laxative ?

Allowable Values

- | | |
|------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

56 **LAXATIVE_TIME_FU** number (1,0) Required:false

Interval for total time polyethylene glycol laxative was taken.

Allowable Values

- 1 Number of Months
- 2 Number of Years
- 8 Not asked
- 9 Unknown

57 **DIABETES_FU** number (1,0) Required:false

Since the date of your last interview, have you ever taken medication to control diabetes - either insulin or oral medications, at least twice a week for more than a month?

Allowable Values

- 1 Yes
- 2 No
- 8 Not asked/dropped
- 9 Unknown/Refused

58 **DIAB_MED_TYPE_FU** number (1,0) Required:false

Since the date of your last questionnaire , what type of medication to control diabetes did you take?

Allowable Values

- 1 Pills
- 2 Insulin Injections

| | |
|---|--|
| 3 | Both Pills and Insulin Injections |
| 4 | Insulin Pump |
| 5 | Both Pills and Insulin Pump |
| 6 | Both Insulin Injections + Insulin Pump |
| 7 | Both Pills, Insulin Injections, + Insulin Pump |
| 8 | Not Asked |
| 9 | Unknown |

59 **DIAB_ORAL_LEN_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take oral medication to control diabetes ?

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

60 **DIAB_ORAL_TIME_FU** number (1,0) Required:false

Interval for total time oral medication to control diabetes was taken.

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | Not Asked |
| 9 | Unknown |

61 **DIAB_INS_INJ_LEN_FU** number (4,0) Required:false

Since your last interview, how many months or years in total did you take insulin injections to control diabetes ?

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

62 **DIAB_INS_INJ_TIME_FU** number (1,0) Required:false

Interval for total time insulin injections to control diabetes was taken.

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | Not Asked |
| | |

9 Unknown

DIAB_INS_PUMP_LEN_FU

number (4,0)

Required:false

63

Since your last interview, how many months or years in total did you use insulin pump to control diabetes ?

Allowable Values

1 to 900 or 8888, 9999

Range

8888

Not Asked

9999

Unknown

DIAB_INS_PUMP_TIME_FU

number (1,0)

Required:false

64

Interval for total time insulin pump to control diabetes was used.

Allowable Values

1 Number of Months

2 Number of Years

8 Not Asked

9 Unknown

HORMON_MEDS_FU

number (1,0)

Required:false

65

(For females only) Since the date of your last interview, have you ever taken hormonal medication for menopausal symptoms or disease prevention, at least twice a week for more than a month? ONTARIO Q: have you taken estrogen pill or patch alone or in combination with another hormone continuously for 6 months/ (do not include hormone therapy for birth control/infertility or hormone therapy delivered by injections/vaginal creams/suppositories or herbal/soy products)

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

HORMON_MEDS_TYPE_FU

number (1,0)

Required:false

66

(For females only) Since the date of your last questionnaire , what type of hormonal medication for menopausal symptoms or disease prevention did you take?

Allowable Values

1 Estrogen alone

2 Estrogen + Progesterone

3 Estrogen + Testosterone

4 Other

9 Don't know/Refused

HORMON_MEDS_TYPE_SPECIFY_FU

string (200)

Required:false

67 (For females only) Since the date of your last questionnaire , what type of hormonal medication for menopausal symptoms or disease prevention did you take? [specify]

HORMON_MEDS_FRQ_FU

number (4,0)

Required:false

68 (For females only) Since the date of your last interview, how often did you take hormonal medication for menopausal symptoms or disease prevention when you were using it at least 2 times a week for more than a month?

| Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 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

| | |
|----------|------------------|
| 1 | Number of Months |
| 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
- 2 No
- 8 Not asked/dropped
- 9 Unknown/Refused

| | | | |
|--|---------------------------------|--------------|-----------------|
| 73 | ALT_MED_PROV1_SPECIFY_FU | string (200) | Required: FALSE |
| Type of alternative health care provider (specify) | | | |

| | | | |
|--|------------------------------|--------------|-----------------|
| 74 | ALT_MED_PROV1_TIME_FU | number (1,0) | Required: false |
| When was your last treatment provided by the alternative health care provider? | | | |

