

Environmental Polymorphisms Registry

PID 61













Codebook ▾


Data Dictionary Codebook

06/11/2021 2:36pm

Expand all instruments

Expand all instruments

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

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

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

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

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

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

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

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

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

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

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

4262	b30days Show the field ONLY if: [b30yn] = '1'	How many days per week did you take Resveratrol?	dropdown <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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4263	b31yn	Have you taken St. John's Wort on a regular basis during the past year?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
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4264	b31name Show the field ONLY if: [b31yn] = '1'	What is the product name of the St. John's Wort you have taken in the past year? Do not include multi-vitamins.	text																
4265	b31days Show the field ONLY if: [b31yn] = '1'	How many days per week did you take St. John's Wort?	dropdown <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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4266	a1_medications	<i>Section Header: B. Medications Before completing this section, gather your medication containers to help you answer these questions as accurately as possible. Current Use This section asks about prescription or over-the-counter medication you are CURRENTLY taking. DO NOT include vitamins or other supplements. Enter the name, dose, and frequency for each medication you take.</i> Do you currently take any prescription or over-the-counter medications?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
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4267	amed1name Show the field ONLY if: [a1_medications] = 1	What is the name of the first prescription or over-the-counter medication you are currently taking (e.g., Prevacid)? <i>PLEASE ENTER MEDICATION NAMES ONE AT A TIME</i>	text Custom alignment: LH																
4268	amed1strength Show the field ONLY if: [a1_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH																
4269	amed1dose Show the field ONLY if: [a1_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV																
4270	amed1dose_times Show the field ONLY if: [a1_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? <i>Number of times per day, week or month</i>	text (number, Min: 1, Max: 99) Custom alignment: LV																
4271	amed1dose_freq Show the field ONLY if: [a1_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) <i>Per day, week, month or year</i>	dropdown <table border="1"> <tr><td>1</td><td>Day</td></tr> <tr><td>2</td><td>Week</td></tr> <tr><td>3</td><td>Month</td></tr> <tr><td>4</td><td>Year</td></tr> </table> Custom alignment: LV	1	Day	2	Week	3	Month	4	Year								
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4272	a2_medications Show the field ONLY if: [a1_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No				
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4273	amed2name Show the field ONLY if: [a2_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? <i>PLEASE ENTER MEDICATION NAMES ONE AT A TIME</i>	text Custom alignment: LH								
4274	amed2strength Show the field ONLY if: [a2_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH								
4275	amed2dose Show the field ONLY if: [a2_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV								
4276	amed2dose_times Show the field ONLY if: [a2_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? <i>Number of times per day, week or month</i>	text (number, Min: 1, Max: 99) Custom alignment: LV								
4277	amed2dose_freq Show the field ONLY if: [a2_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) <i>Per day, week, month or year</i>	dropdown <table border="1"> <tr><td>1</td><td>Day</td></tr> <tr><td>2</td><td>Week</td></tr> <tr><td>3</td><td>Month</td></tr> <tr><td>4</td><td>Year</td></tr> </table> Custom alignment: LV	1	Day	2	Week	3	Month	4	Year
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4278	a3_medications Show the field ONLY if: [a2_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No				
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4279	amed3name Show the field ONLY if: [a3_medications] = 1	What is the name of the other prescription or over-the-counter medication you are currently taking? <i>PLEASE ENTER MEDICATION NAMES ONE AT A TIME</i>	text Custom alignment: LH								
4280	amed3strength Show the field ONLY if: [a3_medications] = 1	What is the strength of the medication (e.g., 30 mg)?	text Custom alignment: LH								
4281	amed3dose Show the field ONLY if: [a3_medications] = 1	What is the dose of the medication (e.g., one tablet)?	text Custom alignment: LV								
4282	amed3dose_times Show the field ONLY if: [a3_medications] = 1	How often do you take the medication in a time period (e.g., 2 times per week)? <i>Number of times per day, week, month or year</i>	text (number, Min: 1, Max: 99) Custom alignment: LV								
4283	amed3dose_freq Show the field ONLY if: [a3_medications] = 1	Please provide the time period of the medication (e.g., 2 times per week.) <i>Per day, week, month or year</i>	dropdown <table border="1"> <tr><td>1</td><td>Day</td></tr> <tr><td>2</td><td>Week</td></tr> <tr><td>3</td><td>Month</td></tr> <tr><td>4</td><td>Year</td></tr> </table> Custom alignment: LV	1	Day	2	Week	3	Month	4	Year
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3	Month										
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4284	a4_medications Show the field ONLY if: [a3_medications] = 1	Do you currently take any other prescription or over-the-counter medications?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										

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

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

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

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

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

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

4349	<p>c2_b1_month</p> <p>Show the field ONLY if: [c1_first] = '1'</p>	Month	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>Februaru</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table> <p>Custom alignment: RH</p>	1	January	2	Februaru	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December																																						
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4350	<p>c2_b1_day</p> <p>Show the field ONLY if: [c1_first] = '1'</p>	Day	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> </table> <p>Custom alignment: RH</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31
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4351	c2_b1_year Show the field ONLY if: [c1_first] = '1'	Year	text (integer, Min: 1910) Custom alignment: RH
4352	c2_c1 Show the field ONLY if: [c1_first] = '1'	How old were you when you were diagnosed with cancer?	text (integer, Min: 0, Max: 89)
4353	c2_d1 Show the field ONLY if: [c1_first] = '1'	Section Header: <i>Please complete the following questions about your first cancer diagnosis</i> Did you have surgery for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4354	c2_e1 Show the field ONLY if: [c1_first] = '1'	Did you receive chemotherapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4355	c2_f1 Show the field ONLY if: [c1_first] = '1'	Did you receive radiation for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4356	c2_g1 Show the field ONLY if: [c1_first] = '1'	Did you receive hormonal therapy for this cancer?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4357	c2_h1 Show the field ONLY if: [c1_first] = '1'	Did you receive any other type(s) of therapy?	radio (Matrix) 1 Yes 0 No 3 Not Sure
4358	c1_second Show the field ONLY if: [c1_first] = '1'	Have you ever been diagnosed with cancer a second time? Please do not include a recurrence of the first diagnosed cancer.	yesno 1 Yes 0 No

