

# Module: colon-epi-followup

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### colon-epi-followup

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|   |                                  |              |                |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
|---|----------------------------------|--------------|----------------|--------------------------|-------------------------------------|----|---------------------|----|----------------|----|-------------------------|----|----------------------------------|----|-------------|----|--------------------------|----|----------------------------|
| 1   | <b>CENTER_NO</b>                 | 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   | <b>PERSON_ID (*PK)</b>           | string (12)  | Required: true |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| Number that uniquely identifies an individual. *PERSON_ID + FU_ID are the primary key for the table.  |                                  |              |                |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>Error Description</b></td> </tr> <tr> <td style="padding: 5px;">First 2 digits must equal CENTER_NO</td> </tr> </table>   |                                  |              |                | <b>Error Description</b> | First 2 digits must equal CENTER_NO |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| <b>Error Description</b>  |                                  |              |                |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| First 2 digits must equal CENTER_NO   |                                  |              |                |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| 3   | <b>FU_ID (*PK)</b>               | number (1,0) | Required: true |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |
| Follow-up questionnaire that participant completed. *PERSON_ID + FU_ID are the primary key for the table.   |                                  |              |                |                          |                                     |    |                     |    |                |    |                         |    |                                  |    |             |    |                          |    |                            |

Allowable Values

1 1st Follow-up

2 2nd Follow-up

3 3rd Follow-up

4 4th Follow-up

**Error Description**

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

|  |                |              |                |
|--|----------------|--------------|----------------|
| 4  | <b>FU_TYPE</b> | number (1,0) | Required: true |
| Version of follow-up questionnaire administered. |                |              |                |

Allowable Values

1 FUP1 QX administered at Phase II

2 FUP1 QX administered at Phase III

3 FUP Epi QX administered at Phase III

4 FUP Epi QX administered at Phase IV

5 FUP2 Epi QX administered at Phase III

6 FUP Epi QX administered at Phase V

|   |                    |            |                |
|---|--------------------|------------|----------------|
| 5   | <b>CMPLDATE_FU</b> | string (8) | Required: true |
| Date participant completed follow-up questionnaire. |                    |            |                |

Date Value Check

The date must follow to the following format:

Format YYYYMMDD. Must consist of valid date.

Components of date should be right justified and zero filled.

MM = 01 - 12, 88, 99

DD = 01 - 31, 88, 99

YYYY = **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

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

|   |                   |              |                |
|---|-------------------|--------------|----------------|
| 6   | <b>AGE_EPI_FU</b> | number (3,0) | Required: true |
| Age at the time follow-up questionnaire completed |                   |              |                |

|  |                 |
|--|-----------------|
| Allowable Values                           |                 |
| <b>22 to 120 or 999</b>                    | Range           |
| <b>999</b>                                 | UNKNOWN/REFUSED |
| <b>Error Description</b>                   |                 |
| 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 |                 |

|                   |            |              |                 |
|-------------------|------------|--------------|-----------------|
| 7                 | <b>SEX</b> | number (1,0) | Required: false |
| Participant's sex |            |              |                 |

|                  |         |
|------------------|---------|
| Allowable Values |         |
| <b>1</b>         | Male    |
| <b>2</b>         | Female  |
| <b>3</b>         | Other   |
| <b>9</b>         | Unknown |

|  |                  |              |                |
|--|------------------|--------------|----------------|
| 8  | <b>WEIGHT_FU</b> | number (3,0) | Required: true |
| How much do you currently weigh (in kilograms)? (1 pound = 0.453 kilogram) |                  |              |                |

|  |                   |
|--|-------------------|
| Allowable Values   |                   |
| <b>25 to 450 or 888,999</b>  | Range             |
| <b>888</b>   | Not asked/Dropped |
| <b>999</b>   | UNKNOWN/REFUSED   |
| <b>Error Description</b>   |                   |
| 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                   |                   |

|  |                  |              |                |
|--|------------------|--------------|----------------|
| 9  | <b>ETHNIC_FU</b> | number (1,0) | Required: true |
| Do you consider yourself to be Hispanic or Latino? |                  |              |                |

|                  |                         |
|------------------|-------------------------|
| Allowable Values |                         |
| <b>1</b>         | Yes, HISPANIC OR LATINO |
| <b>2</b>         | 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 equals 1 and CENTER_NO IN(11,13), ETHNIC_FU must be 8          |

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

| Allowable Values             |                   |
|------------------------------|-------------------|
| <b>1 to 19 or 88, 98, 99</b> | Range             |
| <b>88</b>                    | Not Asked/Dropped |
| <b>98</b>                    | OTHER             |
| <b>99</b>                    | 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  | <b>S_RACE1_OTH_FU</b> | 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   | <b>S_RACE2_FU</b> | number (2,0) | Required: false |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards) |                   |              |                 |

| Allowable Values             |                   |
|------------------------------|-------------------|
| <b>1 to 19 or 88, 98, 99</b> | Range             |
| <b>88</b>                    | Not Asked/Dropped |
| <b>98</b>                    | OTHER             |
| <b>99</b>                    | 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  | <b>S_RACE2_OTH_FU</b> | string (30)  | Required: false |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
|---|-----------------------|--------------|-----------------|-------------------|--|---|-------|--|-------------------|-----------|-------|-----------|-----------------|-------------------|--|---|--|---|--|-----------------------------------|--|
| Specification of self-identification as other race.   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Error Description</th> </tr> <tr> <td style="padding: 5px;">If S_RACE2_OTH_FU = 98, then must not be null</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">If S_RACE2_OTH_FU &lt;&gt; 98, then must be null</td> <td></td> </tr> </table>  |                       |              |                 | Error Description |  | If S_RACE2_OTH_FU = 98, then must not be null |       | If S_RACE2_OTH_FU <> 98, then must be null |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| Error Description   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| If S_RACE2_OTH_FU = 98, then must not be null   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| If S_RACE2_OTH_FU <> 98, then must be null  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| 14  | <b>S_RACE3_FU</b>     | number (2,0) | Required: false |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Allowable Values</th> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>1 to 19 or 88, 98, 99</b></td> <td style="padding: 5px;">Range</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>88</b></td> <td style="padding: 5px;">Not Asked/Dropped</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>98</b></td> <td style="padding: 5px;">OTHER</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>99</b></td> <td style="padding: 5px;">UNKNOWN/REFUSED</td> </tr> </table><br><table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Error Description</th> </tr> <tr> <td style="padding: 5px;">If FU_ID=1 &amp; FU_TYPE = 1, then must not be 88</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">If FU_ID=1 &amp; FU_TYPE = 2, then must be 88</td> <td></td> </tr> <tr> <td style="padding: 5px;">If FU_ID= 2 or 3, then must be 88</td> <td></td> </tr> </table> |                       |              |                 | Allowable Values  |  | <b>1 to 19 or 88, 98, 99</b>                  | Range | <b>88</b>                                  | Not Asked/Dropped | <b>98</b> | OTHER | <b>99</b> | 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 |  |
| Allowable Values  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>1 to 19 or 88, 98, 99</b>  | Range                 |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>88</b>   | Not Asked/Dropped     |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>98</b>   | OTHER                 |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>99</b>   | 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  | <b>S_RACE3_OTH_FU</b> | string (30)  | Required: false |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| Specification of self-identification as other race.   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Error Description</th> </tr> <tr> <td style="padding: 5px;">If S_RACE3_OTH_FU = 98, then must not be null</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">If S_RACE3_OTH_FU &lt;&gt; 98, then must be null</td> <td></td> </tr> </table>  |                       |              |                 | Error Description |  | If S_RACE3_OTH_FU = 98, then must not be null |       | If S_RACE3_OTH_FU <> 98, then must be null |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| Error Description   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| If S_RACE3_OTH_FU = 98, then must not be null   |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| If S_RACE3_OTH_FU <> 98, then must be null  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| 16  | <b>S_RACE4_FU</b>     | number (2,0) | Required: false |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| What race do you consider yourself to be? (Codes are from EER/NAACCR/ACOS standards)  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Allowable Values</th> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>1 to 19 or 88, 98, 99</b></td> <td style="padding: 5px;">Range</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>88</b></td> <td style="padding: 5px;">Not Asked/Dropped</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>98</b></td> <td style="padding: 5px;">OTHER</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><b>99</b></td> <td style="padding: 5px;">UNKNOWN/REFUSED</td> </tr> </table><br><table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Error Description</th> </tr> <tr> <td style="padding: 5px;">If FU_ID=1 &amp; FU_TYPE = 1, then must not be 88</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">If FU_ID=1 &amp; FU_TYPE = 2, then must be 88</td> <td></td> </tr> <tr> <td style="padding: 5px;">If FU_ID= 2 or 3, then must be 88</td> <td></td> </tr> </table> |                       |              |                 | Allowable Values  |  | <b>1 to 19 or 88, 98, 99</b>                  | Range | <b>88</b>                                  | Not Asked/Dropped | <b>98</b> | OTHER | <b>99</b> | 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 |  |
| Allowable Values  |                       |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>1 to 19 or 88, 98, 99</b>  | Range                 |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>88</b>   | Not Asked/Dropped     |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>98</b>   | OTHER                 |              |                 |                   |  |   |       |  |                   |           |       |           |                 |                   |  |   |  |   |  |                                   |  |
| <b>99</b>   | 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  | <b>S_RACE4_OTH_FU</b>       | string (30)  | Required: false |                          |   |  |                          |   |  |   |
| Specification of self-identification as other race.   |                             |              |                 |                          |   |  |                          |   |  |   |
| <table border="1"> <tr><td><b>Error Description</b></td></tr> <tr><td>If S_RACE4_OTH_FU = 98, then must not be null</td></tr> <tr><td>If S_RACE4_OTH_FU &lt;&gt; 98, then must be null</td></tr> </table>   |                             |              |                 | <b>Error Description</b> | If S_RACE4_OTH_FU = 98, then must not be null | If S_RACE4_OTH_FU <> 98, then must be null |                          |   |  |   |
| <b>Error Description</b>  |                             |              |                 |                          |   |  |                          |   |  |   |
| If S_RACE4_OTH_FU = 98, then must not be null   |                             |              |                 |                          |   |  |                          |   |  |   |
| If S_RACE4_OTH_FU <> 98, then must be null  |                             |              |                 |                          |   |  |                          |   |  |   |
| 18  | <b>HEMOCCULT_FU</b>         | number (1,0) | Required: true  |                          |   |  |                          |   |  |   |
| Since the date of the last interview, have you had a fecal occult blood test (FOBT)?  |                             |              |                 |                          |   |  |                          |   |  |   |
| <table border="1"> <tr><td>Allowable Values</td></tr> <tr><td><b>1</b> YES</td></tr> <tr><td><b>2</b> NO</td></tr> <tr><td><b>9</b> UNKNOWN/REFUSED</td></tr> </table>  |                             |              |                 | Allowable Values         | <b>1</b> YES                                  | <b>2</b> NO                                | <b>9</b> UNKNOWN/REFUSED |   |  |   |
| Allowable Values  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>1</b> YES  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>2</b> NO   |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>9</b> UNKNOWN/REFUSED  |                             |              |                 |                          |   |  |                          |   |  |   |
| 19  | <b>HEMOCCULT_NO_FU</b>      | number (2,0) | Required: false |                          |   |  |                          |   |  |   |
| Since the date of your last interview, how many separate hemocult tests have you had?   |                             |              |                 |                          |   |  |                          |   |  |   |
| <table border="1"> <tr><td>Allowable Values</td></tr> <tr><td><b>1 to 80 or 99</b> Range</td></tr> <tr><td><b>99</b> UNKNOWN/REFUSED</td></tr> </table><br><table border="1"> <tr><td><b>Error Description</b></td></tr> <tr><td>If HEMOCCULT _FU = 1, then must not be null</td></tr> <tr><td>If HEMOCCULT _FU &lt;&gt; 1, then must be null</td></tr> </table>  |                             |              |                 | Allowable Values         | <b>1 to 80 or 99</b> Range                    | <b>99</b> UNKNOWN/REFUSED                  | <b>Error Description</b> | If HEMOCCULT _FU = 1, then must not be null | If HEMOCCULT _FU <> 1, then must be null |   |
| Allowable Values  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>1 to 80 or 99</b> Range  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>99</b> UNKNOWN/REFUSED   |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>Error Description</b>  |                             |              |                 |                          |   |  |                          |   |  |   |
| If HEMOCCULT _FU = 1, then must not be null   |                             |              |                 |                          |   |  |                          |   |  |   |
| If HEMOCCULT _FU <> 1, then must be null  |                             |              |                 |                          |   |  |                          |   |  |   |
| 20  | <b>HEMOCCULT_LST_AGE_FU</b> | number (3,0) | Required: false |                          |   |  |                          |   |  |   |
| How old were you at your most recent hemocult test?   |                             |              |                 |                          |   |  |                          |   |  |   |
| <table border="1"> <tr><td>Allowable Values</td></tr> <tr><td><b>18 to 120 or 999</b> Range</td></tr> <tr><td><b>999</b> UNKNOWN/REFUSED</td></tr> </table><br><table border="1"> <tr><td><b>Error Description</b></td></tr> <tr><td>If HEMOCCULT _FU = 1, then must not be null</td></tr> <tr><td>If HEMOCCULT _FU &lt;&gt; 1, then must be null</td></tr> <tr><td>If HEMOCCULT _FU = 1, must be &lt;= AGE_EPI_FU</td></tr> </table> |                             |              |                 | Allowable Values         | <b>18 to 120 or 999</b> Range                 | <b>999</b> UNKNOWN/REFUSED                 | <b>Error Description</b> | 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 |
| Allowable Values  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>18 to 120 or 999</b> Range   |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>999</b> UNKNOWN/REFUSED  |                             |              |                 |                          |   |  |                          |   |  |   |
| <b>Error Description</b>  |                             |              |                 |                          |   |  |                          |   |  |   |
| If HEMOCCULT _FU = 1, then must not be null   |                             |              |                 |                          |   |  |                          |   |  |   |
| If HEMOCCULT _FU <> 1, then must be null  |                             |              |                 |                          |   |  |                          |   |  |   |
| If HEMOCCULT _FU = 1, must be <= AGE_EPI_FU   |                             |              |                 |                          |   |  |                          |   |  |   |
| 21  | <b>H_LST_PROBLEM_FU</b>     | number (1,0) | Required: false |                          |   |  |                          |   |  |   |
| <p>Does the reason for your most recent hemocult test include "to investigate a new problem"?</p> <p>This question is asked as:</p> <p>What were the reasons for the test? [SELECT ALL THAT APPLY]</p> <p>1 TO INVESTIGATE A NEW PROBLEM<br/> 2 FAMILY HISTORY OF COLORECTAL CANCER<br/> 3 ROUTINE EXAM OR CHECK-UP</p>   |                             |              |                 |                          |   |  |                          |   |  |   |