- | Allowable Values | |
|------------------|----------------------|
| 1 | In the past month |
| 2 | In the past year |
| 3 | More than 1 year ago |
| 4 | More than 5 yearsago |
| 8 | not asked |
| 9 | Don't know/refused |

| | | | |
|--|---------------------------------|--------------|-----------------|
| 75 | ALT_MED_PROV2_SPECIFY_FU | string (200) | Required: false |
| Type of alternative health care provider (specify) | | | |

| | | | |
|--|------------------------------|--------------|-----------------|
| 76 | ALT_MED_PROV2_TIME_FU | number (1,0) | Required: false |
| When was your last treatment provided by the alternative health care provider? | | | |

- | Allowable Values | |
|------------------|----------------------|
| 1 | In the past month |
| 2 | In the past year |
| 3 | More than 1 year ago |
| 4 | More than 5 yearsago |
| 8 | not asked |
| 9 | Don't know/refused |

| | | | |
|--|---------------------------------|--------------|-----------------|
| 77 | ALT_MED_PROV3_SPECIFY_FU | string (200) | Required: false |
| Type of alternative health care provider (specify) | | | |

| | | | |
|--|------------------------------|--------------|-----------------|
| 78 | ALT_MED_PROV3_TIME_FU | number (1,0) | Required: false |
| When was your last treatment provided by the alternative health care provider? | | | |

- | Allowable 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

| | | | |
|---|-----------------|--------------|-----------------|
| 79 | VIT_A_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken Vitamin A pills or tablets at least twice a week for more than a month? | | | |

- | Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|--|---------------------|--------------|-----------------|
| 80 | VIT_A_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take Vitamin A pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

- | Allowable Values | |
|-------------------------------|-----------|
| 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 pills or tablets were taken. | | | |

- | Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|---------------------|--------------|-----------------|
| 82 | VIT_A_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take Vitamin As? | | | |

- | Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|----|----------------------|--------------|-----------------|
| 83 | VIT_A_TIME_FU | number (1,0) | Required: false |
|----|----------------------|--------------|-----------------|

Interval for total time Vitamin A pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

VIT_B_FU

number (1,0)

Required: false

84

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

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

VIT_B_FRQ_FU

number (4,0)

Required: false

85

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

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

VIT_B_INT_FU

number (1,0)

Required: false

86

Interval for frequency in which Vitamin B pills or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 Not asked

9 Unknown

VIT_B_LEN_FU

number (4,0)

Required: false

87

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

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | | |
|--|----------------------|--------------|----------------|
| 88 | VIT_B_TIME_FU | number (1,0) | Required:false |
| Interval for total time Vitamin B pills or tablets were taken. | | | |

| | | | |
|----------|------------------|------------------|--|
| | | Allowable Values | |
| 1 | Number of Months | | |
| 2 | Number of Years | | |
| 8 | not asked | | |
| 9 | Unknown | | |

| | | | |
|---|-----------------|--------------|----------------|
| 89 | VIT_C_FU | number (1,0) | Required:false |
| Since the date of your last interview, have you taken Vitamin C pills or tablets at least twice a week for more than a month? | | | |

| | | | |
|----------|-------------------|------------------|--|
| | | Allowable Values | |
| 1 | Yes | | |
| 2 | No | | |
| 8 | Not asked/dropped | | |
| 9 | Unknown/Refused | | |

| | | | |
|--|---------------------|--------------|----------------|
| 90 | VIT_C_FRQ_FU | number (4,0) | Required:false |
| Since the date of your last interview, how often did you take Vitamin C pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | | | |
|-------------------------------|-----------|------------------|--|
| | | Allowable Values | |
| 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 pills or tablets were taken. | | | |

| | | | |
|----------|-----------|------------------|--|
| | | Allowable Values | |
| 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 many months or years in total did you take Vitamin Cs? | | | |

| | | | |
|--|--|------------------|--|
| | | Allowable Values | |
| | | | |

| | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|--|----------------------|--------------|----------------|
| 93 | VIT_C_TIME_FU | number (1,0) | Required:false |
| Interval for total time Vitamin C pills or tablets were taken. | | | |