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

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

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

4375	d1d_b	Light manual labor	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time								
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4376	d1e_b	Heavy manual labor	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time								
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4377	d2a	Section Header: <i>Considering a 7-day period (a week), how many times on average do you do the following kinds of exercise for more than 15 minutes during your free time? Kinds of Exercise</i> Strenuous exercise (heart beats rapidly) (i.e., running, jogging, vigorous swimming, vigorous long-distance bicycling, hockey, basketball, cross-country skiing, soccer)	radio <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>1 times</td></tr> <tr><td>2</td><td>2 times</td></tr> <tr><td>3</td><td>3 times</td></tr> <tr><td>4</td><td>4 times</td></tr> <tr><td>5</td><td>5 times</td></tr> <tr><td>6</td><td>6 times</td></tr> <tr><td>7</td><td>7 times</td></tr> <tr><td>8</td><td>8 times or more</td></tr> </table>	0	None	1	1 times	2	2 times	3	3 times	4	4 times	5	5 times	6	6 times	7	7 times	8	8 times or more
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4378	d2b	Moderate exercise (not exhausting) i.e., fast walking, easy swimming, alpine skiing, popular and folk dancing, tennis, easy bicycling, baseball, volleyball)	radio <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>1 times</td></tr> <tr><td>2</td><td>2 times</td></tr> <tr><td>3</td><td>3 times</td></tr> <tr><td>4</td><td>4 times</td></tr> <tr><td>5</td><td>5 times</td></tr> <tr><td>6</td><td>6 times</td></tr> <tr><td>7</td><td>7 times</td></tr> <tr><td>8</td><td>8 times or more</td></tr> </table>	0	None	1	1 times	2	2 times	3	3 times	4	4 times	5	5 times	6	6 times	7	7 times	8	8 times or more
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4379	d2c	Mild exercise (minimal effort) (i.e., easy walking, archery, bowling, househoes, golf, snowmobiling)	radio <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>1 times</td></tr> <tr><td>2</td><td>2 times</td></tr> <tr><td>3</td><td>3 times</td></tr> <tr><td>4</td><td>4 times</td></tr> <tr><td>5</td><td>5 times</td></tr> <tr><td>6</td><td>6 times</td></tr> <tr><td>7</td><td>7 times</td></tr> <tr><td>8</td><td>8 times or more</td></tr> </table>	0	None	1	1 times	2	2 times	3	3 times	4	4 times	5	5 times	6	6 times	7	7 times	8	8 times or more
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4380	e1_stress	Section Header: <i>E. Stress This section asks about your feelings and thoughts during the past month. For each question below, select a response to indicate how often you have felt or thought a certain way during the past month. In the last month, how often have you...</i> Been upset because of something that happened unexpectedly?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often								
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4381	e2_stress	Felt that you were unable to control the important things in your life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
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4382	e3_stress	Felt nervous and 'stressed'?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
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4383	e4_stress	Felt confident about your ability to handle your personal problems?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
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4384	e5_stress	Felt that things were going your way?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
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4385	e6_stress	Found that you could not cope with all the things that you had to?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
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4	Fairly Often												
5	Very Often												
4386	e7_stress	Been able to control irritations in your life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
1	Never												
2	Almost Never												
3	Sometimes												
4	Fairly Often												
5	Very Often												
4387	e8_stress	Felt that you were on top of things?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
1	Never												
2	Almost Never												
3	Sometimes												
4	Fairly Often												
5	Very Often												
4388	e9_stress	Been angered because of things that were outside of your control?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often
1	Never												
2	Almost Never												
3	Sometimes												
4	Fairly Often												
5	Very Often												