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

- 8 NOT ASKED
- 9 UNKNOWN/REFUSED

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

|                      |                 |
|----------------------|-----------------|
| Allowable Values     |                 |
| <b>1 to 80 or 99</b> | Range           |
| <b>99</b>            | UNKNOWN/REFUSED |

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

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

|                         |                 |
|-------------------------|-----------------|
| Allowable Values        |                 |
| <b>18 to 120 or 999</b> | Range           |
| <b>999</b>              | 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 | <b>CGUARD_LST_PROBLEM_FU</b> | 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 |                         |
| <b>1</b>         | YES                     |
| <b>2</b>         | NO (not selected, NULL) |
| <b>9</b>         | 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"?  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 199 972 247">Allowable Values</td> </tr> <tr> <td data-bbox="646 247 678 296">1</td> <td data-bbox="678 247 972 296">YES</td> </tr> <tr> <td data-bbox="646 296 678 344">2</td> <td data-bbox="678 296 972 344">NO (not selected, NULL)</td> </tr> <tr> <td data-bbox="646 344 678 392">9</td> <td data-bbox="678 344 972 392">UNKNOWN/REFUSED</td> </tr> </table><br><table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="542 436 1076 485" style="text-align: center;"><b>Error Description</b></td> </tr> <tr> <td colspan="2" data-bbox="542 485 1076 533">If COLOGUARD _FU = 1, then must not be null</td> </tr> <tr> <td colspan="2" data-bbox="542 533 1076 581">If COLOGUARD _FU &lt;&gt; 1, then must be null</td> </tr> </table>                       |                          |              |                | Allowable Values |  | 1 | YES | 2 | NO (not selected, NULL)  | 9 | UNKNOWN/REFUSED  | <b>Error Description</b> |  | If COLOGUARD _FU = 1, then must not be null |  | If COLOGUARD _FU <> 1, then must be null |  |
| Allowable Values  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 1   | YES                      |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 2   | NO (not selected, NULL)  |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 9   | UNKNOWN/REFUSED          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <b>Error Description</b>  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 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"?  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 730 972 779">Allowable Values</td> </tr> <tr> <td data-bbox="646 779 678 827">1</td> <td data-bbox="678 779 972 827">YES</td> </tr> <tr> <td data-bbox="646 827 678 875">2</td> <td data-bbox="678 827 972 875">NO (not selected, NULL)</td> </tr> <tr> <td data-bbox="646 875 678 924">9</td> <td data-bbox="678 875 972 924">UNKNOWN/REFUSED</td> </tr> </table><br><table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="542 968 1076 1016" style="text-align: center;"><b>Error Description</b></td> </tr> <tr> <td colspan="2" data-bbox="542 1016 1076 1064">If COLOGUARD _FU = 1, then must not be null</td> </tr> <tr> <td colspan="2" data-bbox="542 1064 1076 1113">If COLOGUARD _FU &lt;&gt; 1, then must be null</td> </tr> </table>                  |                          |              |                | Allowable Values |  | 1 | YES | 2 | NO (not selected, NULL)  | 9 | UNKNOWN/REFUSED  | <b>Error Description</b> |  | If COLOGUARD _FU = 1, then must not be null |  | If COLOGUARD _FU <> 1, then must be null |  |
| Allowable Values  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 1   | YES                      |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 2   | NO (not selected, NULL)  |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 9   | UNKNOWN/REFUSED          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <b>Error Description</b>  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 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"?  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 1262 972 1310">Allowable Values</td> </tr> <tr> <td data-bbox="646 1310 678 1358">1</td> <td data-bbox="678 1310 972 1358">YES</td> </tr> <tr> <td data-bbox="646 1358 678 1407">2</td> <td data-bbox="678 1358 972 1407">NO (not selected, NULL)*</td> </tr> <tr> <td data-bbox="646 1407 678 1455">9</td> <td data-bbox="678 1407 972 1455">UNKNOWN/REFUSED*</td> </tr> </table><br><table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="542 1499 1076 1547" style="text-align: center;"><b>Error Description</b></td> </tr> <tr> <td colspan="2" data-bbox="542 1547 1076 1596">If COLOGUARD _FU = 1, then must not be null</td> </tr> <tr> <td colspan="2" data-bbox="542 1596 1076 1644">If COLOGUARD _FU &lt;&gt; 1, then must be null</td> </tr> </table> |                          |              |                | Allowable Values |  | 1 | YES | 2 | NO (not selected, NULL)* | 9 | UNKNOWN/REFUSED* | <b>Error Description</b> |  | If COLOGUARD _FU = 1, then must not be null |  | If COLOGUARD _FU <> 1, then must be null |  |
| Allowable Values  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 1   | YES                      |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 2   | NO (not selected, NULL)* |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 9   | UNKNOWN/REFUSED*         |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <b>Error Description</b>  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| 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"?  |                          |              |                |                  |  |   |     |   |                          |   |                  |                          |  |   |  |  |  |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 1793 972 1841">Allowable Values</td> </tr> <tr> <td data-bbox="646 1841 678 1890">1</td> <td data-bbox="678 1841 972 1890">Yes</td> </tr> <tr> <td data-bbox="646 1890 678 1938">2</td> <td data-bbox="678 1890 972 1938">No (not selected, NULL)</td> </tr> <tr> <td data-bbox="646 1938 678 1986">8</td> <td data-bbox="678 1938 972 1986">Not Asked</td> </tr> </table>  |                          |              |                | Allowable Values |  | 1 | Yes | 2 | No (not selected, NULL)  | 8 | Not Asked        |                          |  |   |  |  |  |
| 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

|   |                            |              |                |
|---|----------------------------|--------------|----------------|
| 30  | <b>SIGSCOPE_LST_AGE_FU</b> | number (3,0) | Required:false |
| How old were you at your most recent sigmoidoscopy? |                            |              |                |

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

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

|    |                         |              |                |
|----|-------------------------|--------------|----------------|
| 31 | <b>S_LST_PROBLEM_FU</b> | number (1,0) | Required:false |
|----|-------------------------|--------------|----------------|

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

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

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

|    |                       |              |                |
|----|-----------------------|--------------|----------------|
| 32 | <b>S_LST_FAMHX_FU</b> | number (1,0) | Required:false |
|----|-----------------------|--------------|----------------|

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

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

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

33 S\_LST\_ROUTINE\_FU number (1,0) Required: false

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

Allowable Values

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

Error Description

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

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

34 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

S\_LST\_OTH\_TEXT\_FU

string (40)

Required: false

37

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

**Error Description**

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

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

COLSCOPE\_FU

number (1,0)

Required: true

38

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

Allowable Values

1 YES

2 NO

9 UNKNOWN/REFUSED

COLSCOPE\_NO\_FU

number (2,0)

Required: false

39

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

Allowable Values

1 to 10 or 99 Range

99 UNKNOWN/REFUSED

**Error Description**

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

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

COLSCOPE\_LST\_AGE\_FU

number (3,0)