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|-----------------|--------------|----------------|
| 94 | VIT_D_FU | number (1,0) | Required:false |
| Since the date of your last interview, have you taken Vitamin D pills or tablets at least twice a week for more than a month? | | | |

| Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|--|---------------------|--------------|----------------|
| 95 | VIT_D_FRQ_FU | number (4,0) | Required:false |
| Since the date of your last interview, how often did you take Vitamin D pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| Allowable Values | |
|-------------------------------|-----------|
| 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 pills or tablets were taken. | | | |

| Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|----|---------------------|--------------|----------------|
| 97 | VIT_D_LEN_FU | number (4,0) | Required:false |
|----|---------------------|--------------|----------------|

Since the date of your last interview, how many months or years in total did you take Vitamin 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 tablets were taken.

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

99 **VIT_E_FU** number (1,0) Required: false

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

| Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

100 **VIT_E_FRQ_FU** number (4,0) Required: false

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

| Allowable Values | |
|-------------------------------|-----------|
| 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 taken.

| Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|---------------------|--------------|-----------------|
| 102 | VIT_E_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take Vitamin Es? | | | |

| | |
|-------------------------------|-----------|
| Allowable Values | |
| 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 Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|--------------------|--------------|-----------------|
| 104 | SELENIUM_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken selenium pills or tablets at least twice a week for more than a month? | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|---|------------------------|--------------|-----------------|
| 105 | SELENIUM_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take selenium pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | |
|-------------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|------------------------|--------------|-----------------|
| 106 | SELENIUM_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which selenium pills or tablets were taken. | | | |

| | |
|------------------|---------|
| Allowable Values | |
| 1 | Per Day |
| | |

| | |
|---|-----------|
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|------------------------|--------------|-----------------|
| 107 | SELENIUM_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take selenium? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|-------------------------|--------------|-----------------|
| 108 | SELENIUM_TIME_FU | number (1,0) | Required: false |
| Interval for total time selenium pills or tablets were taken. | | | |

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not aksed |
| 9 | Unknown |

| | | | |
|--|----------------|--------------|-----------------|
| 109 | ZINC_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken zinc pills or tablets at least twice a week for more than a month? | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|---|--------------------|--------------|-----------------|
| 110 | ZINC_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take zinc pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|--------------------|--------------|-----------------|
| 111 | ZINC_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which zinc pills or tablets were taken. | | | |

Allowable Values

- 1 Per Day
- 2 Per Week
- 8 not asked
- 9 Unknown

| | | | |
|---|--------------------|--------------|-----------------|
| 112 | ZINC_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take zinc? | | | |

| Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|---------------------|--------------|-----------------|
| 113 | ZINC_TIME_FU | number (1,0) | Required: false |
| Interval for total time zinc pills or tablets were taken. | | | |

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not aksed |
| 9 | Unknown |

| | | | |
|--|---------------|--------------|-----------------|
| 114 | COD_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken cod liver oil/other fish oil pills or tablets at least twice a week for more than a month? | | | |

| Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|---|-------------------|--------------|-----------------|
| 115 | COD_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take cod liver oil/other fish oil pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|-------------------|--------------|-----------------|
| 116 | COD_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which cod liver oil/other fish oil pills or tablets were taken. | | | |

- | Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|-------------------|--------------|-----------------|
| 117 | COD_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take cod liver oil/other fish oil? | | | |

- | Allowable Values | |
|------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|--------------------|--------------|-----------------|
| 118 | COD_TIME_FU | number (1,0) | Required: false |
| Interval for total time cod liver oil/other fish oil pills or tablets were taken. | | | |

- | Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|--------------------|--------------|-----------------|
| 119 | LYCOPENE_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken lycopene pills or tablets at least twice a week for more than a month? | | | |

- | Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|---|------------------------|--------------|-----------------|
| 120 | LYCOPENE_FRO_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take lycopene pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

- | Allowable Values | |
|------------------------|-------|
| 1 to 900 or 8888, 9999 | Range |

| | |
|-------------|-----------|
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|------------------------|--------------|-----------------|
| 121 | LYCOPENE_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which lycopene pills or tablets were taken. | | | |

Allowable Values

- 1** Per Day
- 2** Per Week
- 8** not asked
- 9** Unknown

| | | | |
|---|------------------------|--------------|-----------------|
| 122 | LYCOPENE_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take lycopene? | | | |

Allowable Values

- 1 to 900 or 8888, 9999** Range
- 8888** Not Asked
- 9999** Unknown

| | | | |
|---|-------------------------|--------------|-----------------|
| 123 | LYCOPENE_TIME_FU | number (1,0) | Required: false |
| Interval for total time lycopene pills or tablets were taken. | | | |

Allowable Values

- 1** Number of Months
- 2** Number of Years
- 8** not asked
- 9** Unknown

| | | | |
|---|------------------|--------------|-----------------|
| 124 | GINGKO_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken ginkgo biloba pills or tablets at least twice a week for more than a month? | | | |

Allowable Values

- 1** Yes
- 2** No
- 8** Not asked/dropped
- 9** Unknown/Refused

| | | | |
|--|----------------------|--------------|-----------------|
| 125 | GINGKO_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take ginkgo biloba pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | |
|-------------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|--|----------------------|--------------|-----------------|
| 126 | GINGKO_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which ginkgo biloba pills or tablets were taken. | | | |

| | |
|------------------|-----------|
| Allowable Values | |
| 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 months or years in total did you take ginkgo 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 ginkgo biloba pills or tablets were taken. | | | |

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|--------------------|--------------|-----------------|
| 129 | SAW_PALM_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken saw palmetto pills or tablets at least twice a week for more than a month? | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

Error Description

Must be in: 1, 2, 8, 9

| | | | |
|---|---------------------------------|--------------|-----------------|
| 130 | SAW_PALM_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take saw palmetto pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | |
|-------------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|---------------------------------|--------------|-----------------|
| 131 | SAW_PALM_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which saw palmetto pills or tablets were taken. | | | |

| | |
|------------------|-----------|
| Allowable Values | |
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|---------------------------------|--------------|-----------------|
| 132 | SAW_PALM_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take saw palmetto? | | | |

| | |
|-------------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|----------------------------------|--------------|-----------------|
| 133 | SAW_PALM_TIME_FU | number (1,0) | Required: false |
| Interval for total time saw palmetto pills or tablets were taken. | | | |

| | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|---------------------------|--------------|-----------------|
| 134 | GARLIC_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you taken garlic pills or tablets at least twice a week for more than a month? | | | |

| | |
|------------------|--|
| Allowable Values | |
| | |

- 1 Yes
- 2 No
- 8 Not asked/dropped
- 9 Unknown/Refused

| | | | |
|---|----------------------|--------------|-----------------|
| 135 | GARLIC_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take garlic pills or tablets when you were using it at least 2 times a week for more than a month? | | | |

| Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|----------------------|--------------|-----------------|
| 136 | GARLIC_INT_FU | number (1,0) | Required: false |
| Interval for frequency in which garlic pills or tablets were taken. | | | |

| Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|----------------------|--------------|-----------------|
| 137 | GARLIC_LEN_FU | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take garlic? | | | |

| Allowable Values | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|-----------------------|--------------|-----------------|
| 138 | GARLIC_TIME_FU | number (1,0) | Required: false |
| Interval for total time garlic pills or tablets were taken. | | | |

