

Module: colon-epi-followup

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1	CENTER_NO	number (2,0)	Required:true
Center identification number			
Allowable Values			
11	Sinai Health Systems (formerly Cancer Care Ontario)		

12	University of Southern California Consortium (USCC)
13	University of Melbourne
14	University of Hawaii Cancer Center
15	Mayo Clinic
16	Fred Hutch, Seattle
17	University of California at San Francisco (UCSF) (formerly CPIC, originally Northern California (NCCC))

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

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

Allowable Values			
1	1st Follow-up		
2	2nd Follow-up		
3	3rd Follow-up		
4	4th Follow-up		
5	5th Follow-up		

4	FU_PHASE	number (1,0)	Required:true
	Funding phase during which the FU QNR was administered		

Allowable Values			
1	FU Epi Qx administered at Phase II		
2	FU Epi Qx administered at Phase III		
3	FU Epi Qx administered at Phase IV		
4	FU Epi Qx administered at Phase V		
5	FU Epi Qx administered at Phase VI		

5	FU_METHOD	number (1,0)	Required:true
	Method of questionnaire administration		

Allowable Values	
1	Self-completed, on-line survey
2	Self-completed, paper survey
3	Interviewer facilitated over telephone
4	Face-to-face
9	Don't know

6	CMPLDATE_FU	string (8)	Required:true
Date participant completed follow-up questionnaire			

7	AGE_EPI_FU	number (3,0)	Required:true
Age at completion of follow-up questionnaire			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

8	SEX	number (1,0)	Required:false
Participant's sex			

Allowable Values	
1	Male
2	Female
3	Other
9	Unknown

9	ETHNIC_FU	number (1,0)	Required:true
Do you consider yourself to be Hispanic or Latino?			

Allowable Values	
1	Yes, Hispanic or Latino

2	No, not Hispanic or Latino
8	Not Asked
9	Unknown/Refused

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

Allowable Values

1	Caucasian/White
2	Black or African American (except Africans or persons of Caribbean origin)
3	Latino, Hispanic, Mexican American, Mexican, Cuban or Puerto Rican
4	Japanese (includes Okinawan)
5	Chinese
6	Filipino, Malay or Indonesian
7	Korean
8	Southeast Asian, except Chinese (such as Vietnamese, Laotian, Thai, Hmong, Kampuchean)
9	South Asian (such as Indian, Pakistani, Sri Lankan)
10	Native American (such as Inuit, Aleutian, First Nations Person)
11	Polynesian (such as Hawaiian, Maori, Samoan, Tongan, Tahitian, Cook Islander)
12	Micronesian (such as Chamorro, Guamanian)
13	Australian Aboriginal
14	Melanesian (such as Fijian, New Guinean)
15	Caribbean Black (such as Jamaican, Trinidadian, Tobagonian)
16	Central/South American (such as Costa Rican, Salvadorian, Columbian, Brazilian)
17	Black African
18	North African (such as Egyptian, Algerian, Moroccan)
19	Middle Eastern (such as Iranian, Lebanese, Kuwaiti, Saudi)
20	Asian, NOS (Not otherwise specified)
88	Not Asked/Dropped
98	Other
99	Unknown

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

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

Allowable Values	
1 to 20 or 98, 99	Range
98	Other
99	Unknown/Refused

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

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

Allowable Values	
1 to 20 or 98, 99	Range
98	Other
99	Unknown/Refused

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

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

Allowable Values	
1	Range

to 20 or 98, 99	
98	Other
99	Unknown/Refused

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

18	HEMOCCULT_FU	number (1,0)	Required:true
Since the date of your last interview, have you had a fecal occult blood test (FOBT)?			