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

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

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

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

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

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

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

4461	g15	Have you ever been told by a doctor or other health professional that you have a sleep disorder?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
4462	g16 Show the field ONLY if: [g15]='1'	What was the sleep disorder? Select all that apply.	checkbox <table border="1"> <tr> <td>01</td> <td>g16__01</td> <td>Sleep apnea</td> </tr> <tr> <td>02</td> <td>g16__02</td> <td>Insomnia</td> </tr> <tr> <td>03</td> <td>g16__03</td> <td>Restless Legs</td> </tr> <tr> <td>04</td> <td>g16__04</td> <td>Other (please specify)</td> </tr> <tr> <td>08</td> <td>g16__08</td> <td>Don't know</td> </tr> </table>	01	g16__01	Sleep apnea	02	g16__02	Insomnia	03	g16__03	Restless Legs	04	g16__04	Other (please specify)	08	g16__08	Don't know
01	g16__01	Sleep apnea																
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04	g16__04	Other (please specify)																
08	g16__08	Don't know																
4463	g16_04_spec Show the field ONLY if: [g16(04)] = '1'	Specify other sleep disorder:	text															
4464	h1	Section Header: <i>H. Dietary Behavior</i> For each question below, select a response that most closely indicates the number of times per week you eat out or bring home ready-to-eat/prepared foods. How often do you usually go out to eat at or bring home ready-to-eat foods from Fast Food Restaurants?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4465	h2	Sit-down Restaurants (with table service/wait staff)?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4466	h3	Buffet Restaurants?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4467	h4	Takeout Restaurants?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4468	h5	Grocery Stores (hot or cold ready-to-eat food from store)?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4469	h6	Cafeterias (school or work)?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Less than once per week</td> </tr> <tr> <td>3</td> <td>1 - 2 times per week</td> </tr> <tr> <td>4</td> <td>3 - 4 times per week</td> </tr> <tr> <td>5</td> <td>5 or more times per week</td> </tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week					
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4470	h7	Vending Machines?	radio (Matrix) <table border="1" data-bbox="1042 111 1321 308"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once per week</td></tr> <tr><td>3</td><td>1 - 2 times per week</td></tr> <tr><td>4</td><td>3 - 4 times per week</td></tr> <tr><td>5</td><td>5 or more times per week</td></tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week												
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4471	h8	On-street Vendors (including food trucks/carts)?	radio (Matrix) <table border="1" data-bbox="1042 359 1321 556"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once per week</td></tr> <tr><td>3</td><td>1 - 2 times per week</td></tr> <tr><td>4</td><td>3 - 4 times per week</td></tr> <tr><td>5</td><td>5 or more times per week</td></tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week												
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4472	h9	Other Places (such as gas station, quick marts, bakeries)?	radio (Matrix) <table border="1" data-bbox="1042 606 1321 804"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once per week</td></tr> <tr><td>3</td><td>1 - 2 times per week</td></tr> <tr><td>4</td><td>3 - 4 times per week</td></tr> <tr><td>5</td><td>5 or more times per week</td></tr> </table>	1	Never	2	Less than once per week	3	1 - 2 times per week	4	3 - 4 times per week	5	5 or more times per week												
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4473	h10_hour	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please enter the hour of day here. <i>Hour (1 - 12)</i>	text (integer, Min: 1, Max: 12) Custom alignment: LH																						
4474	h10_minute	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please enter the minute of the hour here. <i>Minute (0 - 59)</i>	text (integer, Min: 0, Max: 59) Custom alignment: LH																						
4475	h10_ampm	What time do you usually eat your last regular meal of the day? Example 6:30 p.m. Please indicate AM or PM here. <i>AM/PM</i>	dropdown <table border="1" data-bbox="1042 1104 1117 1180"> <tr><td>1</td><td>AM</td></tr> <tr><td>2</td><td>PM</td></tr> </table> Custom alignment: LH	1	AM	2	PM																		
1	AM																								
2	PM																								
4476	h11	On average, how many times a day do you eat snacks? Select a response to indicate the average number of times below. --- Select One ---	dropdown <table border="1" data-bbox="1042 1278 1198 1715"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 or more</td></tr> </table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 or more
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4477	i1a	<p>Section Header: <i>I. Dietary Intake</i> For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. <i>Dairy Foods and Non-Dairy Alternatives in the Past Year</i></p> <p>Milk (8 oz. glass) - Skim milk</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4478	i1b	Milk (8 oz. glass) - 1% or 2% milk	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4479	i1c	Milk (8 oz. glass) - Whole milk	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4480	i1d	Milk (8 oz. glass) - non-dairy milk alternatives (such as soy milk, almond milk, rice milk or coconut milk)	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4481	i2	Cream, such as coffee, sour (exclude fat free) (1 Tbs.)	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4482	i3	Non-dairy coffee whitener (exclude fat free) (1Tbs.)	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4483	i4	Frozen yogurt, sherbert, sorbet or low-fat ice cream (1 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4484	i5	Regular ice cream (1 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4485	i6a	Spreads added to food or bread (exclude use in cooking): Pure butter	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4486	i6b	Spreads added to food or bread exlude use in cooking): Margarine (such as Country Crock)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4487	i6c	Spreads added to food or bread (exclude use in cooking): 'Spreadable butter' - butter/oil blend	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4488	i7a	Yogurt (4-6 oz.) Nonfat or 'Light' artificially sweetened yogurt (plain or flavored)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4489	i7b	Yogurt (4-6 oz.) Low-fat yogurt (plain or flavored)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4490	i7c	Yogurt (4-6 oz.) 'Regular' or full fat yogurt (plain or flavored)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4491	i8a	Cheese: Cottage or ricotta cheese (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4492	i8b	Cheese: Cream Cheese (1 oz.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4493	i8c	Cheese: Nonfat cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4494	i8d	Cheese: Low-fat or 'light' cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4495	i8e	Cheese: 'Regular' or full fat cheese (such as American, cheddar, Swiss etc., plain or as part of dish) (1 slice or 1 oz. serving)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4496	i9	Section Header: <i>For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Fruits in the Past Year</i> Apple (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4497	i10	Avocado (1/2 or 1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4498	i11	Banana (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4499	i12	Blueberries (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4500	i13	Cantaloupe or Honeydew melon (1/4 melon)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4501	i14	Grapes (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4502	i15	Grapefruit (1/2)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4503	i16	Orange (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4504	i17	Peaches, plums or apricots (1 fresh or 1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4505	i18	Pear (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4506	i19	Raspberries (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4507	i20	Strawberries (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4508	i21	Tomatoes (2 slices)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4509	i22	Tomato or V-8 juice (small glass)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4510	i23	Tomato sauce (1/2 cup) such as spaghetti sauce	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4511	i24	Watermelon (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4512	i25	<p>Section Header: For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Vegetables in the Past Year</p> <p>Beans or lentils (1/2 cup)</p>	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4513	i26	Bell peppers: green, yellow or red (1/4 small)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4514	i27	Broccoli (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4515	i28	Brussels sprouts (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4516	i29	Cabbage or coleslaw (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4517	i30	Carrots (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4518	i31	Cauliflower (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4519	i32	Corn (1 ear or 1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4520	i33	Eggplant, zucchini or summer squash (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4521	i34	Kale, collard greens, mustard greens, or Swiss chard (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4522	i35	Onions (raw or cooked) (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4523	i36	Peas or lima beans (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4524	i37	Spinach, cooked (1/2 cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4525	i38	Spinach, raw as in salad (1 cup)	radio (Matrix) <table border="1" data-bbox="1049 113 1333 348"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4526	i39	String beans, green beans (1/2 cup)	radio (Matrix) <table border="1" data-bbox="1049 403 1333 638"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4527	i40	Tofu, soy burger, soybeans, miso or other soy protein (1/2 cup or one burger patty)	radio (Matrix) <table border="1" data-bbox="1049 693 1333 928"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4528	i41	Winter squash (dark orange) (1/2 cup)	radio (Matrix) <table border="1" data-bbox="1049 982 1333 1218"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4529	i42	Yams or sweet potatoes (1/2 cup)	radio (Matrix) <table border="1" data-bbox="1049 1272 1333 1507"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4530	i43	Section Header: For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Eggs, Meat, Fish in the Past Year Note: 3-4 ounces of chicken, red meat, or fish is about the size of a deck of playing cards. Egg (1)	radio (Matrix) <table border="1" data-bbox="1049 1562 1333 1755"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4531	i44	Beef or pork hot dogs (1)	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4532	i45	Chicken or turkey hot dogs or sausage (1)	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4533	i46	Chicken or turkey, including ground (3 oz.)	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4534	i47	Bacon (2 slices)	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4535	i48	Salami, bologna, or processed deli/sandwich meat	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4536	i49	Sausage, kielbasa, or other processed meats (2 oz. or 2 links)	radio (Matrix) <table border="1"> <tbody> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </tbody> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4537	i50	Hamburger or ground beef (1 patty)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4538	i51	Beef, pork, or lamb (4-6 oz.)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4539	i52	Ham (4-6 oz.)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4540	i53	Canned tuna fish (3-4 oz.)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4541	i54	Shrimp, lobster, or scallops as a main dish	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4542	i55	Dark meat fish, such as tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4543	i56	Other fish, such as cod, haddock, halibut (3-5 oz.)	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4544	i57a	Section Header: <i>For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Cereals, Breads, Starches in the Past Year</i> Cereals (1 cup): Cold breakfast cereal	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4545	i57b	Cereals (1 cup): Cooked oatmeal or cooked oat bran	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4546	i57c	Cereals (1 cup): Other cooked breakfast cereal	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4547	i58a	Crackers (6): Whole grain/whole wheat crackers	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4548	i58b	Crackers (6) Other crackers	radio (Matrix) <table border="1" style="width: 100%;"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4549	i59a	Breads (1 slice): White bread, including pita	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4550	i59b	Breads (1 slice): Rye or pumpernickel bread	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4551	i59c	Breads (1 slice): Whole wheat, oat, other whole grain bread	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4552	i59d	Breads: Bagels, English muffins, or rolls (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4553	i60	Muffins or biscuits (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4554	i61	Pancakes or waffles (2 small pieces)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4555	i62	Brown rice (1 cup)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4556	i63	White rice (1 cup)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4557	i64	Pasta, such as spaghetti, noodles, couscous, etc. (1 cup)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4558	i65	Tortillas: corn, or flour (2)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4559	i66	French fries (6 oz. or 1 serving)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4560	i67	Potatoes, baked, boiled or mashed (1 potato or 1 cup)	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	radio (Matrix)		1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4561	i68	Pizza (2 slices)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4562	i69a_01	Section Header: <i>For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Beverages in the Past Year</i> Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Low-calorie sugar-free beverage with caffeine, such as Diet Coke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4563	i69a_02	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Other low-calorie sugar-free beverage without caffeine, such as Diet 7-Up	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4564	i69b_01	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): with caffeine and sugar, such as Coke, Pepsi, Mt. Dew, Dr. Pepper, Cheerwine, Red Bull	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4565	i69b_02	Carbonated Beverages (consider the serving size as 1 glass, bottle or can for these): Other carbonated beverage with sugar, such as 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4566	i70a	Other Beverages: Decaffeinated tea, exclude herbal (8 oz. cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4567	i70b	Other Beverages: Tea with caffeine (8 oz. cup), including green tea	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4568	i70c	Other Beverages: Decaffeinated coffee (8 oz. cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4569	i70d	Other Beverages: Coffee with caffeine (8 oz. cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4570	i70e	Other Beverages: Dairy coffee drink (hot/cold) such as medium/'grande' size (16 oz. cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4571	i70f	Other Beverages: Plain water: bottled, sparkling, or tap (8 oz. cup)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4572	i71	Section Header: <i>For each food listed in the table below, select the response that most closely indicates how often, on average, you have eaten or consumed the foods listed below during the past year. Sweets, Baked Goods, Snacks, Miscellaneous in the Past Year</i> Milk chocolate (bar or packet), such as Hershey's, M&M's	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4573	i72	Dark Chocolate, such as Hershey's Dark or Dove Dark	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4574	i73	Candy without chocolate (1 oz.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4575	i74	Cookies, brownies, doughnuts, or pastry (1)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4576	i75	Cake or pie (1 slice)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4577	i76	Jams, jellies, preserves, syrup, or honey (1 Tbs.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4578	i77	Peanut butter (1 Tbs.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4579	i78	Potato chips (1 small bag or serving)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4580	i79	Pretzels (1 small bag or serving)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4581	i80	Peanuts (small packet or 1 oz.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4582	i81	Walnuts (1 oz.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
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4583	i82	Other nuts (small packet or 1 oz.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
1	Never														
2	Less than once a week														
3	Once a week														
4	2-6 times a week														
5	Once a day														
6	Two or more times per day														
4584	i83	Olive oil added to food or bread (1 Tbs.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day
1	Never														
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3	Once a week														
4	2-6 times a week														
5	Once a day														
6	Two or more times per day														