Required: false

40

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

|  |                         |              |                 |
|--|-------------------------|--------------|-----------------|
| 41   | <b>C_LST_PROBLEM_FU</b> | number (1,0) | Required: false |
| <p>Does the reason for your most recent colonoscopy include "to investigate a new problem"?</p> <p>This question is asked as:<br/>         What were the reasons for the test?<br/>         [SELECT ALL THAT APPLY]</p> <p>1 TO INVESTIGATE ANEW PROBLEM<br/>         2 FAMILY HISTORY OF COLORECTAL CANCER<br/>         3 ROUTINE EXAM OR CHECK-UP<br/>         4 FOLLOW-UP OF A PREVIOUS PROBLEM<br/>         5 FOLLOW-UP OF A PREVIOUS FOBT RESULT<br/>         6 OTHER, SPECIFY: _____<br/>         9 DON'T KNOW</p> |                         |              |                 |

| 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   | <b>C_LST_FAMHX_FU</b> | number (1,0) | Required: false |
| <p>Does the reason for your most recent colonoscopy include "family history of colorectal cancer"?</p> |                       |              |                 |

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

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

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

|  |                         |              |                 |
|--|-------------------------|--------------|-----------------|
|  | <b>C_LST_FU_PROB_FU</b> | number (1,0) | Required: false |
|--|-------------------------|--------------|-----------------|

44

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

C\_LST\_FU\_FOBT\_FU

number (1,0)

Required:false

45

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

C\_LST\_OTHER\_FU

number (1,0)

Required:false

46

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

C\_LST\_OTH\_TEXT\_FU

string (40)

Required:false

47

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

Error Description

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

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

| 48  | <b>BARIUM_EVER_FU</b> | number (1,0) | Required: true |                   |  |  |     |                            |    |   |           |   |                 |
|---|-----------------------|--------------|----------------|-------------------|--|--|-----|----------------------------|----|---|-----------|---|-----------------|
| Have you ever had a barium enema?   |                       |              |                |                   |  |  |     |                            |    |   |           |   |                 |
| <table border="1"> <tr> <th colspan="2">Allowable Values</th> </tr> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO</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       |              |                |                   |  |  |     |                            |    |   |           |   |                 |
| <table border="1"> <tr> <th colspan="2">Error Description</th> </tr> <tr> <td colspan="2">If FU_ID=1, then must not be 8 or null</td> </tr> <tr> <td colspan="2">If FU_ID&gt;1, then must be 8</td> </tr> </table>                        |                       |              |                | Error Description |  | If FU_ID=1, then must not be 8 or null |     | If FU_ID>1, then must be 8 |    |   |           |   |                 |
| Error Description   |                       |              |                |                   |  |  |     |                            |    |   |           |   |                 |
| If FU_ID=1, then must not be 8 or null  |                       |              |                |                   |  |  |     |                            |    |   |           |   |                 |
| If FU_ID>1, then must be 8  |                       |              |                |                   |  |  |     |                            |    |   |           |   |                 |

| 49   | <b>BARIUM_EVER_NO_FU</b> | number (2,0) | Required: false |                   |  |  |           |   |                 |
|--|--------------------------|--------------|-----------------|-------------------|--|--|-----------|---|-----------------|
| How many separate barium enemas have you ever had?   |                          |              |                 |                   |  |  |           |   |                 |
| <table border="1"> <tr> <th colspan="2">Allowable Values</th> </tr> <tr> <td>88</td> <td>not asked</td> </tr> <tr> <td>99</td> <td>Unknown/Refused</td> </tr> </table>   |                          |              |                 | Allowable Values  |  | 88   | not asked | 99  | Unknown/Refused |
| Allowable Values   |                          |              |                 |                   |  |  |           |   |                 |
| 88   | not asked                |              |                 |                   |  |  |           |   |                 |
| 99   | Unknown/Refused          |              |                 |                   |  |  |           |   |                 |
| <table border="1"> <tr> <th colspan="2">Error Description</th> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU = 1, then must not be null</td> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU &lt;&gt; 1, then must be null</td> </tr> </table> |                          |              |                 | Error Description |  | If BARIUM_EVER_FU = 1, then must not be null |           | If BARIUM_EVER_FU <> 1, then must be null |                 |
| Error Description  |                          |              |                 |                   |  |  |           |   |                 |
| If BARIUM_EVER_FU = 1, then must not be null   |                          |              |                 |                   |  |  |           |   |                 |
| If BARIUM_EVER_FU <> 1, then must be null  |                          |              |                 |                   |  |  |           |   |                 |

| 50  | <b>BARIUM_FST_AGE_FU</b> | number (3,0) | Required: false |                   |  |  |       |   |                   |   |                 |   |  |   |  |
|---|--------------------------|--------------|-----------------|-------------------|--|--|-------|---|-------------------|---|-----------------|---|--|---|--|
| How old were you when you had your first barium enema?  |                          |              |                 |                   |  |  |       |   |                   |   |                 |   |  |   |  |
| <table border="1"> <tr> <th colspan="2">Allowable Values</th> </tr> <tr> <td>1 to 120 or 888, 999</td> <td>Range</td> </tr> <tr> <td>888</td> <td>NOT ASKED/DROPPED</td> </tr> <tr> <td>999</td> <td>UNKNOWN/REFUSED</td> </tr> </table>  |                          |              |                 | Allowable Values  |  | 1 to 120 or 888, 999                         | Range | 888                                       | NOT ASKED/DROPPED | 999   | UNKNOWN/REFUSED |   |  |   |  |
| Allowable Values  |                          |              |                 |                   |  |  |       |   |                   |   |                 |   |  |   |  |
| 1 to 120 or 888, 999  | Range                    |              |                 |                   |  |  |       |   |                   |   |                 |   |  |   |  |
| 888   | NOT ASKED/DROPPED        |              |                 |                   |  |  |       |   |                   |   |                 |   |  |   |  |
| 999   | UNKNOWN/REFUSED          |              |                 |                   |  |  |       |   |                   |   |                 |   |  |   |  |
| <table border="1"> <tr> <th colspan="2">Error Description</th> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU = 1, then must not be null</td> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU &lt;&gt; 1, then must be null</td> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU = 1, must be &lt;=AGE_EPI_FU</td> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU = 1 &amp; FU_ID=1 &amp; FU_TYPE (2,3), then must be 888</td> </tr> <tr> <td colspan="2">If BARIUM_EVER_FU = 1 &amp; FU_ID=1 &amp; FU_TYPE=1, then must not be 888</td> </tr> </table> |                          |              |                 | 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 |  |
| 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>B_FST_PROBLEM_FU</b> | number (1,0) | Required: false |
| Does the reason for your first barium enema include "to investigate a new problem"?<br>This question is asked as: What were the reasons for the test?<br>[SELECT ALL THAT APPLY]<br>1 TO INVESTIGATE ANEW PROBLEM |                         |              |                 |

51

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Allowable Values |                  |
|------------------|------------------|
| 88               | Not Asked        |
| 99               | Unknown/Refused" |

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

|  |                          |              |                |
|--|--------------------------|--------------|----------------|
| 60   | <b>BARIUM_LST_AGE_FU</b> | number (3,0) | Required:false |
| How old were you when you had your most recent barium enema? |                          |              |                |

| 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  | <b>VC_LST_FAMHX_FU</b> | 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  | <b>VC_LST_ROUTINE_FU</b> | 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  | <b>VC_LST_FU_PROB_FU</b> | 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  | <a href="#">VC_LST_FU_FOBT_FU</a> | 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  | <a href="#">VC_LST_OTHER_FU</a> | 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  | <a href="#">VC_LST_OTH_TEXT_FU</a> | 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   | <b>POLYPS_FU</b> | 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? |                  |              |               |

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

|   |                     |              |                |
|---|---------------------|--------------|----------------|
| 81  | <b>POLYP_REM_FU</b> | number (1,0) | Required:false |
| Since the date of your last interview, have you had any polyps removed? |                     |              |                |

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

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

|  |                        |              |                |
|--|------------------------|--------------|----------------|
| 82   | <b>POLYP_REM_NO_FU</b> | number (2,0) | Required:false |
| Since the date of your last interview, on how many separate occasions have you had polyps removed? |                        |              |                |

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

| 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  | <b>POLYP_REM1_AGE_FU</b> | number (3,0) | Required:false |
| How old were you the first time you had polyps removed since the date of your last interview? |                          |              |                |

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

**Error Description**

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

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

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

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

84

**POLYP\_REM2\_AGE\_FU**

number (3,0)

Required:false

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

Allowable Values

**18 to 120 or 999**

Range

**999**

UNKNOWN/REFUSED

**Error Description**

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

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

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

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

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

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

85

**POLYP\_REM3\_AGE\_FU**

number (3,0)

Required:false

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

Allowable Values

**18 to 120**

Range

**999**

UNKNOWN/REFUSED

**Error Description**

must be 18-120 or 999

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

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

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

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

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

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

86

**POLYP\_REM4\_AGE\_FU**

number (3,0)

Required:false

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

Allowable Values

|                  |                 |
|------------------|-----------------|
| <b>18 to 120</b> | Range           |
| <b>999</b>       | 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  | <b>POLYP_REM5_AGE_FU</b> | 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        |                 |
| <b>18 to 120 or 999</b> | Range           |
| <b>999</b>              | 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  | <b>CRSRG_FU</b> | 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 |                 |
| <b>1</b>         | YES             |
| <b>2</b>         | NO              |
| <b>9</b>         | UNKNOWN/REFUSED |

| Error Description                     |
|---------------------------------------|
| Colon EPI: COLON_REM_EXT=1, then <> 1 |

|   |                    |              |                 |
|---|--------------------|--------------|-----------------|
| 89  | <b>CRSRG_NO_FU</b> | 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 |  |
|                  |  |



|                      |                 |
|----------------------|-----------------|
| <b>1 to 10 or 99</b> | Range           |
| <b>99</b>            | 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  | <b>CRSRG1_AGE_FU</b> | number (3,0) | Required:false |
| How old were you when you had your first surgery since the date of your last interview? |                      |              |                |

| Allowable Values              |
|-------------------------------|
| <b>18 to 120 or 999</b> Range |
| <b>999</b> 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  | <b>CRSRG1_T_FU</b> | number (1,0) | Required:false |
| During that surgery, was your colon completely or only partially removed? |                    |              |                |

| Allowable Values         |
|--------------------------|
| <b>1</b> COMPLETELY      |
| <b>2</b> PARTIALLY       |
| <b>9</b> UNKNOWN/REFUSED |

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

|   |                          |              |                |
|---|--------------------------|--------------|----------------|
| 92  | <b>CRSRG1_R_TUMOR_FU</b> | number (1,0) | Required:false |
| Did the reasons for your first CRC surgery include "BENIGN OR MALIGNANT TUMOR"?<br>This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY] |                          |              |                |
| 1. BENIGN OR MALIGNANT TUMOR<br>2. DIVERTICULAR DISEASE<br>3. INFLAMMATORY BOWEL DISEASE<br>4. OTHER_SPECIFY, _____<br>5. DON'T KNOW  |                          |              |                |

| Allowable Values                  |
|-----------------------------------|
| <b>1</b> YES                      |
| <b>2</b> 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   | <b>CRSRG1_R_CAN_FU</b> | 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   | <b>CRSRG1_R_DIV_FU</b> | 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   | <b>CRSRG1_R_COLITIS_FU</b> | 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   | <b>CRSRG1_R_IBD_FU</b> | 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  | <b>CRSRG1_R_CROHN_FU</b> | 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  | <b>CRSRG1_R_OTHER_FU</b> | number (1,0) | Required:false |
| Did the reasons for your first CRC surgery include "OTHER REASONS"? |                          |              |                |