Allowable Values			
1	Yes		
2	No		
9	Unknown/Refused		

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

Allowable Values			
1 to 80 or 99	Range		
99	Unknown/Refused		

20	HEMOCCULT_LST_AGE_FU	number (3,0)	Required:false
How old were you at your most recent hemoccult test?			

Allowable Values			
18 to 120 or 999	Range		

H_LST_PROBLEM_FU

number (1,0)

Required:false

21 Was the reason for your most recent hemocult test to investigate a new problem? This question is asked as: What were the reasons for the most recent test? [SELECT ALL THAT APPLY] 1-To investigate a new problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a FOBT result; 6-Other, Specify_____

Allowable Values

1 Yes

2 No

9 Unknown/Refused

H_LST_FAMHX_FU

number (1,0)

Required:false

22 Was the reason for your most recent hemocult test because of a family history of colorectal cancer?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

H_LST_ROUTINE_FU

number (1,0)

Required:false

23 Was the reason for your most recent hemocult test as part of a routine/yearly exam or check-up?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

H_LST_FU_PROB_FU

number (1,0)

Required:false

24 Was the reason for your most recent hemocult test to follow-up on a previous problem?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

25 **H_LST_FU_FOBT_FU** number (1,0) Required:false
Was the reason for your most recent hemocult test to follow-up on a FOBT result?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

26 **H_LST_OTHER_FU** number (1,0) Required:false
Was there another reason for your most recent hemocult test?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

27 **H_LST_OTH_TEXT_FU** string (40) Required:false
Was there another reason for your most recent hemocult test? Specify

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

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

29 **COLOGUARD_NO_FU** number (2,0) Required:false
Since the date of your last interview, how many separate Cologuard tests have you had?

Allowable Values	
1 to 10 or 99	Range
99	Unknown/Refused

30	COLOGUARD_LST_AGE_FU	number (3,0)	Required:false
	How old were you at your most recent Cologuard test?		

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

31	CGUARD_LST_PROBLEM_FU	number (1,0)	Required:false
	Was the reason for your most recent Cologuard test to investigate a new problem"? This question is asked as: What were the reasons for the most recent test? [SELECT ALL THAT APPLY] 1-To investigate a new problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a FOBT result; 6-Other, Specify_____		

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

32	CGUARD_LST_FAMHX_FU	number (1,0)	Required:false
	Was the reason for your most recent Cologuard test because of a family history of colorectal cancer?		

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

33	CGUARD_LST_ROUTINE_FU	number (1,0)	Required:false								
Was the reason for your most recent Cologuard test as part of a routine/yearly exam or check-up?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

34	CGUARD_LST_FU_PROB_FU	number (1,0)	Required:false								
Was the reason for your most recent Cologuard test to follow-up on a previous problem?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

35	CGUARD_LST_FU_FOBT_FU	number (1,0)	Required:false										
Was the reason for your most recent Cologuard test to follow-up on a FOBT result?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

36	CGUARD_LST_OTHER_FU	number (1,0)	Required:false								
Was there another reason for your most recent Cologuard test?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

37	CGUARD_LST_OTH_TEXT_FU	string (40)	Required:false

Was there another reason for your most recent Cologuard test? Specify

38 **SIGSCOPE_FU** number (40,0) Required:false

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

Allowable Values

1 Yes

2 No

9 Unknown/Refused

39 **SIGSCOPE_NO_FU** number (2,0) Required:false

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

Allowable Values

1
to
30
or
99

Range

99 Unknown/Refused

40 **SIGSCOPE_LST_AGE_FU** number (3,0) Required:false

How old were you at your most recent sigmoidoscopy?

Allowable Values

18
to
120
or
999

Range

999 Unknown/Refused

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

Was the reason for your most recent sigmoidoscopy to investigate a new problem? This question is asked as: What were the reasons for the most recent test? [SELECT ALL THAT APPLY] 1-To investigate a new problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a FOBT result; 6-Other, Specify _____

Allowable Values

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

42	S_LST_FAMHX_FU	number (1,0)	Required:false
Was the reason for your most recent sigmoidoscopy because of a family history of colorectal cancer?			

- | Allowable Values | |
|------------------|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

43	S_LST_ROUTINE_FU	number (1,0)	Required:false
Was the reason for your most recent sigmoidoscopy as part of a routine/yearly exam or check-up?			