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

4591	i86e	Artificial sweeteners (1 packet): Saccharin	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day						
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4592	i86f	Table sugar (1 packet or 1 tsp.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-6 times a week</td></tr> <tr><td>5</td><td>Once a day</td></tr> <tr><td>6</td><td>Two or more times per day</td></tr> </table>	1	Never	2	Less than once a week	3	Once a week	4	2-6 times a week	5	Once a day	6	Two or more times per day						
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6	Two or more times per day																				
4593	j1	Section Header: <i>J. Twin/Triplet Siblings and Birth Order</i> The following questions ask whether you are a twin or triplet, and if so, whether you are an identical twin or triplet. You will also be asked about your birth order. Are you a twin? (you have a sibling that is your twin)	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Yes	0	No	8	Don't know												
1	Yes																				
0	No																				
8	Don't know																				
4594	j2 Show the field ONLY if: [j1] = 1	Are you and your twin identical or not identical (fraternal)?	radio <table border="1"> <tr><td>1</td><td>Identical</td></tr> <tr><td>2</td><td>Not Identical (Fraternal)</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Identical	2	Not Identical (Fraternal)	8	Don't know												
1	Identical																				
2	Not Identical (Fraternal)																				
8	Don't know																				
4595	j3	Do you have a triplet brother or sister?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Yes	0	No	8	Don't know												
1	Yes																				
0	No																				
8	Don't know																				
4596	j4 Show the field ONLY if: [j3] = 1	Are you and your triplet identical, not identical, or both?	radio <table border="1"> <tr><td>1</td><td>Identical</td></tr> <tr><td>2</td><td>Not Identical (Fraternal)</td></tr> <tr><td>3</td><td>Both (one identical, one not identical)</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Identical	2	Not Identical (Fraternal)	3	Both (one identical, one not identical)	8	Don't know										
1	Identical																				
2	Not Identical (Fraternal)																				
3	Both (one identical, one not identical)																				
8	Don't know																				
4597	j5	What is your birth order? Select all that apply.	checkbox <table border="1"> <tr><td>1</td><td>j5__1</td><td>I am an only child</td></tr> <tr><td>2</td><td>j5__2</td><td>I am a first born</td></tr> <tr><td>3</td><td>j5__3</td><td>I am a middle born child</td></tr> <tr><td>4</td><td>j5__4</td><td>I am a last born child</td></tr> <tr><td>5</td><td>j5__5</td><td>I am adopted</td></tr> <tr><td>8</td><td>j5__8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	j5__1	I am an only child	2	j5__2	I am a first born	3	j5__3	I am a middle born child	4	j5__4	I am a last born child	5	j5__5	I am adopted	8	j5__8	Don't know
1	j5__1	I am an only child																			
2	j5__2	I am a first born																			
3	j5__3	I am a middle born child																			
4	j5__4	I am a last born child																			
5	j5__5	I am adopted																			
8	j5__8	Don't know																			

4598	k1	<p>Section Header: <i>K. Genetic History The following section asks about your blood type, and whether you or an immediate family member have ever been diagnosed with particular genetic disorders.</i></p> <p>What is your blood type? -- Select One --</p>	<p>dropdown</p> <table border="1" data-bbox="1045 113 1200 474"> <tr><td>1</td><td>O Positive</td></tr> <tr><td>2</td><td>O Negative</td></tr> <tr><td>3</td><td>A Positive</td></tr> <tr><td>4</td><td>A Negative</td></tr> <tr><td>5</td><td>B Positive</td></tr> <tr><td>6</td><td>B Negative</td></tr> <tr><td>7</td><td>AB Positive</td></tr> <tr><td>8</td><td>AB Negative</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table> <p>Custom alignment: LV</p>	1	O Positive	2	O Negative	3	A Positive	4	A Negative	5	B Positive	6	B Negative	7	AB Positive	8	AB Negative	9	Don't Know						
1	O Positive																										
2	O Negative																										
3	A Positive																										
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5	B Positive																										
6	B Negative																										
7	AB Positive																										
8	AB Negative																										
9	Don't Know																										
4599	k2	<p>Section Header: <i>For each condition listed below, select a response to indicate if you or your immediate family members (i.e., Mother, Father, Brother, Sister, or Child) have ever been diagnosed with the genetic disorders listed. Only include immediate family members who are related to you by blood. Select all that apply.</i></p> <p>Color Blindness</p>	<p>checkbox</p> <table border="1" data-bbox="1045 569 1268 890"> <tr><td>1</td><td>k2__1</td><td>You</td></tr> <tr><td>2</td><td>k2__2</td><td>Mother</td></tr> <tr><td>3</td><td>k2__3</td><td>Father</td></tr> <tr><td>4</td><td>k2__4</td><td>Brother</td></tr> <tr><td>5</td><td>k2__5</td><td>Sister</td></tr> <tr><td>6</td><td>k2__6</td><td>Child</td></tr> <tr><td>7</td><td>k2__7</td><td>None</td></tr> <tr><td>8</td><td>k2__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k2__1	You	2	k2__2	Mother	3	k2__3	Father	4	k2__4	Brother	5	k2__5	Sister	6	k2__6	Child	7	k2__7	None	8	k2__8	Don't know
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7	k2__7	None																									
8	k2__8	Don't know																									
4600	k3	<p>Cystic Fibrosis</p>	<p>checkbox</p> <table border="1" data-bbox="1045 982 1268 1304"> <tr><td>1</td><td>k3__1</td><td>You</td></tr> <tr><td>2</td><td>k3__2</td><td>Mother</td></tr> <tr><td>3</td><td>k3__3</td><td>Father</td></tr> <tr><td>4</td><td>k3__4</td><td>Brother</td></tr> <tr><td>5</td><td>k3__5</td><td>Sister</td></tr> <tr><td>6</td><td>k3__6</td><td>Child</td></tr> <tr><td>7</td><td>k3__7</td><td>None</td></tr> <tr><td>8</td><td>k3__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k3__1	You	2	k3__2	Mother	3	k3__3	Father	4	k3__4	Brother	5	k3__5	Sister	6	k3__6	Child	7	k3__7	None	8	k3__8	Don't know
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7	k3__7	None																									
8	k3__8	Don't know																									
4601	k4	<p>Down Syndrome</p>	<p>checkbox</p> <table border="1" data-bbox="1045 1396 1268 1717"> <tr><td>1</td><td>k4__1</td><td>You</td></tr> <tr><td>2</td><td>k4__2</td><td>Mother</td></tr> <tr><td>3</td><td>k4__3</td><td>Father</td></tr> <tr><td>4</td><td>k4__4</td><td>Brother</td></tr> <tr><td>5</td><td>k4__5</td><td>Sister</td></tr> <tr><td>6</td><td>k4__6</td><td>Child</td></tr> <tr><td>7</td><td>k4__7</td><td>None</td></tr> <tr><td>8</td><td>k4__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k4__1	You	2	k4__2	Mother	3	k4__3	Father	4	k4__4	Brother	5	k4__5	Sister	6	k4__6	Child	7	k4__7	None	8	k4__8	Don't know
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7	k4__7	None																									
8	k4__8	Don't know																									