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|---------------------|--------------|-----------------|
| | CHON_SULF_FU | number (1,0) | Required: false |
|--|---------------------|--------------|-----------------|

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

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

140 **CHON_SULF_FRQ_FU** number (4,0) Required: false
Since the date of your last interview, how often did you take Chondroitin sulfate pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

141 **CHON_SULF_INT_FU** number (1,0) Required: false
Interval for frequency in which Chondroitin sulfate pills or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

142 **CHON_SULF_LEN_FU** number (4,0) Required: false
Since the date of your last interview, how many months or years in total did you take Chondroitin sulfate?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

143 **CHON_SULF_TIME_FU** number (1,0) Required: false
Interval for total time cod liver oil/other fish oil pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

144 **GLUCOSAMINE_FU** number (1,0) Required: false

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

| Allowable Values | |
|------------------|-------------------|
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

145 **GLUCOSAMINE_FRQ_FU** number (4,0) Required: false

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

| Allowable Values | |
|------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

146 **GLUCOSAMINE_INT_FU** number (1,0) Required: false

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

| Allowable Values | |
|------------------|-----------|
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

147 **GLUCOSAMINE_LEN_FU** number (4,0) Required: false

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

| Allowable Values | |
|------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

148 **GLUCOSAMINE_TIME_FU** number (1,0) Required: false

Interval for total time glucosamine pills or tablets were taken.

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |

| | |
|---|-----------------|
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|--|-------------------------|--------------|-----------------|
| 149 | ST_JOHNS_WORT_FU | number (1,0) | Required: false |
| Since the date of your last interview, have you ever taken St. John's Wort pills, capsules or tablets at least twice a week for more than a month? | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked/dropped |
| 9 | Unknown/Refused |

| | | | |
|--|-----------------------------|--------------|-----------------|
| 150 | ST_JOHNS_WORT_FRQ_FU | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take St. John's Wort pills, capsules or tablets when you were using it at least 2 times a week for more than a month? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|---|-----------------------------|--------------|-----------------|
| 151 | ST_JOHNS_WORT_INT_FU | number (1,0) | Required: false |
| Interval for frequency St. John's Wort pills, capsules or tablets were taken. | | | |

| | |
|------------------|-----------|
| Allowable Values | |
| 1 | Per Day |
| 2 | Per Week |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|-----------------------------|--------------|-----------------|
| 152 | ST_JOHNS_WORT_LEN_FU | number (4,0) | Required: false |
| Since your last interview, how long, in total, have you taken St. John's Wort pills, capsules or tablets? | | | |

| | |
|------------------------|-----------|
| Allowable Values | |
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|-----|------------------------------|--------------|-----------------|
| 153 | ST_JOHNS_WORT_TIME_FU | number (1,0) | Required: false |
| | | | |

Interval for total time St. John's Wort pills, capsules or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

154

OTHER_PILL_FU

number (1,0)

Required: false

Since the date of your last interview, have you ever taken other pills at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

155

OTHER_PILL_SPECIFY

string (200)

Required: false

List other pills, capsules or tablets taken since the date of your last questionnaire (see label on page 1 for date), when you were taking the pills at least 2 times a week for more than a month:

156

OTHER_PILL_FRQ_FU

number (4,0)

Required: false

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

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

157

OTHER_PILL_INT_FU

number (1,0)

Required: false

Interval for frequency other pills, capsules or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

158

OTHER_PILL_LEN_FU

number (4,0)