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

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

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

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

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

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

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

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

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

| Allowable Values |                 |
|------------------|-----------------|
| <b>1</b>         | COMPLETELY      |
| <b>2</b>         | PARTIALLY       |
| <b>8</b>         | NOT ASKED       |
| <b>9</b>         | 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

CRSRG2\_R\_TUMOR\_FU

Required:

102

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]  
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

CRSRG2\_R\_CAN\_FU

number (1,0)

Required: false

103

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

CRSRG2\_R\_DIV\_FU

number (1,0)

Required: false

104

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

Allowable Values

1 YES

2 NO (not selected, NULL)\*

8 Not Asked

9 UNKNOWN/REFUSED\*

**Error Description**

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

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

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

105 **CRSRG2\_R\_COLITIS\_FU** number (1,0) Required: false

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

Allowable Values

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

**Error Description**

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

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

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

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

106 **CRSRG2\_R\_IBD\_FU** number (1,0) Required: false

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

Allowable Values

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

**Error Description**

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

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

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

107 **CRSRG2\_R\_CROHN\_FU** number (1,0) Required: false

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

Allowable Values

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

**Error Description**

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

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

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

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

|  |                          |              |                |
|--|--------------------------|--------------|----------------|
| 108  | <b>CRSRG2_R_OTHER_FU</b> | 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  | <b>CRSRG2_R_OTH_TEXT_FU</b> | 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   | <b>CRSRG3_AGE_FU</b> | number (3,0) | Required:false |
| How old were you when you had your third surgery since the date of your last interview? |                      |              |                |

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

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

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

| 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                          |

|   |                          |  |           |
|---|--------------------------|--|-----------|
| 112   | <b>CRSRG3_R_TUMOR_FU</b> |  | Required: |
| Did the reasons for your third CRC surgery include "BENIGN OR MALIGNANT TUMOR"?<br>This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY] |                          |  |           |
| 1. BENIGN OR MALIGNANT TUMOR<br>2. DIVERTICULAR DISEASE<br>3. INFLAMMATORY BOWEL DISEASE<br>4. OTHER_SPECIFY, _____<br>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                    |

|  |                        |              |                 |
|--|------------------------|--------------|-----------------|
| 113  | <b>CRSRG3_R_CAN_FU</b> | number (1,0) | Required: false |
| 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   |

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



Allowable Values

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

**Error Description**

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

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

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

115

**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

- |                             |                 |
|-----------------------------|-----------------|
| <b>18 to 120 or 888,999</b> | Range           |
| <b>888</b>                  | Not Asked       |
| <b>999</b>                  | UNKNOWN/REFUSED |

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

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

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

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

|  |                          |              |                 |
|--|--------------------------|--------------|-----------------|
| 122  | <b>CRSRG4_R_TUMOR_FU</b> | number (1,0) | Required: false |
| Did the reasons for your fourth CRC surgery include "BENIGN OR MALIGNANT TUMOR"?<br>This question is asked as: What were the reasons for that surgery? [SELECT ALL THAT APPLY] |                          |              |                 |
| 1. BENIGN OR MALIGNANT TUMOR<br>2. DIVERTICULAR DISEASE<br>3. INFLAMMATORY BOWEL DISEASE<br>4. OTHER_SPECIFY, _____<br>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   | <b>CRSRG4_R_CAN_FU</b> | 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   | <b>CRSRG4_R_DIV_FU</b> | 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   | <b>CRSRG4_R_COLITIS_FU</b> | number (1,0) | Required: false |
| Did the reasons for your fourth CRC surgery include "ULCERATIVE COLITIS"? |                            |              |                 |

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

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

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

Allowable Values

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

**Error Description**

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

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

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

|  |                                   |              |                 |
|--|-----------------------------------|--------------|-----------------|
| 127  | <a href="#">CRSRG4_R_CROHN_FU</a> | 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  | <a href="#">CRSRG4_R_OTHER_FU</a> | number (1,0) | Required: false |
| Did the reasons for your fourth CRC surgery include "OTHER REASONS"? |                                   |              |                 |

Allowable Values

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

**Error Description**

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

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

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

|     |                                      |             |                 |
|-----|--------------------------------------|-------------|-----------------|
| 129 | <a href="#">CRSRG4_R_OTH_TEXT_FU</a> | string (40) | Required: false |
|-----|--------------------------------------|-------------|-----------------|

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

**Error Description**

If CRSRG4\_R\_OTHER\_FU = 1, then must not be null

If CRSRG4\_R\_OTHER\_FU <> 1, then must be null

130

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

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

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

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

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

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

|  |                          |              |                 |
|--|--------------------------|--------------|-----------------|
|  | <b>CRSRG5_R_OTHER_FU</b> | 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 &gt;=5 &amp; CRSRG\_NO\_FU &lt;&gt;99, then must not be null

If CRSRG\_FU &lt;&gt; 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 &lt;&gt; 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 &lt;&gt; 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  | <b>AGEDX1_FU</b> | 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  | <b>AGEDX2_FU</b> | 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  | <b>AGEDX3_FU</b> | 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  | <b>AGEDX4_FU</b> | 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  | <a href="#">CHEMO_RAD3_FU</a> | 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  | <a href="#">CHEMO_RAD4_FU</a> | 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  | <a href="#">CHEMO_RAD5_FU</a> | 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   | <b>OV_B_REM1_FU</b>          | number (1,0) | Required: false |
| (For females only) During your first gynecological surgery, did you have BOTH OVARIES REMOVED WITHOUT HYSTERECTOMY?             |                              |              |                 |
| Allowable Values  |                              |              |                 |
| 1 YES   |                              |              |                 |
| 2 NO (not selected, NULL)*  |                              |              |                 |
| 9 UNKNOWN/REFUSED*  |                              |              |                 |
| <b>Error Description</b>  |                              |              |                 |
| If HYST_SINCE_FU = 1, then must not be null   |                              |              |                 |
| If HYST_SINCE_FU <> 1, then must be null  |                              |              |                 |
| If Colon EPI: HYST_B_OV=1, then must not be 1   |                              |              |                 |
| If Colon EPI: OV_B_REM=1, then must not be 1  |                              |              |                 |
| 170   | <b>FEM_SURG_OTHER1_FU</b>    | number (1,0) | Required: false |
| (For females only) During your first gynecological surgery, did you have other gynecological organs removed?                    |                              |              |                 |
| Allowable Values  |                              |              |                 |
| 1 YES   |                              |              |                 |
| 2 NO  |                              |              |                 |
| 9 UNKNOWN/REFUSED   |                              |              |                 |
| <b>Error Description</b>  |                              |              |                 |
| If HYST_SINCE_FU = 1, then must not be null   |                              |              |                 |
| If HYST_SINCE_FU <> 1, then must be null  |                              |              |                 |
| 171   | <b>FEM_SURG_OTH_TEXT1_FU</b> | string (40)  | Required: false |
| (For females only) During your first gynecological surgery, what other gynecological organs were removed? SPECIFY               |                              |              |                 |
| 172   | <b>HYST2_AGE_FU</b>          | number (3,0) | Required: FALSE |
| (For females only) How old were you when you second had this type of surgery?   |                              |              |                 |
| Allowable Values  |                              |              |                 |
| 888 Not Asked   |                              |              |                 |
| 999 Unknown/Refused   |                              |              |                 |
| 173   | <b>HYST2_T_P_OV_FU</b>       | number (1,0) | Required: false |
| (For females only) During your second gynecological surgery, did you have a HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY? |                              |              |                 |
| This question is asked as: What type of gynecologic surgery did you have?   |                              |              |                 |
| 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY  |                              |              |                 |
| 2 HYSTERECTOMY ALONG WITH BOTH OVARIES  |                              |              |                 |
| 3 HYSTERECTOMY ONLY (ONLY UTERUS OR WOMB REMOVED)   |                              |              |                 |
| 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY   |                              |              |                 |
| 5 BOTH OVARIES WERE REMOVED WITHOUT HYSTERECTOMY  |                              |              |                 |
| 6 OTHER, SPECIFY _____  |                              |              |                 |

## 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   | <b>FEM_SURG_OTHER2_FU</b> | 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  | <b>FEM_SURG_OTH_TEXT2_FU</b> | 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  | <b>HYST3_AGE_FU</b> | number (3,0) | Required: FALSE |
| (For females only) How old were you when you third had this type of surgery? |                     |              |                 |

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

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

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

number (1,0)

Required: false

181

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

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

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

Allowable Values

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

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

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

number (1,0)

Required: false

182

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

Allowable Values

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

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

- If HYST\_NO\_FU > 2, then must not be null
- If HYST\_NO\_FU < 3, then must be null
- If HSYT2\_AGE\_FU is null, then must be null
- If HYST2\_T\_P\_OV\_FU=1, then <>1
- If HYST2\_T\_B\_OV\_FU=1, then <>1
- If OV\_B\_REM2\_FU=1, then <>1
- If Colon EPI HYST\_ONLY=1, then must not be 1
- If Colon EPI HYST\_P\_OV=1, then must not be 1
- If Colon EPI HYST\_B\_OV=1, then must not be 1
- If Colon EPI OV\_B\_REM=1, then must not be 1

**HYST3\_T\_ONLY\_FU**

number (1,0)

Required: false

183

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

Allowable Values

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

**Error Description**

- If HYST\_NO\_FU > 2, then must not be null
- If HYST\_NO\_FU < 3, then must be null
- If HSYT2\_AGE\_FU is null, then must be null
- If HYST2\_T\_P\_OV\_FU=1, then <>1
- If HYST2\_T\_B\_OV\_FU=1, then <>1
- If HYST2\_T ONLY\_FU=1, then <>1
- If Colon EPI HYST\_ONLY=1, then must not be 1
- If Colon EPI HYST\_P\_OV=1, then must not be 1
- If Colon EPI HYST\_B\_OV=1, then must not be 1

**OV\_P\_REM3\_FU**

number (1,0)

Required: false

184

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

Allowable Values

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

**Error Description**

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

- If HYST\_NO\_FU < 3, then must be null
- If HSYT2\_AGE\_FU is null, then must be null
- If HYST2\_T\_B\_OV\_FU=1, then <>1
- If Colon EPI HYST\_ONLY=1, then must not be 1
- If Colon EPI HYST\_B\_OV=1, then must not be 1
- If Colon EPI OV\_B\_REM=1, then must not be 1

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

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

- Error Description**
- If HYST\_NO\_FU > 2, then must not be null
  - If HYST\_NO\_FU < 3, then must be null
  - If HSYT2\_AGE\_FU is null, then must be null
  - If HYST2\_T\_P\_OV\_FU=1, then <>1
  - If HYST2\_T\_B\_OV\_FU=1, then <>1
  - If OV\_P\_REM2\_FU=1, then <>1
  - If OV\_B\_REM2\_FU=1, then <>1
  - If Colon EPI HYST\_B\_OV=1, then must not be 1
  - If colon EPI HYST\_P\_OV=1, then <>1
  - If Colon EPI OV\_B\_REM=1, then must not be 1