4602	k5	Hemochromatosis	checkbox <table border="1"> <tr><td>1</td><td>k5__1</td><td>You</td></tr> <tr><td>2</td><td>k5__2</td><td>Mother</td></tr> <tr><td>3</td><td>k5__3</td><td>Father</td></tr> <tr><td>4</td><td>k5__4</td><td>Brother</td></tr> <tr><td>5</td><td>k5__5</td><td>Sister</td></tr> <tr><td>6</td><td>k5__6</td><td>Child</td></tr> <tr><td>7</td><td>k5__7</td><td>None</td></tr> <tr><td>8</td><td>k5__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k5__1	You	2	k5__2	Mother	3	k5__3	Father	4	k5__4	Brother	5	k5__5	Sister	6	k5__6	Child	7	k5__7	None	8	k5__8	Don't know
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7	k5__7	None																									
8	k5__8	Don't know																									
4603	k6	Hemophilia	checkbox <table border="1"> <tr><td>1</td><td>k6__1</td><td>You</td></tr> <tr><td>2</td><td>k6__2</td><td>Mother</td></tr> <tr><td>3</td><td>k6__3</td><td>Father</td></tr> <tr><td>4</td><td>k6__4</td><td>Brother</td></tr> <tr><td>5</td><td>k6__5</td><td>Sister</td></tr> <tr><td>6</td><td>k6__6</td><td>Child</td></tr> <tr><td>7</td><td>k6__7</td><td>None</td></tr> <tr><td>8</td><td>k6__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k6__1	You	2	k6__2	Mother	3	k6__3	Father	4	k6__4	Brother	5	k6__5	Sister	6	k6__6	Child	7	k6__7	None	8	k6__8	Don't know
1	k6__1	You																									
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6	k6__6	Child																									
7	k6__7	None																									
8	k6__8	Don't know																									
4604	k7	Familial Combined Hyperlipidemia and Familial Hypercholesterolemia	checkbox <table border="1"> <tr><td>1</td><td>k7__1</td><td>You</td></tr> <tr><td>2</td><td>k7__2</td><td>Mother</td></tr> <tr><td>3</td><td>k7__3</td><td>Father</td></tr> <tr><td>4</td><td>k7__4</td><td>Brother</td></tr> <tr><td>5</td><td>k7__5</td><td>Sister</td></tr> <tr><td>6</td><td>k7__6</td><td>Child</td></tr> <tr><td>7</td><td>k7__7</td><td>None</td></tr> <tr><td>8</td><td>k7__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k7__1	You	2	k7__2	Mother	3	k7__3	Father	4	k7__4	Brother	5	k7__5	Sister	6	k7__6	Child	7	k7__7	None	8	k7__8	Don't know
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7	k7__7	None																									
8	k7__8	Don't know																									
4605	k8	Huntington's Disease	checkbox <table border="1"> <tr><td>1</td><td>k8__1</td><td>You</td></tr> <tr><td>2</td><td>k8__2</td><td>Mother</td></tr> <tr><td>3</td><td>k8__3</td><td>Father</td></tr> <tr><td>4</td><td>k8__4</td><td>Brother</td></tr> <tr><td>5</td><td>k8__5</td><td>Sister</td></tr> <tr><td>6</td><td>k8__6</td><td>Child</td></tr> <tr><td>7</td><td>k8__7</td><td>None</td></tr> <tr><td>8</td><td>k8__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k8__1	You	2	k8__2	Mother	3	k8__3	Father	4	k8__4	Brother	5	k8__5	Sister	6	k8__6	Child	7	k8__7	None	8	k8__8	Don't know
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7	k8__7	None																									
8	k8__8	Don't know																									

4606	k9	Inherited Clotting Problems	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>k9__1</td><td>You</td></tr> <tr><td>2</td><td>k9__2</td><td>Mother</td></tr> <tr><td>3</td><td>k9__3</td><td>Father</td></tr> <tr><td>4</td><td>k9__4</td><td>Brother</td></tr> <tr><td>5</td><td>k9__5</td><td>Sister</td></tr> <tr><td>6</td><td>k9__6</td><td>Child</td></tr> <tr><td>7</td><td>k9__7</td><td>None</td></tr> <tr><td>8</td><td>k9__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k9__1	You	2	k9__2	Mother	3	k9__3	Father	4	k9__4	Brother	5	k9__5	Sister	6	k9__6	Child	7	k9__7	None	8	k9__8	Don't know
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8	k9__8	Don't know																									
4607	k10	Klinefelter Syndrome	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>k10__1</td><td>You</td></tr> <tr><td>2</td><td>k10__2</td><td>Mother</td></tr> <tr><td>3</td><td>k10__3</td><td>Father</td></tr> <tr><td>4</td><td>k10__4</td><td>Brother</td></tr> <tr><td>5</td><td>k10__5</td><td>Sister</td></tr> <tr><td>6</td><td>k10__6</td><td>Child</td></tr> <tr><td>7</td><td>k10__7</td><td>None</td></tr> <tr><td>8</td><td>k10__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k10__1	You	2	k10__2	Mother	3	k10__3	Father	4	k10__4	Brother	5	k10__5	Sister	6	k10__6	Child	7	k10__7	None	8	k10__8	Don't know
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4	k10__4	Brother																									
5	k10__5	Sister																									
6	k10__6	Child																									
7	k10__7	None																									
8	k10__8	Don't know																									
4608	k11	<p>Section Header: For each condition listed below, select a response to indicate if you or your immediate family members (i.e., Mother, Father, Brother, Sister, or Child) have ever been diagnosed with the genetic disorders listed. Only included immediate family members who are related to you by blood. Select all that apply.</p> <p>Muscular Dystrophy (Becker or Duchenne)</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>k11__1</td><td>You</td></tr> <tr><td>2</td><td>k11__2</td><td>Mother</td></tr> <tr><td>3</td><td>k11__3</td><td>Father</td></tr> <tr><td>4</td><td>k11__4</td><td>Brother</td></tr> <tr><td>5</td><td>k11__5</td><td>Sister</td></tr> <tr><td>6</td><td>k11__6</td><td>Child</td></tr> <tr><td>7</td><td>k11__7</td><td>None</td></tr> <tr><td>8</td><td>k11__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k11__1	You	2	k11__2	Mother	3	k11__3	Father	4	k11__4	Brother	5	k11__5	Sister	6	k11__6	Child	7	k11__7	None	8	k11__8	Don't know
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6	k11__6	Child																									
7	k11__7	None																									
8	k11__8	Don't know																									
4609	k12	Niemann-Pick Disease	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>k12__1</td><td>You</td></tr> <tr><td>2</td><td>k12__2</td><td>Mother</td></tr> <tr><td>3</td><td>k12__3</td><td>Father</td></tr> <tr><td>4</td><td>k12__4</td><td>Brother</td></tr> <tr><td>5</td><td>k12__5</td><td>Sister</td></tr> <tr><td>6</td><td>k12__6</td><td>Child</td></tr> <tr><td>7</td><td>k12__7</td><td>None</td></tr> <tr><td>8</td><td>k12__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k12__1	You	2	k12__2	Mother	3	k12__3	Father	4	k12__4	Brother	5	k12__5	Sister	6	k12__6	Child	7	k12__7	None	8	k12__8	Don't know
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6	k12__6	Child																									
7	k12__7	None																									
8	k12__8	Don't know																									