Required: false

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

Allowable Values

| | |
|-------------------------------|-----------|
| 1 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| 9999 | Unknown |

| | | | |
|--|---------------------------|--------------|-----------------|
| 159 | OTHER_PILL_TIME_FU | number (1,0) | Required: false |
| Interval for total time other pills, capsules or tablets were taken. | | | |

| Allowable Values | |
|------------------|------------------|
| 1 | Number of Months |
| 2 | Number of Years |
| 8 | not asked |
| 9 | Unknown |

| | | | |
|---|---------------------|--------------|----------------|
| 160 | BODY_MEASURE | number (1,0) | Required: true |
| pseudo entry question (not asked) for next block of questions | | | |

| Allowable Values | |
|------------------|-----|
| 1 | Yes |
| 2 | No |

| | | | |
|---|----------------------|--------------|-----------------|
| 161 | HIP_CIRCUM_FU | number (4,0) | Required: false |
| What are your current hip circumference (measurements)? | | | |

| Allowable Values | |
|--------------------------------|-----------|
| 10 to 900 or 8888, 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 circumference? | | | |

| Allowable Values | |
|------------------|-------------|
| 1 | Centimeters |
| 2 | Inches |

| | | | |
|---|------------------------|--------------|-----------------|
| 163 | WAIST_CIRCUM_FU | number (4,0) | Required: false |
| What are your current waist circumference (measurements)? | | | |

| Allowable Values | |
|--------------------------------|-----------|
| 10 to 900 or 8888, 9999 | Range |
| 8888 | Not Asked |
| | |

164 **WAIST_CIRCUM_UNIT_FU** number (1,0) Required: false
 What is the unit of measure used for waist circumference?

Allowable Values

1 Centimeters

2 Inches

165 **TEETH_MISSING_FU** number (1,0) Required: false
 Not counting wisdom teeth, by the age of 16, did you have any permanent teeth that never formed at all, that is, permanent teeth that were missing?

Allowable Values

1 Yes

2 No

8 Not asked

9 Unknown/Refused

166 **TEETH_MISSING_CNT_FU** number (2,0) Required: false
 How many permanent teeth failed to form?

Allowable Values

1 to 28 or 88, 99 Range

88 Not asked

99 Unknown

167 **CHEMO_RAD_FU** number(2N) Required: YES, if applicable
 SINCE your last interview have you had chemotherapy and/or radiotherapy for bowel or colon cancer?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

168 **CHEMO_FU** number(2N) Required: YES, if applicable
 SINCE your last interview what types of therapy have you received? Chemotherapy

Allowable Values

1 Yes- received chemotherapy

| | |
|--|--------------------------|
| 2 No- no did not receive chemotherapy | <input type="checkbox"/> |
| 8 Not Asked | <input type="checkbox"/> |
| 9 Unknown/Refused | <input type="checkbox"/> |

| | | | |
|---|---------------|------------|------------------------------|
| 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 | <input type="checkbox"/> |
| 2 No- no did not receive radiotherapy | <input type="checkbox"/> |
| 8 Not Asked | <input type="checkbox"/> |
| 9 Unknown/Refused | <input type="checkbox"/> |

| | | | |
|--------------------------------------|----------------------|------------|------------------------------|
| 170 | CHEMO_EVER_FU | number(2N) | Required: YES, if applicable |
| Have you EVER received chemotherapy? | | | |

| | |
|--------------------------|--------------------------|
| Allowable Values | |
| 1 Yes | <input type="checkbox"/> |
| 2 No | <input type="checkbox"/> |
| 8 Not Asked | <input type="checkbox"/> |
| 9 Unknown/Refused | <input type="checkbox"/> |

| | | | |
|--------------------------------------|--------------------|------------|------------------------------|
| 171 | RAD_EVER_FU | number(2N) | Required: YES, if applicable |
| Have you EVER received radiotherapy? | | | |

| | |
|--------------------------|--------------------------|
| Allowable Values | |
| 1 Yes | <input type="checkbox"/> |
| 2 No | <input type="checkbox"/> |
| 8 Not Asked | <input type="checkbox"/> |
| 9 Unknown/Refused | <input type="checkbox"/> |

| | | | |
|--------------------------------|--------------------|--------------|-----------------|
| 172 | PAPSMEAR_FU | number (1,0) | Required: false |
| Have you ever had a pap smear? | | | |