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

- Allowable Values
- |          |                          |
|----------|--------------------------|
| <b>1</b> | YES                      |
| <b>2</b> | NO (not selected, NULL)* |
| <b>9</b> | 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 | <b>FEM_SURG_OTH_TEXT3_FU</b> | 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  | <b>ASPIRIN_LEN_FU</b> | number (3,0) | Required: false |                          |  |  |       |                                       |                 |   |  |  |  |
| Since the date of your last interview, how many months or years in total have you taken aspirin?   |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| <table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td><b>1 to 60 or 999</b></td> <td>Range</td> </tr> <tr> <td><b>999</b></td> <td>UNKNOWN/REFUSED</td> </tr> </table>  |                       |              |                 | Allowable Values         |  | <b>1 to 60 or 999</b>                    | Range | <b>999</b>                            | UNKNOWN/REFUSED |   |  |  |  |
| Allowable Values   |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| <b>1 to 60 or 999</b>  | Range                 |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| <b>999</b>   | UNKNOWN/REFUSED       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| <table border="1"> <tr> <td colspan="2"><b>Error Description</b></td> </tr> <tr> <td colspan="2">If ASPIRIN_FU = 1, then must not be null</td> </tr> <tr> <td colspan="2">If ASPIRIN_FU &lt;&gt; 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 &lt;&gt; 999, then must not be 9</td> </tr> </table> |                       |              |                 | <b>Error Description</b> |  | 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 |  |
| <b>Error Description</b>   |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| If ASPIRIN_FU = 1, then must not be null   |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| If ASPIRIN_FU <> 1, then must be null  |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| If ASPIRIN_FRQ_FU = 999, then must be 9  |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |
| If ASPIRIN_FRQ_FU <> 999, then must not be 9   |                       |              |                 |                          |  |  |       |                                       |                 |   |  |  |  |

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

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

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

|                       |                 |
|-----------------------|-----------------|
| <b>1 to 70 or 999</b> | Range           |
| <b>999</b>            | UNKNOWN/REFUSED |

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

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

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

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

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

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

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

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

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | NUMBER OF MONTHS |
| <b>2</b>         | 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  | <b>MULTIVITAMIN_FU</b> | 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   | <b>MV_FRO_FU</b> | 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   | <b>MV_INT_FU</b> | 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   | <b>CALCIUM_LEN_FU</b> | number (3,0) | Required: false |
| Since your last interview, how long, in total, have you taken calcium pills or tablets? |                       |              |                 |

| Allowable Values      |                 |
|-----------------------|-----------------|
| <b>1 to 60 or 999</b> | Range           |
| <b>999</b>            | 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  | <b>CALCIUM_TIME_FU</b> | number (1,0) | Required: false |
| Interval for total time calcium pills or tablets were taken. |                        |              |                 |

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | NUMBER OF MONTHS |
| <b>2</b>         | NUMBER OF YEARS  |
| <b>9</b>         | 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   | <b>ANTACIDS_FU</b> | 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 |                 |
|------------------|-----------------|
| <b>1</b>         | YES             |
| <b>2</b>         | NO              |
| <b>8</b>         | Not asked       |
| <b>9</b>         | UNKNOWN/REFUSED |

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

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

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

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

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

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

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

| Allowable Values          |                 |
|---------------------------|-----------------|
| <b>1 to 60 or 888,999</b> | Range           |
| <b>888</b>                | Not asked       |
| <b>999</b>                | 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   | <b>Q_SF1_FU</b> | number (1,0) | Required: false |
| In general, would you say your health is... ? |                 |              |                 |

Allowable Values

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

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

Allowable Values

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

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

Allowable Values

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

|  |                 |              |                 |
|--|-----------------|--------------|-----------------|
| 233  | <b>Q_SF4_FU</b> | number (1,0) | Required: false |
| 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   | <a href="#">Q_SF5_FU</a> | 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 |                      |
| 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      |

|   |                          |              |                |
|---|--------------------------|--------------|----------------|
| 235   | <a href="#">Q_SF6_FU</a> | 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 |                      |
| 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      |

|   |                          |              |                |
|---|--------------------------|--------------|----------------|
| 236   | <a href="#">Q_SF7_FU</a> | 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 |                      |
| 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\_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

## Module Contents

### colon-epi-followup-ncore

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- 3.[FU\\_ID \(\\*PK\)](#)
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- 55.[LAXATIVE\\_LEN\\_FU](#)
- 56.[LAXATIVE\\_TIME\\_FU](#)
- 57.[DIABETES\\_FU](#)
- 58.[DIAB\\_MED\\_TYPE\\_FU](#)
- 59.[DIAB\\_ORAL\\_LEN\\_FU](#)
- 60.[DIAB\\_ORAL\\_TIME\\_FU](#)
- 61.[DIAB\\_INS\\_INJ\\_LEN\\_FU](#)
- 62.[DIAB\\_INS\\_INJ\\_TIME\\_FU](#)
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- 64.[DIAB\\_INS\\_PUMP\\_TIME\\_FU](#)
- 65.[HORMON\\_MEDS\\_FU](#)
- 66.[HORMON\\_MEDS\\_TYPE\\_FU](#)
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69.[HORMON MEDS INT FU](#)  
70.[HORMON MEDS LEN FU](#)  
71.[HORMON MEDS TIME FU](#)  
72.[ALT MED EVER FU](#)  
73.[ALT MED PROV1 SPECIFY FU](#)  
74.[ALT MED PROV1 TIME FU](#)  
75.[ALT MED PROV2 SPECIFY FU](#)  
76.[ALT MED PROV2 TIME FU](#)  
77.[ALT MED PROV3 SPECIFY FU](#)  
78.[ALT MED PROV3 TIME FU](#)  
79.[VIT A FU](#)  
80.[VIT A FRQ FU](#)  
81.[VIT A INT FU](#)  
82.[VIT A LEN FU](#)  
83.[VIT A TIME FU](#)  
84.[VIT B FU](#)  
85.[VIT B FRQ FU](#)  
86.[VIT B INT FU](#)  
87.[VIT B LEN FU](#)  
88.[VIT B TIME FU](#)  
89.[VIT C FU](#)  
90.[VIT C FRQ FU](#)  
91.[VIT C INT FU](#)  
92.[VIT C LEN FU](#)  
93.[VIT C TIME FU](#)  
94.[VIT D FU](#)  
95.[VIT D FRQ FU](#)  
96.[VIT D INT FU](#)  
97.[VIT D LEN FU](#)  
98.[VIT D TIME FU](#)  
99.[VIT E FU](#)  
100.[VIT E FRQ FU](#)  
101.[VIT E INT FU](#)  
102.[VIT E LEN FU](#)  
103.[VIT E TIME FU](#)  
104.[SELENIUM FU](#)  
105.[SELENIUM FRQ FU](#)  
106.[SELENIUM INT FU](#)  
107.[SELENIUM LEN FU](#)  
108.[SELENIUM TIME FU](#)  
109.[ZINC FU](#)  
110.[ZINC FRQ FU](#)  
111.[ZINC INT FU](#)  
112.[ZINC LEN FU](#)  
113.[ZINC TIME FU](#)  
114.[COD FU](#)  
115.[COD FRQ FU](#)  
116.[COD INT FU](#)  
117.[COD LEN FU](#)  
118.[COD TIME FU](#)  
119.[LYCOPENE FU](#)  
120.[LYCOPENE FRQ FU](#)  
121.[LYCOPENE INT FU](#)  
122.[LYCOPENE LEN FU](#)  
123.[LYCOPENE TIME FU](#)  
124.[GINGKO FU](#)  
125.[GINGKO FRQ FU](#)  
126.[GINGKO INT FU](#)  
127.[GINGKO LEN FU](#)  
128.[GINGKO TIME FU](#)  
129.[SAW PALM FU](#)  
130.[SAW PALM FRQ FU](#)  
131.[SAW PALM INT FU](#)  
132.[SAW PALM LEN FU](#)  
133.[SAW PALM TIME FU](#)  
134.[GARLIC FU](#)  
135.[GARLIC FRQ FU](#)  
136.[GARLIC INT FU](#)  
137.[GARLIC LEN FU](#)  
138.[GARLIC TIME FU](#)  
139.[CHON SULF FU](#)  
140.[CHON SULF FRQ FU](#)  
141.[CHON SULF INT FU](#)  
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](#)
- 148.[GLUCOSAMINE TIME FU](#)
- 149.[ST JOHNS WORT FU](#)
- 150.[ST JOHNS WORT FRO FU](#)
- 151.[ST JOHNS WORT INT FU](#)
- 152.[ST JOHNS WORT LEN FU](#)
- 153.[ST JOHNS WORT TIME FU](#)
- 154.[OTHER PILL FU](#)
- 155.[OTHER PILL SPECIFY](#)
- 156.[OTHER PILL FRO FU](#)
- 157.[OTHER PILL INT FU](#)
- 158.[OTHER PILL LEN FU](#)
- 159.[OTHER PILL TIME FU](#)
- 160.[BODY MEASURE](#)
- 161.[HIP CIRCUM FU](#)
- 162.[HIP CIRCUM UNIT FU](#)
- 163.[WAIST CIRCUM FU](#)
- 164.[WAIST CIRCUM UNIT FU](#)
- 165.[TEETH MISSING FU](#)
- 166.[TEETH MISSING CNT FU](#)
- 167.[CHEMO RAD FU](#)
- 168.[CHEMO FU](#)
- 169.[RAD FU](#)
- 170.[CHEMO EVER FU](#)
- 171.[RAD EVER FU](#)
- 172.[PAPSMEAR FU](#)
- 173.[PAP PROBLEM FU](#)
- 174.[PAP FAMHX FU](#)
- 175.[PAP ROUTINE FU](#)
- 176.[PAP OTHER FU](#)
- 177.[PAP OTH TEXT FU](#)
- 178.[PAPSMEAR NO FU](#)
- 179.[PAPSMEAR LST AGE FU](#)
- 180.[MAMMO FU](#)
- 181.[MAM PROBLEM FU](#)
- 182.[MAM FAMHX FU](#)
- 183.[MAM ROUTINE FU](#)
- 184.[MAM OTHER FU](#)
- 185.[MAM OTH TEXT FU](#)
- 186.[MAMMO NO FU](#)
- 187.[MAMMO LST AGE FU](#)
- 188.[PSA FU](#)
- 189.[PSA PROBLEM FU](#)
- 190.[PSA FAMHX FU](#)
- 191.[PSA ROUTINE FU](#)
- 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                             | <b>CENTER_NO</b> | number (2,0) | Required: true |
| Center identification number. |                  |              |                |