4610	k13	Phenylketonuria (PKU)	checkbox <table border="1"> <tr><td>1</td><td>k13__1</td><td>You</td></tr> <tr><td>2</td><td>k13__2</td><td>Mother</td></tr> <tr><td>3</td><td>k13__3</td><td>Father</td></tr> <tr><td>4</td><td>k13__4</td><td>Brother</td></tr> <tr><td>5</td><td>k13__5</td><td>Sister</td></tr> <tr><td>6</td><td>k13__6</td><td>Child</td></tr> <tr><td>7</td><td>k13__7</td><td>None</td></tr> <tr><td>8</td><td>k13__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k13__1	You	2	k13__2	Mother	3	k13__3	Father	4	k13__4	Brother	5	k13__5	Sister	6	k13__6	Child	7	k13__7	None	8	k13__8	Don't know
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6	k13__6	Child																									
7	k13__7	None																									
8	k13__8	Don't know																									
4611	k14	Polycystic Kidney Disease (PKD)	checkbox <table border="1"> <tr><td>1</td><td>k14__1</td><td>You</td></tr> <tr><td>2</td><td>k14__2</td><td>Mother</td></tr> <tr><td>3</td><td>k14__3</td><td>Father</td></tr> <tr><td>4</td><td>k14__4</td><td>Brother</td></tr> <tr><td>5</td><td>k14__5</td><td>Sister</td></tr> <tr><td>6</td><td>k14__6</td><td>Child</td></tr> <tr><td>7</td><td>k14__7</td><td>None</td></tr> <tr><td>8</td><td>k14__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k14__1	You	2	k14__2	Mother	3	k14__3	Father	4	k14__4	Brother	5	k14__5	Sister	6	k14__6	Child	7	k14__7	None	8	k14__8	Don't know
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7	k14__7	None																									
8	k14__8	Don't know																									
4612	k15	Sickle Cell Anemia	checkbox <table border="1"> <tr><td>1</td><td>k15__1</td><td>You</td></tr> <tr><td>2</td><td>k15__2</td><td>Mother</td></tr> <tr><td>3</td><td>k15__3</td><td>Father</td></tr> <tr><td>4</td><td>k15__4</td><td>Brother</td></tr> <tr><td>5</td><td>k15__5</td><td>Sister</td></tr> <tr><td>6</td><td>k15__6</td><td>Child</td></tr> <tr><td>7</td><td>k15__7</td><td>None</td></tr> <tr><td>8</td><td>k15__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k15__1	You	2	k15__2	Mother	3	k15__3	Father	4	k15__4	Brother	5	k15__5	Sister	6	k15__6	Child	7	k15__7	None	8	k15__8	Don't know
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4613	k16	Tay-Sachs Disease	checkbox <table border="1"> <tr><td>1</td><td>k16__1</td><td>You</td></tr> <tr><td>2</td><td>k16__2</td><td>Mother</td></tr> <tr><td>3</td><td>k16__3</td><td>Father</td></tr> <tr><td>4</td><td>k16__4</td><td>Brother</td></tr> <tr><td>5</td><td>k16__5</td><td>Sister</td></tr> <tr><td>6</td><td>k16__6</td><td>Child</td></tr> <tr><td>7</td><td>k16__7</td><td>None</td></tr> <tr><td>8</td><td>k16__8</td><td>Don't know</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	k16__1	You	2	k16__2	Mother	3	k16__3	Father	4	k16__4	Brother	5	k16__5	Sister	6	k16__6	Child	7	k16__7	None	8	k16__8	Don't know
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8	k16__8	Don't know																									

4614	k17	Thalassemia	checkbox <table border="1" data-bbox="1045 113 1279 432"> <tr><td>1</td><td>k17__1</td><td>You</td></tr> <tr><td>2</td><td>k17__2</td><td>Mother</td></tr> <tr><td>3</td><td>k17__3</td><td>Father</td></tr> <tr><td>4</td><td>k17__4</td><td>Brother</td></tr> <tr><td>5</td><td>k17__5</td><td>Sister</td></tr> <tr><td>6</td><td>k17__6</td><td>Child</td></tr> <tr><td>7</td><td>k17__7</td><td>None</td></tr> <tr><td>8</td><td>k17__8</td><td>Don't know</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	k17__1	You	2	k17__2	Mother	3	k17__3	Father	4	k17__4	Brother	5	k17__5	Sister	6	k17__6	Child	7	k17__7	None	8	k17__8	Don't know
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7	k17__7	None																									
8	k17__8	Don't know																									
4615	k18	Turner Syndrome	checkbox <table border="1" data-bbox="1045 531 1279 850"> <tr><td>1</td><td>k18__1</td><td>You</td></tr> <tr><td>2</td><td>k18__2</td><td>Mother</td></tr> <tr><td>3</td><td>k18__3</td><td>Father</td></tr> <tr><td>4</td><td>k18__4</td><td>Brother</td></tr> <tr><td>5</td><td>k18__5</td><td>Sister</td></tr> <tr><td>6</td><td>k18__6</td><td>Child</td></tr> <tr><td>7</td><td>k18__7</td><td>None</td></tr> <tr><td>8</td><td>k18__8</td><td>Don't know</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	k18__1	You	2	k18__2	Mother	3	k18__3	Father	4	k18__4	Brother	5	k18__5	Sister	6	k18__6	Child	7	k18__7	None	8	k18__8	Don't know
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8	k18__8	Don't know																									
4616	l1	Section Header: L. Other Pulse Rate Measurement The following question asks you to measure your resting pulse rate. Your pulse rate is the number of times your heart beats each minute. You should measure your pulse rate after you have been sitting quietly for a few minutes. To measure your pulse rate: 1. Sit comfortably in a chair. 2. Place your index and middle fingers, NOT YOUR THUMB, gently against your wrist. 3. Press lightly until you feel a pulse. 4. Count the beats for 30 seconds and record the number of beats in the box for Pulse 1. 5. Repeat and record the number in the second box. Pulse 1: Number of beats counted in 30 seconds	text (integer, Min: 15, Max: 55) Custom alignment: LH																								
4617	l2	Pulse 2: Number of beats counted in 30 seconds	text (integer, Min: 15, Max: 55) Custom alignment: LH																								
4618	m1 Show the field ONLY if: [health_and_exposur_arm_1] [gender] = 2	Section Header: M. Reproductive History Have you ever been pregnant?	radio <table border="1" data-bbox="1045 1245 1193 1354"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Don't Know</td></tr> </table> Custom alignment: LV	1	Yes	0	No	3	Don't Know																		
1	Yes																										
0	No																										
3	Don't Know																										
4619	m1a Show the field ONLY if: [m1] = 1	Are you currently pregnant?	yesno <table border="1" data-bbox="1045 1459 1122 1535"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																				
1	Yes																										
0	No																										