- | Allowable Values | |
|------------------|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

44	S_LST_FU_PROB_FU	number (1,0)	Required:false
Was the reason for your most recent sigmoidoscopy to follow-up on a previous problem?			

- | Allowable Values | |
|------------------|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

45	S_LST_FU_FOBT_FU	number (1,0)	Required:false
Was the reason for your most recent sigmoidoscopy to follow-up on a FOBT result?			

- | Allowable Values | |
|------------------|-----------|
| 1 | Yes |
| 2 | No |
| 8 | Not Asked |

9 Unknown/Refused

46 **S_LST_OTHER_FU** number (1,0) Required:false
Was there another reason for your most recent sigmoidoscopy?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

47 **S_LST_OTH_TEXT_FU** string (40) Required:false
Was there another reason for your most recent sigmoidoscopy? Specify

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

Allowable Values

1 Yes

2 No

9 Unknown/Refused

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

Allowable Values

1
to
30
or
99

Range

99 Unknown/Refused

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

Allowable Values

18 to 120 or 999	Range
999	Unknown/Refused

51	C_LST_PROBLEM_FU	number (1,0)	Required:false
<p>Was the reason for your most recent colonoscopy to investigate a new problem? This question is asked as: What were the reasons for the most recent test? [SELECT ALL THAT APPLY] 1-To investigate a new problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a FOBT result; 6-Other, Specify _____</p>			

		Allowable Values	
1	Yes		
2	No		
9	Unknown/Refused		

52	C_LST_FAMHX_FU	number (1,0)	Required:false
<p>Was the reason for your most recent colonoscopy because of a family history of colorectal cancer?</p>			

		Allowable Values	
1	Yes		
2	No		
9	Unknown/Refused		

53	C_LST_ROUTINE_FU	number (1,0)	Required:false
<p>Was the reason for your most recent colonoscopy as part of a routine/yearly exam or check-up?</p>			

		Allowable Values	
1	Yes		
2	No		
9	Unknown/Refused		

54	C_LST_FU_PROB_FU	number (1,0)	Required:false
<p>Was the reason for your most recent colonoscopy to follow-up on a previous problem?</p>			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

55	C_LST_FU_FOBT_FU	number (1,0)	Required:false
Was the reason for your most recent colonoscopy to follow-up on a FOBT result?			

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

56	C_LST_OTHER_FU	number (1,0)	Required:false
Was there another reason for your most recent colonoscopy?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

57	C_LST_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your most recent colonoscopy? Specify			

58	BARIUM_EVER_FU	number (1,0)	Required:true
Have you ever had a barium enema?			

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

59	BARIUM_EVER_NO_FU	number (2,0)	Required:false				
How many separate barium enemas have you ever had?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>99</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		99	Unknown/Refused
Allowable Values							
99	Unknown/Refused						

60	BARIUM_SINCE_FU	number (1,0)	Required:true										
Since the date of your last interview, have you had a barium enema?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

61	BARIUM_SINCE_NO_FU	number (1,0)	Required:false				
How many separate barium enemas have you had since your last interview?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>99</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		99	Unknown/Refused
Allowable Values							
99	Unknown/Refused						

62	BARIUM_FST_AGE_FU	number (3,0)	Required:false								
How old were you when you had your first barium enema?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 120 or 888, 999</td> <td>Range</td> </tr> <tr> <td>888</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 120 or 888, 999	Range	888	Not Asked/Dropped	999	Unknown/Refused
Allowable Values											
1 to 120 or 888, 999	Range										
888	Not Asked/Dropped										
999	Unknown/Refused										

63	B_FST_PROBLEM_FU	number (1,0)	Required:false
Was the reason for your first barium enema to investigate a new problem? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1-To investigate a new problem;			

2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a previous FOBT result; 6-Other, Specify _____

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

64

B_FST_FAMHX_FU

number (1,0)

Required:false

Was the reason for your first barium enema because of a family history of colorectal cancer?

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

65

B_FST_ROUTINE_FU

number (1,0)

Required:false

Was the reason for your first barium enema as part of a routine/yearly exam or check-up?