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

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

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

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

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

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

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

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

|   |
|---|
| Date Value Check  |
| The date must follow to the following format:<br><br>Format YYYYMMDD. Must consist of valid date.<br>Components of date should be right justified and zero filled.<br>MM = 01 - 12, 88, 99<br>DD = 01 - 31, 88, 99<br>YYYY = <b>Minimum year</b> - system date year, 8888, 9999<br>Use 88, 8888 for not currently known, in progress to obtain information.<br>Use 99, 9999 for not known.<br>If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.<br>If MM = 99 then DD must = 99.<br>If century is known, but year is unknown then give an estimate of year or code YYYY = 9999.<br>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   | <b>SUNSCREEN_40_FU</b> | number (1,0) | Required:false |
| In your 40s and 50s (age: 40 to 59 years) , when in the sun, did you wear sunscreen or protective clothing such as long sleeves, etc.? |                        |              |                |

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

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

|   |                               |              |                |
|---|-------------------------------|--------------|----------------|
| 13  | <b>SUN_EXP_40_COUNTRY1_FU</b> | number (3,0) | Required:false |
| In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the first city where lived for at least 1 year? |                               |              |                |

|  |                          |              |                |
|--|--------------------------|--------------|----------------|
| 14   | <b>SUN_EXP_40_YR1_FU</b> | number (2,0) | Required:false |
| In your 40s and 50s (age: 40-59 years), how many years did you live in the first city where lived for at least 1 year? |                          |              |                |

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

|   |                            |              |                |
|---|----------------------------|--------------|----------------|
| 15  | <b>SUN_EXP_40_CITY2_FU</b> | string (200) | Required:false |
| In your 40s and 50s (age: 40-59 years), which is the second city where lived for at least 1 year? |                            |              |                |

|  |                               |              |                |
|--|-------------------------------|--------------|----------------|
| 16   | <b>SUN_EXP_40_COUNTRY2_FU</b> | number (3,0) | Required:false |
| In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the second city where lived for at least 1 year? |                               |              |                |

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

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

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

|  |                               |              |                |
|--|-------------------------------|--------------|----------------|
|  | <b>SUN_EXP_40_COUNTRY3_FU</b> | number (3,0) | Required:false |
|--|-------------------------------|--------------|----------------|

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

**SUN\_EXP\_40\_YR3\_FU** number (2,0) Required:false

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

|                      |         |
|----------------------|---------|
| Allowable Values     |         |
| <b>1 to 20 or 99</b> | Range   |
| <b>99</b>            | Unknown |

21 **SUN\_EXP\_40\_CITY4\_FU** string (200) Required:false

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

**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     |         |
| <b>1 to 20 or 99</b> | Range   |
| <b>99</b>            | Unknown |

24 **SUN\_EXP\_WKDAY\_60\_FU** number (1,0) Required:false

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

|                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| <b>1</b>         | Less than 1 hour  |
| <b>2</b>         | 1 to 2 hours      |
| <b>3</b>         | 3 to 4 hours      |
| <b>4</b>         | More than 4 hours |
| <b>8</b>         | Not asked/dropped |
| <b>9</b>         | Don't know        |

25 **SUN\_EXP\_WKND\_60\_FU** number (1,0) Required:false

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

|                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| <b>1</b>         | Less than 1 hour  |
| <b>2</b>         | 1 to 2 hours      |
| <b>3</b>         | 3 to 4 hours      |
| <b>4</b>         | More than 4 hours |
| <b>8</b>         | Not asked/dropped |



9 Don't know

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

Allowable Values

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

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

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

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

Allowable Values

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

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

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

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

Allowable Values

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

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

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

35 **SUN\_EXP\_60\_YR3\_FU** number (2,0) Required: false

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

Allowable Values

**1 to 20 or 99** Range

**99** Unknown

36 **SUN\_EXP\_60\_CITY4\_FU** string (200) Required: false

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

37 **SUN\_EXP\_60\_COUNTRY4\_FU** number (3,0) Required: false

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

38 **SUN\_EXP\_60\_YR4\_FU** number (2,0) Required: false

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

Allowable Values

**1 to 20 or 99** Range

**99** Unknown

39 **Q\_CRC\_OPINION** number (1,0) Required: true

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

Allowable Values

**1** Yes

**2** No

40 **Q\_TEST\_ADVISE\_FU** number (1,0) Required: false

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

Allowable Values

**1** Yes

**2** No

**8** Not asked/dropped

**9** Unknown/Refused

41 **Q\_LOWER\_RISK\_FU** number (1,0) Required: false

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

Allowable Values

**1** Strongly agree

**2** Somewhat agree

**3** Somewhat disagree

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

42 **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  | <b>Q_WORRY_FRQ_FU</b> | number (1,0) | Required:false |
| How often do you worry about colorectal cancer? |                       |              |                |

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

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

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

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

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

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

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

- |                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                          |              |                |
|---|--------------------------|--------------|----------------|
| 49  | <b>CHOLESTROL_INT_FU</b> | number (1,0) | Required:false |
| Interval in which Cholesterol lowering drugs (statins) was taken. |                          |              |                |

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

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

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

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

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

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

|  |                    |              |                |
|--|--------------------|--------------|----------------|
| 52   | <b>LAXATIVE_FU</b> | number (1,0) | Required:false |
| Since the date of your last interview, have you ever taken polyethylene glycol laxative such as MiraLax, Glyco Lax, or GoLYTELY (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), at least twice a week for more than |                    |              |                |

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

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

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

54 **LAXATIVE\_INT\_FU** number (1,0) Required:false

Interval in which polyethylene glycol laxative was taken.

Allowable Values

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

55 **LAXATIVE\_LEN\_FU** number (4,0) Required:false

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

Allowable Values

- |                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | 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  | <b>DIAB_ORAL_LEN_FU</b> | 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              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                          |              |                |
|--|--------------------------|--------------|----------------|
| 60   | <b>DIAB_ORAL_TIME_FU</b> | number (1,0) | Required:false |
| Interval for total time oral medication to control diabetes was taken. |                          |              |                |

|                  |                  |
|------------------|------------------|
| Allowable Values |                  |
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | Not Asked        |
| <b>9</b>         | Unknown          |

|  |                            |              |                |
|--|----------------------------|--------------|----------------|
| 61   | <b>DIAB_INS_INJ_LEN_FU</b> | 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              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                             |              |                |
|---|-----------------------------|--------------|----------------|
| 62  | <b>DIAB_INS_INJ_TIME_FU</b> | number (1,0) | Required:false |
| Interval for total time insulin injections to control diabetes was taken. |                             |              |                |

|                  |                  |
|------------------|------------------|
| Allowable Values |                  |
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | Not Asked        |
|                  |                  |

9 Unknown

DIAB\_INS\_PUMP\_LEN\_FU

number (4,0)

Required:false

63

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

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

DIAB\_INS\_PUMP\_TIME\_FU

number (1,0)

Required:false

64

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

Allowable Values

1 Number of Months

2 Number of Years

8 Not Asked

9 Unknown

HORMON\_MEDS\_FU

number (1,0)

Required:false

65

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

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

HORMON\_MEDS\_TYPE\_FU

number (1,0)

Required:false

66

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

Allowable Values

1 Estrogen alone

2 Estrogen + Progesterone

3 Estrogen + Testosterone

4 Other

9 Don't know/Refused

HORMON\_MEDS\_TYPE\_SPECIFY\_FU

string (200)

Required:false



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

**HORMON\_MEDS\_FRQ\_FU**

number (4,0)

Required:false

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

**HORMON\_MEDS\_INT\_FU**

number (1,0)

Required:false

69 (For females only) Interval in which hormonal medication for menopausal symptoms or disease prevention was taken.

Allowable Values

|          |           |
|----------|-----------|
| <b>1</b> | Per Day   |
| <b>2</b> | Per Week  |
| <b>8</b> | Not Asked |
| <b>9</b> | Unknown   |

**HORMON\_MEDS\_LEN\_FU**

number (4,0)

Required:false

70 (For females only) Since your last interview, how many months or years in total did you take hormonal medication for menopausal symptoms or disease prevention ?

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

**HORMON\_MEDS\_TIME\_FU**

number (1,0)

Required:false

71 (For females only) Interval for total time hormonal medication for menopausal symptoms or disease prevention was taken.

Allowable Values

|          |                  |
|----------|------------------|
| <b>1</b> | Number of Months |
| <b>2</b> | Number of Years  |
| <b>8</b> | not asked        |
| <b>9</b> | Unknown          |

**ALT\_MED\_EVER\_FU**

number (1,0)

Required:false

72 Have you EVER used an alternative health care provider, such as a homeopath, chiropractor, acupuncturist?

Allowable Values

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

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

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

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

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

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

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

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

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

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

- | Allowable Values           |                   |
|----------------------------|-------------------|
| <input type="checkbox"/> 1 | In the past month |
| <input type="checkbox"/> 2 | In the past year  |
| <input type="checkbox"/>   |                   |

- 3 More than 1 year ago
- 4 More than 5 years ago
- 8 not asked
- 9 Don't know/refused

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

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

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

- | Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                     |              |                 |
|--|---------------------|--------------|-----------------|
| 81   | <b>VIT_A_INT_FU</b> | number (1,0) | Required: false |
| Interval for frequency in which Vitamin A pills or tablets were taken. |                     |              |                 |

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

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

- | Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|    |                      |              |                 |
|----|----------------------|--------------|-----------------|
| 83 | <b>VIT_A_TIME_FU</b> | number (1,0) | Required: false |
|----|----------------------|--------------|-----------------|

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   | <b>VIT_B_TIME_FU</b> | number (1,0) | Required:false |
| Interval for total time Vitamin B pills or tablets were taken. |                      |              |                |

|          |                  |                  |  |
|----------|------------------|------------------|--|
|          |                  | Allowable Values |  |
| <b>1</b> | Number of Months |                  |  |
| <b>2</b> | Number of Years  |                  |  |
| <b>8</b> | not asked        |                  |  |
| <b>9</b> | Unknown          |                  |  |

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

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

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

|                               |           |                  |  |
|-------------------------------|-----------|------------------|--|
|                               |           | Allowable Values |  |
| <b>1 to 900 or 8888, 9999</b> | Range     |                  |  |
| <b>8888</b>                   | Not Asked |                  |  |
| <b>9999</b>                   | Unknown   |                  |  |

|  |                     |              |                |
|--|---------------------|--------------|----------------|
| 91   | <b>VIT_C_INT_FU</b> | number (1,0) | Required:false |
| Interval for frequency in which Vitamin C pills or tablets were taken. |                     |              |                |

|          |           |                  |  |
|----------|-----------|------------------|--|
|          |           | Allowable Values |  |
| <b>1</b> | Per Day   |                  |  |
| <b>2</b> | Per Week  |                  |  |
| <b>8</b> | Not asked |                  |  |
| <b>9</b> | Unknown   |                  |  |

|   |                     |              |                |
|---|---------------------|--------------|----------------|
| 92  | <b>VIT_C_LEN_FU</b> | number (4,0) | Required:false |
| Since the date of your last interview, how many months or years in total did you take Vitamin Cs? |                     |              |                |

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

|                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

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

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

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                     |              |                |
|--|---------------------|--------------|----------------|
| 96   | <b>VIT_D_INT_FU</b> | number (1,0) | Required:false |
| Interval for frequency in which Vitamin D pills or tablets were taken. |                     |              |                |

| Allowable Values |           |
|------------------|-----------|
| <b>1</b>         | Per Day   |
| <b>2</b>         | Per Week  |
| <b>8</b>         | not asked |
| <b>9</b>         | Unknown   |

|    |                     |              |                |
|----|---------------------|--------------|----------------|
| 97 | <b>VIT_D_LEN_FU</b> | number (4,0) | Required:false |
|----|---------------------|--------------|----------------|