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

4631	m4_d Show the field ONLY if: [m3_d] = 1	For how many of your pregnancies did you have problems with the placenta (such as abruptio placentae, placenta previa or other placenta problems)? <i>Number of pregnancies</i>	text (integer, Min: 1) Custom alignment: LH																								
4632	m4_e Show the field ONLY if: [m3_e] = 1	For how many of your pregnancies did you have intra-uterine growth restriction (poor growth of the baby while in the womb)? <i>Number of pregnancies</i>	text (integer, Min: 1) Custom alignment: LH																								
4633	m4_f Show the field ONLY if: [m3_f] = 1	For how many of your pregnancies did you have any other pregnancy-related complications? <i>Number of pregnancies</i>	text (integer, Min: 1) Custom alignment: LH																								
4634	m5 Show the field ONLY if: [m2] > 0 and [m2] < 98	Including all pregnancies, how many babies have you delivered (including live births and stillbirths)? --- Select One ---	dropdown <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 or more</td></tr> <tr><td>11</td><td>Don't Know</td></tr> </table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 or more	11	Don't Know
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11	Don't Know																										
4635	m6_01_desc Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 1	descriptive																								
4636	m6_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH																								
4637	m7lbs_01_desc Show the field ONLY if: [m7_dk_01(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive Custom alignment: LV																								
4638	m7ozs_01_desc Show the field ONLY if: [m7_dk_01(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive																								
4639	m7lbs_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7_dk_01(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH																								
4640	m7ozs_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7_dk_01(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH																								
4641	m7_dk_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11 and [m7lbs_01]="")		checkbox <table border="1"> <tr><td>98</td><td>m7_dk_01__98</td><td>Don't Know</td></tr> </table> Custom alignment: LV	98	m7_dk_01__98	Don't Know																					
98	m7_dk_01__98	Don't Know																									

4642	m8_01 Show the field ONLY if: [m7_dk_01(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
1	Less than 5 1/2 pounds												
2	Between 5 1/2 and 9 pounds												
3	More than 9 pounds												
98	Don't know												
4643	m9_01 Show the field ONLY if: ([m5] > 0 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
1	More than one week before the due date												
2	More than one week after the due date												
3	On time (within one week of due date)												
98	Don't know												
4644	m10_01 Show the field ONLY if: ([m9_01] = 1) or ([m9_01]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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2	2 to 4 weeks												
3	1 to 2 months												
4	More than 2 months												
98	Don't know												
4645	m6_02_desc Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 2	descriptive										
4646	m6_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4647	m7_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No						
1	Yes												
0	No												
4648	m7lbs_02_desc Show the field ONLY if: [m7_dk_02(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4649	m7ozs_02_desc Show the field ONLY if: [m7_dk_02(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4650	m7lbs_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7_dk_02(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4651	m7ozs_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7_dk_02(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4652	m7_dk_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11 and [m7lbs_02]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_02__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_02__98	Don't Know							
98	m7_dk_02__98	Don't Know											

4653	m8_02 Show the field ONLY if: [m7_dk_02(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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98	Don't know												
4654	m9_02 Show the field ONLY if: ([m5] > 1 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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98	Don't know												
4655	m10_02 Show the field ONLY if: ([m9_02] = 1) or ([m9_02]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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4656	m6_03_desc Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 3	descriptive										
4657	m6_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4658	m7_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No						
1	Yes												
0	No												
4659	m7lbs_03_desc Show the field ONLY if: [m7_dk_03(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4660	m7ozs_03_desc Show the field ONLY if: [m7_dk_03(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4661	m7lbs_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7_dk_03(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4662	m7ozs_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7_dk_03(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4663	m7_dk_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11 and [m7lbs_03]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_03__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_03__98	Don't Know							
98	m7_dk_03__98	Don't Know											

4664	m8_03 Show the field ONLY if: [m7_dk_03(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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98	Don't know												
4665	m9_03 Show the field ONLY if: ([m5] > 2 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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4666	m10_03 Show the field ONLY if: ([m9_03] = 1) or ([m9_03]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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98	Don't know												
4667	m6_04_desc Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 4	descriptive										
4668	m6_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4669	m7_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Do you know how much the baby weighed at delivery?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No						
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4670	m7lbs_04_desc Show the field ONLY if: [m7_dk_04(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4671	m7ozs_04_desc Show the field ONLY if: [m7_dk_04(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4672	m7lbs_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7_dk_04(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4673	m7ozs_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7_dk_04(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4674	m7_dk_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11 and [m7lbs_04]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_04__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LH	98	m7_dk_04__98	Don't Know							
98	m7_dk_04__98	Don't Know											

4675	m8_04 Show the field ONLY if: [m7_dk_04(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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4676	m9_04 Show the field ONLY if: ([m5] > 3 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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4677	m10_04 Show the field ONLY if: ([m9_04] = 1) or ([m9_04]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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4678	m6_05_desc Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 5	descriptive										
4679	m6_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4680	m7lbs_05_desc Show the field ONLY if: [m7_dk_05(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4681	m7ozs_05_desc Show the field ONLY if: [m7_dk_05(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4682	m7lbs_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7_dk_05(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4683	m7ozs_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7_dk_05(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4684	m7_dk_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11 and [m7lbs_05]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_05__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_05__98	Don't Know							
98	m7_dk_05__98	Don't Know											
4685	m8_05 Show the field ONLY if: [m7_dk_05(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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98	Don't know												