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

66

B_FST_FU_PROB_FU

number (1,0)

Required:false

Was the reason for your first barium enema to follow-up on a previous problem?

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

67	B_FST_FU_FOBT_FU	number (1,0)	Required:false
Was the reason for your first barium enema to follow-up on a previous FOBT result?			

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

68	B_FST_OTHER_FU	number (1,0)	Required:false
Was there another reason for your first barium enema?			

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

69	B_FST_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your first barium enema? Specify			

70	BARIUM_LST_AGE_FU	number (3,0)	Required:false
How old were you when you had your most recent barium enema?			

Allowable Values	
1 to 120 or 999	Range
999	Unknown/Refused

71	B_LST_PROBLEM_FU	number (1,0)	Required:false
Was the reason for your most recent barium enema to investigate a new problem? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1-To investigate a new			

problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a previous FOBT result; 6-Other, Specify _____

Allowable Values

1 Yes

2 No

9 Unknown/Refused

72

B_LST_FAMHX_FU

number (1,0)

Required:false

Was the reason for your most recent barium enema because of a family history of colorectal cancer?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

73

B_LST_ROUTINE_FU

number (1,0)

Required:false

Was the reason for your most recent barium enema as part of a routine/yearly exam or check-up?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

74

B_LST_FU_PROB_FU

number (1,0)

Required:false

Was the reason for your most recent barium enema to follow-up on a previous problem?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

75

B_LST_FU_FOBT_FU

number (1,0)

Required:true

Was the reason for your most recent barium enema to follow-up on a previous FOBT result?

Allowable Values

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

76	B_LST_OTHER_FU	number (1,0)	Required:false
Was there another reason for your most recent barium enema?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

77	B_LST_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your most recent barium enema? Specify			

78	VIRTUAL_C_EVER_FU	number (1,0)	Required:true
(For first Follow-Up interview Only) Have you ever had a Virtual Colonoscopy?			

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

79	VIRTUAL_C_NO_FU	number (2,0)	Required:false
(For first Follow-Up interview Only) How many times have you had a Virtual Colonoscopy?			

Allowable Values	
1 to 30 or 99	Range
99	Unknown/Refused

80	VIRTUAL_C_SINCE_FU	number (1,0)	Required:true										
Since your last follow-up questionnaire, have you had a Virtual Colonoscopy or CT Colonograph?													
<table border="1"> <tr> <td colspan="2" data-bbox="647 259 949 315">Allowable Values</td> </tr> <tr> <td data-bbox="647 322 683 378">1</td> <td data-bbox="691 322 949 378">Yes</td> </tr> <tr> <td data-bbox="647 385 683 441">2</td> <td data-bbox="691 385 949 441">No</td> </tr> <tr> <td data-bbox="647 448 683 504">8</td> <td data-bbox="691 448 949 504">Not Asked</td> </tr> <tr> <td data-bbox="647 510 683 566">9</td> <td data-bbox="691 510 949 566">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

81	VIRTUAL_C_SINCE_NO_FU	number (2,0)	Required:false						
How many times have you had a Virtual Colonoscopy since your last follow-up questionnaire?									
<table border="1"> <tr> <td colspan="2" data-bbox="571 801 1024 857">Allowable Values</td> </tr> <tr> <td data-bbox="571 864 619 1059">1 to 30 or 99</td> <td data-bbox="627 864 1024 1059">Range</td> </tr> <tr> <td data-bbox="571 1066 619 1122">99</td> <td data-bbox="627 1066 1024 1122">Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 30 or 99	Range	99	Unknown/Refused
Allowable Values									
1 to 30 or 99	Range								
99	Unknown/Refused								

82	VIRTUAL_LST_AGE_FU	number (3,0)	Required:false						
How old were you when you had your most recent Virtual Colonoscopy?									
<table border="1"> <tr> <td colspan="2" data-bbox="555 1364 1040 1420">Allowable Values</td> </tr> <tr> <td data-bbox="555 1426 619 1621">1 to 120 or 999</td> <td data-bbox="627 1426 1040 1621">Range</td> </tr> <tr> <td data-bbox="555 1628 619 1684">999</td> <td data-bbox="627 1628 1040 1684">Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 120 or 999	Range								
999	Unknown/Refused								