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

98 **VIT\_D\_TIME\_FU** number (1,0) Required: false

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

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

99 **VIT\_E\_FU** number (1,0) Required: false

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

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

100 **VIT\_E\_FRQ\_FU** number (4,0) Required: false

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

101 **VIT\_E\_INT\_FU** number (1,0) Required: false

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

| Allowable Values |           |
|------------------|-----------|
| <b>1</b>         | Per Day   |
| <b>2</b>         | Per Week  |
| <b>8</b>         | not asked |
| <b>9</b>         | Unknown   |

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

|                               |           |
|-------------------------------|-----------|
| Allowable Values              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                      |              |                 |
|--|----------------------|--------------|-----------------|
| 103  | <b>VIT_E_TIME_FU</b> | number (1,0) | Required: false |
| Interval for total time Vitamin E pills or tablets were taken. |                      |              |                 |

|                  |                  |
|------------------|------------------|
| Allowable Values |                  |
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

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

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

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

|                               |           |
|-------------------------------|-----------|
| Allowable Values              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

|                  |         |
|------------------|---------|
| Allowable Values |         |
| <b>1</b>         | Per Day |
|                  |         |



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

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

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

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

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

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

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

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

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

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

Allowable Values

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

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not aksed        |
| <b>9</b>         | Unknown          |

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

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

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

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

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

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

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

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

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

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

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

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

|             |           |
|-------------|-----------|
| <b>8888</b> | Not Asked |
| <b>9999</b> | Unknown   |

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

Allowable Values

|          |           |
|----------|-----------|
| <b>1</b> | Per Day   |
| <b>2</b> | Per Week  |
| <b>8</b> | not asked |
| <b>9</b> | Unknown   |

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

Allowable Values

|                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

Allowable Values

|          |                  |
|----------|------------------|
| <b>1</b> | Number of Months |
| <b>2</b> | Number of Years  |
| <b>8</b> | not asked        |
| <b>9</b> | Unknown          |

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

Allowable Values

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

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

|                               |           |
|-------------------------------|-----------|
| Allowable Values              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

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

|                  |           |
|------------------|-----------|
| Allowable Values |           |
| <b>1</b>         | Per Day   |
| <b>2</b>         | Per Week  |
| <b>8</b>         | not asked |
| <b>9</b>         | Unknown   |

|  |                      |              |                 |
|--|----------------------|--------------|-----------------|
| 127  | <b>GINGKO_LEN_FU</b> | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take ginkgo biloba? |                      |              |                 |

|                               |           |
|-------------------------------|-----------|
| Allowable Values              |           |
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                       |              |                 |
|--|-----------------------|--------------|-----------------|
| 128  | <b>GINGKO_TIME_FU</b> | number (1,0) | Required: false |
| Interval for total time ginkgo biloba pills or tablets were taken. |                       |              |                 |

|                  |                  |
|------------------|------------------|
| Allowable Values |                  |
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

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

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

\_\_\_\_\_

**Error Description**

Must be in: 1, 2, 8, 9

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                                 |              |                 |
|---|---------------------------------|--------------|-----------------|
| 131   | <a href="#">SAW_PALM_INT_FU</a> | number (1,0) | Required: false |
| Interval for frequency in which saw palmetto pills or tablets were taken. |                                 |              |                 |

| Allowable Values |           |
|------------------|-----------|
| <b>1</b>         | Per Day   |
| <b>2</b>         | Per Week  |
| <b>8</b>         | not asked |
| <b>9</b>         | Unknown   |

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                                  |              |                 |
|---|----------------------------------|--------------|-----------------|
| 133   | <a href="#">SAW_PALM_TIME_FU</a> | number (1,0) | Required: false |
| Interval for total time saw palmetto pills or tablets were taken. |                                  |              |                 |

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

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

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

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

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

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                      |              |                 |
|---|----------------------|--------------|-----------------|
| 136   | <b>GARLIC_INT_FU</b> | number (1,0) | Required: false |
| Interval for frequency in which garlic pills or tablets were taken. |                      |              |                 |

| Allowable Values |           |
|------------------|-----------|
| <b>1</b>         | Per Day   |
| <b>2</b>         | Per Week  |
| <b>8</b>         | not asked |
| <b>9</b>         | Unknown   |

|   |                      |              |                 |
|---|----------------------|--------------|-----------------|
| 137   | <b>GARLIC_LEN_FU</b> | number (4,0) | Required: false |
| Since the date of your last interview, how many months or years in total did you take garlic? |                      |              |                 |

| Allowable Values              |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|   |                       |              |                 |
|---|-----------------------|--------------|-----------------|
| 138   | <b>GARLIC_TIME_FU</b> | number (1,0) | Required: false |
| Interval for total time garlic pills or tablets were taken. |                       |              |                 |

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

|  |                     |              |                 |
|--|---------------------|--------------|-----------------|
|  | <b>CHON_SULF_FU</b> | number (1,0) | Required: false |
|--|---------------------|--------------|-----------------|

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

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

140 **CHON\_SULF\_FRQ\_FU** number (4,0) Required: false  
Since the date of your last interview, how often did you take Chondroitin sulfate pills or tablets when you were using it at least 2 times a week for more than a month?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

141 **CHON\_SULF\_INT\_FU** number (1,0) Required: false  
Interval for frequency in which Chondroitin sulfate pills or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

142 **CHON\_SULF\_LEN\_FU** number (4,0) Required: false  
Since the date of your last interview, how many months or years in total did you take Chondroitin sulfate?

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

143 **CHON\_SULF\_TIME\_FU** number (1,0) Required: false  
Interval for total time cod liver oil/other fish oil pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked



9 Unknown

144 **GLUCOSAMINE\_FU** number (1,0) Required: false  
Since the date of your last interview, have you taken glucosamine pills or tablets at least twice a week for more than a month?

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

145 **GLUCOSAMINE\_FRQ\_FU** number (4,0) Required: false  
Since the date of your last interview, how often did you take glucosamine pills or tablets when you were using it at least 2 times a week for more than a month?

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

146 **GLUCOSAMINE\_INT\_FU** number (1,0) Required: false  
Interval for frequency in which glucosamine pills or tablets were taken.

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

147 **GLUCOSAMINE\_LEN\_FU** number (4,0) Required: false  
Since the date of your last interview, how many months or years in total did you take glucosamine?

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

148 **GLUCOSAMINE\_TIME\_FU** number (1,0) Required: false  
Interval for total time glucosamine pills or tablets were taken.

| Allowable Values |                  |
|------------------|------------------|
| 1                | Number of Months |

|   |                 |
|---|-----------------|
| 2 | Number of Years |
| 8 | not asked       |
| 9 | Unknown         |

|  |                         |              |                 |
|--|-------------------------|--------------|-----------------|
| 149  | <b>ST_JOHNS_WORT_FU</b> | number (1,0) | Required: false |
| Since the date of your last interview, have you ever taken St. John's Wort pills, capsules or tablets at least twice a week for more than a month? |                         |              |                 |

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

|  |                             |              |                 |
|--|-----------------------------|--------------|-----------------|
| 150  | <b>ST_JOHNS_WORT_FRQ_FU</b> | number (4,0) | Required: false |
| Since the date of your last interview, how often did you take St. John's Wort pills, capsules or tablets when you were using it at least 2 times a week for more than a month? |                             |              |                 |

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

|   |                             |              |                 |
|---|-----------------------------|--------------|-----------------|
| 151   | <b>ST_JOHNS_WORT_INT_FU</b> | number (1,0) | Required: false |
| Interval for frequency St. John's Wort pills, capsules or tablets were taken. |                             |              |                 |

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

|   |                             |              |                 |
|---|-----------------------------|--------------|-----------------|
| 152   | <b>ST_JOHNS_WORT_LEN_FU</b> | number (4,0) | Required: false |
| Since your last interview, how long, in total, have you taken St. John's Wort pills, capsules or tablets? |                             |              |                 |

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

|     |                              |              |                 |
|-----|------------------------------|--------------|-----------------|
| 153 | <b>ST_JOHNS_WORT_TIME_FU</b> | number (1,0) | Required: false |
|     |                              |              |                 |

Interval for total time St. John's Wort pills, capsules or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

8 not asked

9 Unknown

154

**OTHER\_PILL\_FU**

number (1,0)

Required: false

Since the date of your last interview, have you ever taken other pills at least twice a week for more than a month?

Allowable Values

1 Yes

2 No

8 Not asked/dropped

9 Unknown/Refused

155

**OTHER\_PILL\_SPECIFY**

string (200)

Required: false

List other pills, capsules or tablets taken since the date of your last questionnaire (see label on page 1 for date), when you were taking the pills at least 2 times a week for more than a month:

156

**OTHER\_PILL\_FRQ\_FU**

number (4,0)

Required: false

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

Allowable Values

1 to 900 or 8888, 9999 Range

8888 Not Asked

9999 Unknown

157

**OTHER\_PILL\_INT\_FU**

number (1,0)

Required: false

Interval for frequency other pills, capsules or tablets were taken.

Allowable Values

1 Per Day

2 Per Week

8 not asked

9 Unknown

158

**OTHER\_PILL\_LEN\_FU**

number (4,0)

Required: false

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

Allowable Values

|                               |           |
|-------------------------------|-----------|
| <b>1 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                   | Not Asked |
| <b>9999</b>                   | Unknown   |

|  |                           |              |                 |
|--|---------------------------|--------------|-----------------|
| 159  | <b>OTHER_PILL_TIME_FU</b> | number (1,0) | Required: false |
| Interval for total time other pills, capsules or tablets were taken. |                           |              |                 |

| Allowable Values |                  |
|------------------|------------------|
| <b>1</b>         | Number of Months |
| <b>2</b>         | Number of Years  |
| <b>8</b>         | not asked        |
| <b>9</b>         | Unknown          |

|   |                     |              |                |
|---|---------------------|--------------|----------------|
| 160   | <b>BODY_MEASURE</b> | number (1,0) | Required: true |
| pseudo entry question (not asked) for next block of questions |                     |              |                |

| Allowable Values |     |
|------------------|-----|
| <b>1</b>         | Yes |
| <b>2</b>         | No  |

|   |                      |              |                 |
|---|----------------------|--------------|-----------------|
| 161   | <b>HIP_CIRCUM_FU</b> | number (4,0) | Required: false |
| What are your current hip circumference (measurements)? |                      |              |                 |

| Allowable Values               |           |
|--------------------------------|-----------|
| <b>10 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                    | Not Asked |
| <b>9999</b>                    | Unknown   |

|   |                           |              |                 |
|---|---------------------------|--------------|-----------------|
| 162   | <b>HIP_CIRCUM_UNIT_FU</b> | number (1,0) | Required: false |
| What is the unit of measure used for hip circumference? |                           |              |                 |

| Allowable Values |             |
|------------------|-------------|
| <b>1</b>         | Centimeters |
| <b>2</b>         | Inches      |

|   |                        |              |                 |
|---|------------------------|--------------|-----------------|
| 163   | <b>WAIST_CIRCUM_FU</b> | number (4,0) | Required: false |
| What are your current waist circumference (measurements)? |                        |              |                 |

| Allowable Values               |           |
|--------------------------------|-----------|
| <b>10 to 900 or 8888, 9999</b> | Range     |
| <b>8888</b>                    | Not Asked |
|                                |           |

|   |                             |              |                 |
|---|-----------------------------|--------------|-----------------|
| 164   | <b>WAIST_CIRCUM_UNIT_FU</b> | number (1,0) | Required: false |
| What is the unit of measure used for waist circumference? |                             |              |                 |