4686	m9_05 Show the field ONLY if: ([m5] > 4 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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4687	m10_05 Show the field ONLY if: ([m9_05] = 1) or ([m9_05]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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4688	m6_06_desc Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 6	descriptive										
4689	m6_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4690	m7lbs_06_desc Show the field ONLY if: [m7_dk_06(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4691	m7ozs_06_desc Show the field ONLY if: [m7_dk_06(98)] = 1	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4692	m7lbs_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7_dk_06(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4693	m7ozs_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7_dk_06(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4694	m7_dk_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11 and [m7lbs_06]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_06__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_06__98	Don't Know							
98	m7_dk_06__98	Don't Know											
4695	m8_06 Show the field ONLY if: [m7_dk_06(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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98	Don't know												
4696	m9_06 Show the field ONLY if: ([m5] > 5 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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4697	m10_06 Show the field ONLY if: ([m9_06] = 1) or ([m9_06]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr><td>1</td><td>Less than 2 weeks</td></tr> <tr><td>2</td><td>2 to 4 weeks</td></tr> <tr><td>3</td><td>1 to 2 months</td></tr> <tr><td>4</td><td>More than 2 months</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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4698	m6_07_desc Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 7	descriptive										
4699	m6_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4700	m7lbs_07_desc Show the field ONLY if: [m7_dk_07(98)='1']	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4701	m7ozs_07_desc Show the field ONLY if: [m7_dk_07(98)='1']	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4702	m7lbs_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7_dk_07(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4703	m7ozs_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7_dk_07(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4704	m7_dk_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11 and [m7lbs_07]='')		checkbox <table border="1"> <tr><td>98</td><td>m7_dk_07__98</td><td>Don't Know</td></tr> </table> Custom alignment: LV	98	m7_dk_07__98	Don't Know							
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4705	m8_07 Show the field ONLY if: [m7_dk_07(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr><td>1</td><td>Less than 5 1/2 pounds</td></tr> <tr><td>2</td><td>Between 5 1/2 and 9 pounds</td></tr> <tr><td>3</td><td>More than 9 pounds</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
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4706	m9_07 Show the field ONLY if: ([m5] > 6 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr><td>1</td><td>More than one week before the due date</td></tr> <tr><td>2</td><td>More than one week after the due date</td></tr> <tr><td>3</td><td>On time (within one week of due date)</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
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4707	m10_07 Show the field ONLY if: ([m9_07] = 1) or ([m9_07]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr><td>1</td><td>Less than 2 weeks</td></tr> <tr><td>2</td><td>2 to 4 weeks</td></tr> <tr><td>3</td><td>1 to 2 months</td></tr> <tr><td>4</td><td>More than 2 months</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
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4708	m6_08_desc Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 8	descriptive										
4709	m6_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4710	m7lbs_08_desc Show the field ONLY if: [m7_dk_08(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4711	m7ozs_08_desc Show the field ONLY if: [m7_dk_08(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4712	m7lbs_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7_dk_08(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4713	m7ozs_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7_dk_08(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4714	m7_dk_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11 and [m7lbs_08]="")		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_08__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_08__98	Don't Know							
98	m7_dk_08__98	Don't Know											
4715	m8_08 Show the field ONLY if: [m7_dk_08(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
1	Less than 5 1/2 pounds												
2	Between 5 1/2 and 9 pounds												
3	More than 9 pounds												
98	Don't know												
4716	m9_08 Show the field ONLY if: ([m5] > 7 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
1	More than one week before the due date												
2	More than one week after the due date												
3	On time (within one week of due date)												
98	Don't know												
4717	m10_08 Show the field ONLY if: ([m9_08] = 1) or ([m9_08]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
1	Less than 2 weeks												
2	2 to 4 weeks												
3	1 to 2 months												
4	More than 2 months												
98	Don't know												
4718	m6_09_desc Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 9	descriptive										
4719	m6_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										

4720	m7lbs_09_desc Show the field ONLY if: [m7_dk_09(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4721	m7ozs_09_desc Show the field ONLY if: [m7_dk_09(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4722	m7lbs_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7_dk_09(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH										
4723	m7ozs_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7_dk_09(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH										
4724	m7_dk_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11 and [m7lbs_09]="')		checkbox <table border="1"> <tr> <td>98</td> <td>m7_dk_09__98</td> <td>Don't Know</td> </tr> </table> Custom alignment: LV	98	m7_dk_09__98	Don't Know							
98	m7_dk_09__98	Don't Know											
4725	m8_09 Show the field ONLY if: [m7_dk_09(98)] = 1	What was the baby's birth weight?	radio <table border="1"> <tr> <td>1</td> <td>Less than 5 1/2 pounds</td> </tr> <tr> <td>2</td> <td>Between 5 1/2 and 9 pounds</td> </tr> <tr> <td>3</td> <td>More than 9 pounds</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 5 1/2 pounds	2	Between 5 1/2 and 9 pounds	3	More than 9 pounds	98	Don't know		
1	Less than 5 1/2 pounds												
2	Between 5 1/2 and 9 pounds												
3	More than 9 pounds												
98	Don't know												
4726	m9_09 Show the field ONLY if: ([m5] > 8 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio <table border="1"> <tr> <td>1</td> <td>More than one week before the due date</td> </tr> <tr> <td>2</td> <td>More than one week after the due date</td> </tr> <tr> <td>3</td> <td>On time (within one week of due date)</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	More than one week before the due date	2	More than one week after the due date	3	On time (within one week of due date)	98	Don't know		
1	More than one week before the due date												
2	More than one week after the due date												
3	On time (within one week of due date)												
98	Don't know												
4727	m10_09 Show the field ONLY if: ([m9_09] = 1) or ([m9_09]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks</td> </tr> <tr> <td>2</td> <td>2 to 4 weeks</td> </tr> <tr> <td>3</td> <td>1 to 2 months</td> </tr> <tr> <td>4</td> <td>More than 2 months</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	Less than 2 weeks	2	2 to 4 weeks	3	1 to 2 months	4	More than 2 months	98	Don't know
1	Less than 2 weeks												
2	2 to 4 weeks												
3	1 to 2 months												
4	More than 2 months												
98	Don't know												
4728	m6_10_desc Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	Please answer the following questions for each baby delivered: Baby 10	descriptive										
4729	m6_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	What year was the baby born? <i>Year</i>	text (integer, Min: 1910, Max: 2021) Custom alignment: LH										
4730	m7lbs_10_desc Show the field ONLY if: [m7_dk_10(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										
4731	m7ozs_10_desc Show the field ONLY if: [m7_dk_10(98)]=1'	If you know, please provide the weight (in pounds and ounces) at delivery	descriptive										

4732	m7lbs_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7_dk_10(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Pounds</i>	text (integer, Min: 0, Max: 22) Custom alignment: LH
4733	m7ozs_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7_dk_10(98)]=0)	If you know, please provide the weight (in pounds and ounces) at delivery: <i>Ounces</i>	text (integer, Min: 0, Max: 15) Custom alignment: LH
4734	m7_dk_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11 and [m7lbs_10]="")		checkbox 98 m7_dk_10__98 Don't Know Custom alignment: LV
4735	m8_10 Show the field ONLY if: [m7_dk_10(98)] = 1	What was the baby's birth weight?	radio 1 Less than 5 1/2 pounds 2 Between 5 1/2 and 9 pounds 3 More than 9 pounds 98 Don't know Custom alignment: LV
4736	m9_10 Show the field ONLY if: ([m5] > 9 and [m5] <> 11)	Was this baby born before your due date, after your due date, or on time?	radio 1 More than one week before the due date 2 More than one week after the due date 3 On time (within one week of due date) 98 Don't know Custom alignment: LV
4737	m10_10 Show the field ONLY if: ([m9_10] = 1) or ([m9_10]=2)	How many weeks or months BEFORE or AFTER your due date was this baby born?	radio 1 Less than 2 weeks 2 2 to 4 weeks 3 1 to 2 months 4 More than 2 months 98 Don't know Custom alignment: LV
4738	mdesc_end	Please check to see that all questions are answered. Thank you for completing Part B of the Exposome Survey and for your continued participation in the Environmental Polymorphisms Registry. Your responses will be used to study how our genes and environment interact to increase or decrease our risk for common diseases and health conditions. Please remember to also complete Part A of the survey. If needed, we may contact you in the future if we have questions about any of your responses. The Environmental Polymorphisms Registry (EPR) National Institutes of Health, DHHS National Institute of Environmental Health Sciences PO Box 12233 Research Triangle Park, NC 27709-9799 Phone: 1-866-809-1261; Email: info@eprdna.niehs.nih.gov	descriptive
4739	exposome_part_b_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