| | |
|--------------------------|--------------------------|
| Allowable Values | |
| 1 Yes | <input type="checkbox"/> |
| 2 No | <input type="checkbox"/> |
| 8 Not asked | <input type="checkbox"/> |
| 9 Unknown/Refused | <input type="checkbox"/> |

| | | | |
|---|-----------------------|--------------|-----------------|
| 173 | PAP_PROBLEM_FU | number (1,0) | Required: false |
| <p>Does the reason for your pap smear include "to investigate a new problem"?</p> <p>This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1 TO INVESTIGATE A NEW PROBLEM 2 FAMILY HISTORY OF CANCER 3 ROUTINE EXAM OR CHECK-UP 4 FOLLOW-UP OF A PREVIOUS PROBLEM 6 OTHER, SPECIFY: _____ 9 DON'T KNOW</p> <p>* Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative.</p> | | | |

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

| | | | |
|---|---------------------|--------------|-----------------|
| 174 | PAP_FAMHX_FU | number (1,0) | Required: false |
| <p>Does the reason for your pap smear include "family history of cancer"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p> | | | |

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

| | | | |
|--|-----------------------|--------------|-----------------|
| 175 | PAP_ROUTINE_FU | number (1,0) | Required: false |
| <p>Does the reason for your pap smear include "routine/yearly exam or check-up"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p> | | | |

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

| | | | |
|--|---------------------|--------------|-----------------|
| 176 | PAP_OTHER_FU | number (1,0) | Required: false |
| <p>Does the reason for your pap smear include "other reasons"?</p> <p>* For actual question format see PAP_PROBLEM_FU above.</p> | | | |

| Allowable Values | |
|------------------|-----|
| 1 | YES |

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

| | | | |
|---|------------------------|--------------|-----------------|
| 177 | PAP_OTH_TEXT_FU | string (200) | Required: false |
| What are the specific reasons for your pap smear? | | | |

| | | | |
|--|-----------------------|--------------|-----------------|
| 178 | PAPSMEAR_NO_FU | number (2,0) | Required: false |
| On how many separate occasions have you had a pap smear? | | | |

| | |
|---------------------|-------------------|
| Allowable Values | |
| 1 to 10 or 88 or 99 | Range |
| 88 | Not asked |
| 99 | (Unknown/Refused) |

| | | | |
|---|----------------------------|--------------|-----------------|
| 179 | PAPSMEAR_LST_AGE_FU | number (3,0) | Required: false |
| When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test. | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 888 | Not asked |
| 999 | (Unknown/Refused) |

| | | | |
|--------------------------------|-----------------|--------------|-----------------|
| 180 | MAMMO_FU | number (1,0) | Required: false |
| Have you ever had a mammogram? | | | |

| | |
|------------------|-----------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked |
| 9 | Unknown/Refused |

| | | | |
|---|-----------------------|--------------|-----------------|
| 181 | 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 | | | |
| 2 FAMILY HISTORY OF CANCER | | | |
| 3 ROUTINE EXAM OR CHECK-UP | | | |
| 4 FOLLOW-UP OF A PREVIOUS PROBLEM | | | |
| 6 OTHER, SPECIFY: _____ | | | |
| 9 DON'T KNOW | | | |
| * Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative. | | | |

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

| | | | |
|--|------------------------------|--------------|-----------------|
| 182 | MAM_FAMHX_FU | number (1,0) | Required: false |
| Does the reason for your mammogram include "family history of cancer"? * For actual question format see MAM_PROBLEM_FU above. | | | |

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

| | | | |
|---|--------------------------------|--------------|-----------------|
| 183 | MAM_ROUTINE_FU | number (1,0) | Required: false |
| Does the reason for your mammogram include "routine/yearly exam or check-up"? * For actual question format see MAM_PROBLEM_FU above. | | | |