## Allowable Values

1 Centimeters

2 Inches

|   |                         |              |                 |
|---|-------------------------|--------------|-----------------|
| 165   | <b>TEETH_MISSING_FU</b> | number (1,0) | Required: false |
| Not counting wisdom teeth, by the age of 16, did you have any permanent teeth that never formed at all, that is, permanent teeth that were missing? |                         |              |                 |

## Allowable Values

1 Yes

2 No

8 Not asked

9 Unknown/Refused

|  |                             |              |                 |
|--|-----------------------------|--------------|-----------------|
| 166                                      | <b>TEETH_MISSING_CNT_FU</b> | number (2,0) | Required: false |
| How many permanent teeth failed to form? |                             |              |                 |

## Allowable Values

1 to 28 or 88, 99 Range

88 Not asked

99 Unknown

|  |                     |            |                              |
|--|---------------------|------------|------------------------------|
| 167  | <b>CHEMO_RAD_FU</b> | number(2N) | Required: YES, if applicable |
| SINCE your last interview have you had chemotherapy and/or radiotherapy for bowel or colon cancer? |                     |            |                              |

## Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

|   |                 |            |                              |
|---|-----------------|------------|------------------------------|
| 168   | <b>CHEMO_FU</b> | number(2N) | Required: YES, if applicable |
| SINCE your last interview what types of therapy have you received? Chemotherapy |                 |            |                              |

## Allowable Values

1 Yes- received chemotherapy

- 2 No- no did not receive chemotherapy**
- 8 Not Asked**
- 9 Unknown/Refused**

|   |               |            |                              |
|---|---------------|------------|------------------------------|
| 169   | <b>RAD_FU</b> | number(2N) | Required: YES, if applicable |
| SINCE your last interview what types of therapy have you received? Radiotherapy |               |            |                              |

- Allowable Values
- 1 Yes- received radiotherapy**
  - 2 No- no did not receive radiotherapy**
  - 8 Not Asked**
  - 9 Unknown/Refused**

|                                      |                      |            |                              |
|--------------------------------------|----------------------|------------|------------------------------|
| 170                                  | <b>CHEMO_EVER_FU</b> | number(2N) | Required: YES, if applicable |
| Have you EVER received chemotherapy? |                      |            |                              |

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

|                                      |                    |            |                              |
|--------------------------------------|--------------------|------------|------------------------------|
| 171                                  | <b>RAD_EVER_FU</b> | number(2N) | Required: YES, if applicable |
| Have you EVER received radiotherapy? |                    |            |                              |

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

|                                |                    |              |                 |
|--------------------------------|--------------------|--------------|-----------------|
| 172                            | <b>PAPSMEAR_FU</b> | number (1,0) | Required: false |
| Have you ever had a pap smear? |                    |              |                 |

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

|   |                       |              |                 |
|---|-----------------------|--------------|-----------------|
| 173   | <b>PAP_PROBLEM_FU</b> | 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:<br/>         What were the reasons for the test? [SELECT ALL THAT APPLY]<br/>         1 TO INVESTIGATE A NEW PROBLEM<br/>         2 FAMILY HISTORY OF CANCER<br/>         3 ROUTINE EXAM OR CHECK-UP<br/>         4 FOLLOW-UP OF A PREVIOUS PROBLEM<br/>         6 OTHER, SPECIFY: _____<br/>         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   | <b>PAP_FAMHX_FU</b> | 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  | <b>PAP_ROUTINE_FU</b> | 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  | <b>PAP_OTHER_FU</b> | 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   | <b>PAP_OTH_TEXT_FU</b> | string (200) | Required: false |
| What are the specific reasons for your pap smear? |                        |              |                 |

|  |                       |              |                 |
|--|-----------------------|--------------|-----------------|
| 178  | <b>PAPSMEAR_NO_FU</b> | number (2,0) | Required: false |
| On how many separate occasions have you had a pap smear? |                       |              |                 |

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

|   |                            |              |                 |
|---|----------------------------|--------------|-----------------|
| 179   | <b>PAPSMEAR_LST_AGE_FU</b> | number (3,0) | Required: false |
| When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____.<br>Response is transformed as necessary to transmit as age at test. |                            |              |                 |

| Allowable Values |                   |
|------------------|-------------------|
| 888              | Not asked         |
| 999              | (Unknown/Refused) |

|                                |                 |              |                 |
|--------------------------------|-----------------|--------------|-----------------|
| 180                            | <b>MAMMO_FU</b> | number (1,0) | Required: false |
| Have you ever had a mammogram? |                 |              |                 |

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

|   |                       |              |                 |
|---|-----------------------|--------------|-----------------|
| 181   | <b>MAM_PROBLEM_FU</b> | number (1,0) | Required: false |
| Does the reason for your mammogram include "to investigate a new problem"?  |                       |              |                 |
| This question is asked as:<br>What were the reasons for the test? [SELECT ALL THAT APPLY]   |                       |              |                 |
| 1 TO INVESTIGATE A NEW PROBLEM  |                       |              |                 |
| 2 FAMILY HISTORY OF CANCER  |                       |              |                 |
| 3 ROUTINE EXAM OR CHECK-UP  |                       |              |                 |
| 4 FOLLOW-UP OF A PREVIOUS PROBLEM   |                       |              |                 |
| 6 OTHER, SPECIFY: _____   |                       |              |                 |
| 9 DON'T KNOW  |                       |              |                 |
| * Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative. |                       |              |                 |



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

|  |                              |              |                 |
|--|------------------------------|--------------|-----------------|
| 182  | <a href="#">MAM_FAMHX_FU</a> | number (1,0) | Required: false |
| Does the reason for your mammogram include "family history of cancer"?<br>* For actual question format see MAM_PROBLEM_FU above. |                              |              |                 |

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

|   |                                |              |                 |
|---|--------------------------------|--------------|-----------------|
| 183   | <a href="#">MAM_ROUTINE_FU</a> | number (1,0) | Required: false |
| Does the reason for your mammogram include "routine/yearly exam or check-up"?<br>* For actual question format see MAM_PROBLEM_FU above. |                                |              |                 |

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

|   |                              |              |                 |
|---|------------------------------|--------------|-----------------|
| 184   | <a href="#">MAM_OTHER_FU</a> | number (1,0) | Required: false |
| Does the reason for your mammogram include "other reasons"?<br>* For actual question format see MAM_PROBLEM_FU above. |                              |              |                 |

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

|   |                                 |              |                 |
|---|---------------------------------|--------------|-----------------|
| 185   | <a href="#">MAM_OTH_TEXT_FU</a> | string (200) | Required: false |
| What are the specific reasons for your mammogram? |                                 |              |                 |

|  |                             |              |                 |
|--|-----------------------------|--------------|-----------------|
| 186  | <a href="#">MAMMO_NO_FU</a> | number (2,0) | Required: false |
| On how many separate occasions have you had a mammogram? |                             |              |                 |

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

|    |                   |
|----|-------------------|
| 88 | Not asked         |
| 99 | (Unknown/Refused) |

|   |                         |              |                 |
|---|-------------------------|--------------|-----------------|
| 187   | <b>MAMMO_LST_AGE_FU</b> | 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 ____.<br>Response is transformed as necessary to transmit as age at test. |                         |              |                 |

|                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
|                  |                   |
| 888              | Not asked         |
| 999              | (Unknown/Refused) |

|  |               |              |                 |
|--|---------------|--------------|-----------------|
| 188  | <b>PSA_FU</b> | 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   | <b>PSA_PROBLEM_FU</b> | number (1,0) | Required: false |
| Does the reason for your PSA include "to investigate a new problem"?  |                       |              |                 |
| This question is asked as:<br>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  | <b>PSA_FAMHX_FU</b> | 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   | <b>PSA_ROUTINE_FU</b> | number (1,0) | Required: false |
| Does the reason for your PSA include "routine/yearly exam or check-up"?<br>* For actual question format see PSA_PROBLEM_FU above. |                       |              |                 |

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

|   |                     |              |                 |
|---|---------------------|--------------|-----------------|
| 192   | <b>PSA_OTHER_FU</b> | number (1,0) | Required: false |
| Does the reason for your PSA include "other reasons"?<br>* For actual question format see PSA_PROBLEM_FU above. |                     |              |                 |

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

|   |                        |              |                 |
|---|------------------------|--------------|-----------------|
| 193   | <b>PSA_OTH_TEXT_FU</b> | string (200) | Required: false |
| What are the specific reasons for your PSA? |                        |              |                 |

|  |                  |              |                 |
|--|------------------|--------------|-----------------|
| 194  | <b>PSA_NO_FU</b> | number (2,0) | Required: false |
| On how many separate occasions have you had a PSA? |                  |              |                 |

|                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| 88               | Not asked         |
| 99               | (Unknown/Refused) |

|   |                       |              |                 |
|---|-----------------------|--------------|-----------------|
| 195   | <b>PSA_LST_AGE_FU</b> | number (3,0) | Required: false |
| When did you have your most recent pap smear? Sites collect as either AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____.<br>Response is transformed as necessary to transmit as age at test. |                       |              |                 |

|                  |                   |
|------------------|-------------------|
| Allowable Values |                   |
| 888              | Not asked         |
| 999              | (Unknown/Refused) |

|     |  |              |                 |
|-----|--|--------------|-----------------|
| 196 | <b>CIG_FU</b><br>Since the date of your last interview, have you ever smoked at least one cigarette a day for 3 months or longer?<br>*Not asked by Hawaii or Australia | number (1,0) | Required: false |
|-----|--|--------------|-----------------|

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

|     |   |              |                 |
|-----|---|--------------|-----------------|
| 197 | <b>CIG_CURR_FU</b><br>Do you currently smoke? | number (1,0) | Required: false |
|-----|---|--------------|-----------------|

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

|     |  |              |                 |
|-----|--|--------------|-----------------|
| 198 | <b>CIG_STOP_AGE_FU</b><br>When did you stop or quit smoking?<br>Sites collect as either<br>AGE AT ____, YEAR OF ____, or NUMBER OF YEARS SINCE ____.<br>Response is transformed as necessary to transmit as age at test. | number (3,0) | Required: false |
|-----|--|--------------|-----------------|

|     |                   |                  |
|-----|-------------------|------------------|
|     |                   | Allowable Values |
|     |                   |                  |
| 888 | Not asked         |                  |
| 999 | (Unknown/Refused) |                  |