83	VC_LST_PROBLEM_FU	number (1,0)	Required:false				
<p>Was the reason for your most recent Virtual Colonoscopy to investigate a new problem? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1-To investigate a new problem; 2-Family history of colorectal cancer; 3-Routine exam or check-up; 4-Follow-up of a previous problem; 5-Follow-up of a previous FOBT result; 6-Other, Specify _____</p>							
<table border="1"> <tr> <td colspan="2" data-bbox="647 2072 949 2128">Allowable Values</td> </tr> <tr> <td data-bbox="647 2134 683 2161"></td> <td data-bbox="691 2134 949 2161"></td> </tr> </table>				Allowable Values			
Allowable Values							

1	Yes
2	No
8	Not Asked
9	Unknown/Refused

84	VC_LST_FAMHX_FU	number (1,0)	Required:false
Was the reason for your most recent Virtual Colonoscopy because of a family history of colorectal cancer?			

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

85	VC_LST_ROUTINE_FU	number (1,0)	Required:false
Was the reason for your most recent Virtual Colonoscopy as part of a routine/yearly exam or check-up?			

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

86	VC_LST_FU_PROB_FU	number (1,0)	Required:false
Was the reason for your most recent Virtual Colonoscopy to follow-up on a previous problem?			

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

87	VC_LST_FU_FOBT_FU	number (1,0)	Required:false
----	--------------------------	--------------	----------------

Was the reason for your most recent Virtual Colonoscopy to follow-up on a previous FOBT result?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

88 **VC_LST_OTHER_FU** number (1,0) Required:false

Was there another reason for your most recent Virtual Colonoscopy?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

89 **VC_LST_OTH_TEXT_FU** string (200) Required:false

Was there another reason for your most recent Virtual Colonoscopy? Specify

90 **CRSCR_DELAY_FU** number (1,0) Required:true

Had your colorectal cancer screening been delayed or cancelled due to the Covid-19 pandemic?

Allowable Values

0 Not Applicable (no screening was due)

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

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

If yes, by how long was it delayed?

Allowable Values

1 0-3 months

- 2 4-7 months
- 3 8-12 months
- 4 Other, Specify
- 9 Unknown/Refused

92	DELAY_TIME_OTH_TXT_FU	string (40)	Required:false
If yes, by how long was it delayed? Other, Specify			

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

- | Allowable Values | |
|------------------|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

94	POLYP_REM_FU	number (1,0)	Required:false
Since the date of your last interview, have you had any polyps removed?			

- | Allowable Values | |
|------------------|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

95	POLYP_REM_NO_FU	number (2,0)	Required:false
Since the date of your last interview, on how many separate occasions have you had polyps removed?			

- | Allowable Values | |
|------------------|-----------------|
| 1 to 20 or 99 | Range |
| 99 | Unknown/Refused |

96	POLYP_REM1_AGE_FU	number (3,0)	Required:false						
How old were you the first time you had polyps removed?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		18 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
18 to 120 or 999	Range								
999	Unknown/Refused								

97	POLYP_REM2_AGE_FU	number (3,0)	Required:false						
How old were you the second time you had polyps removed?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		18 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
18 to 120 or 999	Range								
999	Unknown/Refused								

98	POLYP_REM3_AGE_FU	number (3,0)	Required:false						
How old were you the third time you had polyps removed?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		18 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
18 to 120 or 999	Range								
999	Unknown/Refused								

99	POLYP_REM4_AGE_FU	number (3,0)	Required:false				
How old were you the fourth time you had polyps removed?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120</td> <td>Range</td> </tr> </table>				Allowable Values		18 to 120	Range
Allowable Values							
18 to 120	Range						

or	
999	
999	Unknown/Refused

100	POLYP_REM5_AGE_FU	number (3,0)	Required:false
How old were you the fifth time you had polyps removed?			

		Allowable Values	
18	to	120	Range
or			
999			
999	Unknown/Refused		

101	CRSRG_FU	number (1,0)	Required:true
Since the date of your last interview, have you had surgery to remove any of your colon or large bowel?			