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

| | | | |
|---|------------------------------|--------------|-----------------|
| 184 | 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 |
| On how many separate occasions have you had a mammogram? | | | |

| Allowable Values | |
|------------------|--|
|------------------|--|

| | |
|----|-------------------|
| 88 | Not asked |
| 99 | (Unknown/Refused) |

| | | | |
|---|-------------------------|--------------|-----------------|
| 187 | MAMMO_LST_AGE_FU | number (3,0) | Required: false |
| When did you have your most recent mammogram? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test. | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| | |
| 888 | Not asked |
| 999 | (Unknown/Refused) |

| | | | |
|--|---------------|--------------|-----------------|
| 188 | PSA_FU | number (1,0) | Required: false |
| Have you ever had a PSA (Prostate Specific Antigen testing)? | | | |

| | |
|------------------|-----------------|
| Allowable Values | |
| 1 | Yes |
| 2 | No |
| 8 | Not asked |
| 9 | Unknown/Refused |

| | | | |
|---|-----------------------|--------------|-----------------|
| 189 | 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 reason was not selected as affirmative. | | | |

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

| | | | |
|--|---------------------|--------------|-----------------|
| 190 | PSA_FAMHX_FU | number (1,0) | Required: false |
| Does the reason for your PSA include "family history of cancer"? | | | |
| * For actual question format see PSA_PROBLEM_FU above. | | | |

| | |
|------------------|--|
| Allowable Values | |
| | |

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

| | | | |
|---|-----------------------|--------------|-----------------|
| 191 | PSA_ROUTINE_FU | number (1,0) | Required: false |
| Does the reason for your PSA include "routine/yearly exam or check-up"? * For actual question format see PSA_PROBLEM_FU above. | | | |

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

| | | | |
|---|---------------------|--------------|-----------------|
| 192 | PSA_OTHER_FU | number (1,0) | Required: false |
| Does the reason for your PSA include "other reasons"? * For actual question format see PSA_PROBLEM_FU above. | | | |

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

| | | | |
|---|------------------------|--------------|-----------------|
| 193 | PSA_OTH_TEXT_FU | string (200) | Required: false |
| What are the specific reasons for your PSA? | | | |

| | | | |
|--|------------------|--------------|-----------------|
| 194 | PSA_NO_FU | number (2,0) | Required: false |
| On how many separate occasions have you had a PSA? | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 88 | Not asked |
| 99 | (Unknown/Refused) |

| | | | |
|---|-----------------------|--------------|-----------------|
| 195 | PSA_LST_AGE_FU | number (3,0) | Required: false |
| When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test. | | | |

| | |
|------------------|-------------------|
| Allowable Values | |
| 888 | Not asked |
| 999 | (Unknown/Refused) |

| | | | |
|-----|--|--------------|-----------------|
| 196 | CIG_FU Since the date of your last interview, have you ever smoked at least one cigarette a day for 3 months or longer? *Not asked by Hawaii or Australia | number (1,0) | Required: false |
|-----|--|--------------|-----------------|

| | | |
|---|-----------------|------------------|
| | | Allowable Values |
| 1 | Yes | |
| 2 | No | |
| 8 | Not asked | |
| 9 | Unknown/Refused | |

| | | | |
|-----|---|--------------|-----------------|
| 197 | CIG_CURR_FU Do you currently smoke? | number (1,0) | Required: false |
|-----|---|--------------|-----------------|

| | | |
|---|-----------------|------------------|
| | | Allowable Values |
| 1 | Yes | |
| 2 | No | |
| 8 | Not asked | |
| 9 | Unknown/Refused | |

| | | | |
|-----|--|--------------|-----------------|
| 198 | CIG_STOP_AGE_FU When did you stop or quit smoking? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____. Response is transformed as necessary to transmit as age at test. | number (3,0) | Required: false |
|-----|--|--------------|-----------------|

| | | |
|-----|-------------------|------------------|
| | | Allowable Values |
| | | |
| 888 | Not asked | |
| 999 | (Unknown/Refused) | |