		Allowable Values	
1	Yes		
2	No		
9	Unknown/Refused		

102	CRSRG_NO_FU	number (2,0)	Required:false
Since the date of your last interview, how many separate surgeries to remove any of your colon or large bowel have you had?			

		Allowable Values	
1	to	10	Range
or			
99			
99	Unknown/Refused		

103	CRSRG1_AGE_FU	number (3,0)	Required:false
How old were you when you had your first surgery?			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

104	CRSRG1_T_FU	number (1,0)	Required:false
During that surgery, was your colon completely or only partially removed?			

Allowable Values	
1	Completely
2	Partially
9	Unknown/Refused

105	CRSRG1_R_TUMOR_FU	number (1,0)	Required:false
Was a benign or malignant tumor the reason for your first CRC surgery? This question is asked as: What was the reason for this surgery? [SELECT ALL THAT APPLY] 1-Tumor (benign or malignant); 2-Cancer (malignant tumor); 3-Benign tumor (including polyps); 4-Diverticulitis; 5-Ulcerative colitis; 6-Inflammatory bowel disease (type not specified); 7-Crohn's disease; 8-Other, Specify_____			

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

106	CRSRG1_R_CAN_FU	number (1,0)	Required:false
Was cancer (malignant tumor) the reason for your first CRC surgery?			

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

107	CRSRG1_R_BENIGN_FU	number (1,0)	Required:false										
Was a benign tumor (including polyps) the reason for your first CRC surgery?													
<table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </tbody> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

108	CRSRG1_R_DIV_FU	number (1,0)	Required:false										
Was diverticular disease the reason for your first CRC surgery?													
<table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </tbody> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

109	CRSRG1_R_COLITIS_FU	number (1,0)	Required:false										
Was ulcerative colitis the reason for your first CRC surgery?													
<table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </tbody> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

110	CRSRG1_R_IBD_FU	number (1,0)	Required:false										
Was inflammatory bowel disease the reason for your first CRC surgery?													
<table border="1"> <thead> <tr> <th colspan="2">Allowable Values</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>				Allowable Values		1	Yes	2	No	8	Not Asked		
Allowable Values													
1	Yes												
2	No												
8	Not Asked												

9 Unknown/Refused

111 **CRSRG1_R_CROHN_FU** number (1,0) Required:false
Was Crohn's disease the reason for your first CRC surgery?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

112 **CRSRG1_R_OTHER_FU** number (1,0) Required:false
Was there another reason for your first CRC surgery?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

113 **CRSRG1_R_OTH_TEXT_FU** string (40) Required:false
Was there another reason for your first CRC surgery? Specify

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

Allowable Values

18
to
120
or
999

Range

999 Unknown/Refused

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

Allowable Values	
1	Completely
2	Partially
8	Not Asked
9	Unknown/Refused

116	CRSRG2_R_TUMOR_FU		Required:
Was a benign or malignant tumor, the reason for your second CRC surgery?			

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

117	CRSRG2_R_CAN_FU	number (1,0)	Required:false
Was cancer (malignant tumor) the reason for your second CRC surgery?			

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

118	CRSRG2_R_BENIGN_FU	number (1,0)	Required:false
Was a benign tumor (including polyps) the reason for your second CRC surgery?			

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

119	CRSRG2_R_DIV_FU	number (1,0)	Required:false
-----	------------------------	--------------	----------------

Was diverticular disease the reason for your second CRC surgery?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

120

CRSRG2_R_COLITIS_FU

number (1,0)

Required:false

Was ulcerative colitis the reason for your second CRC surgery?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

121

CRSRG2_R_IBD_FU

number (1,0)

Required:false

Was inflammatory bowel disease the reason for your second CRC surgery?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

122

CRSRG2_R_CROHN_FU

number (1,0)

Required:false

Was Crohn's disease the reason for your second CRC surgery?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

123	CRSRG2_R_OTHER_FU	number (1,0)	Required:false								
Was there another reason for your second CRC surgery?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

124	CRSRG2_R_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your second CRC surgery? Specify			

125	CRSRG3_AGE_FU	number (3,0)	Required:false						
How old were you when you had your third surgery since the date of your last interview?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		18 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
18 to 120 or 999	Range								
999	Unknown/Refused								

126	CRSRG3_T_FU	number (1,0)	Required:false										
During that surgery, was your colon completely or only partially removed?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Completely</td> </tr> <tr> <td>2</td> <td>Partially</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Completely	2	Partially	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Completely												
2	Partially												
8	Not Asked												
9	Unknown/Refused												

127	CRSRG3_R_TUMOR_FU		Required:				
Was a benign or malignant tumor the reason for your third CRC surgery?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>				Allowable Values		1	Yes
Allowable Values							
1	Yes						

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

128	CRSRG3_R_CAN_FU	number (1,0)	Required:false
Was cancer (malignant tumor) the reason for your third CRC surgery?			

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

129	CRSRG3_R_BENIGN_FU	number (1,0)	Required:false
Was a benign tumor (including polyps) the reason for your third CRC surgery?			

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

130	CRSRG3_R_DIV_FU	number (1,0)	Required:false
Was diverticular disease the reason for your third CRC surgery?			

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

131	CRSRG3_R_COLITIS_FU	number (1,0)	Required:false
Was ulcerative colitis the reason for your third CRC surgery?			

--	--

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

132	CRSRG3_R_IBD_FU	number (1,0)	Required:false
Was inflammatory bowel disease the reason for your third CRC surgery?			

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

133	CRSRG3_R_CROHN_FU	number (1,0)	Required:false
Was Crohn's disease the reason for your third CRC surgery?			

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

134	CRSRG3_R_OTHER_FU	number (1,0)	Required:false
Was there another reason for your third CRC surgery?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

135	CRSRG3_R_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your third CRC surgery? Specify			

136	CRSRG4_AGE_FU	number (3,0)	Required:false						
How old were you when you had your fourth surgery since the date of your last interview?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>18 to 120 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		18 to 120 or 999	Range	999	Unknown/Refused
Allowable Values									
18 to 120 or 999	Range								
999	Unknown/Refused								

137	CRSRG4_T_FU	number (1,0)	Required:false										
During that surgery, was your colon completely or only partially removed?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Completely</td> </tr> <tr> <td>2</td> <td>Partially</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Completely	2	Partially	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Completely												
2	Partially												
8	Not Asked												
9	Unknown/Refused												

138	CRSRG4_R_TUMOR_FU	number (1,0)	Required:false										
Was a benign or malignant tumor the reason for your fourth CRC surgery?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

139	CRSRG4_R_CAN_FU	number (1,0)	Required:false								
Was cancer (malignant tumor) the reason for your fourth CRC surgery?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked
Allowable Values											
1	Yes										
2	No										
8	Not Asked										

9	Unknown/Refused
---	-----------------

140	CRSRG4_R_BENIGN_FU	number (1,0)	Required:false
Was a benign tumor (including polyps) the reason for your fourth CRC surgery?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

141	CRSRG4_R_DIV_FU	number (1,0)	Required:false
Was diverticular disease the reason for your fourth CRC surgery?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

142	CRSRG4_R_COLITIS_FU	number (1,0)	Required:false
Was ulcerative colitis the reason for your fourth CRC surgery?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

143	CRSRG4_R_IBD_FU	number (1,0)	Required:false
Was inflammatory bowel disease the reason for your fourth CRC surgery?			

Allowable Values	
------------------	--

1	Yes
---	-----

--	--

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

144	CRSRG4_R_CROHN_FU	number (1,0)	Required:false
Was Crohn's disease the reason for your fourth CRC surgery?			

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

145	CRSRG4_R_OTHER_FU	number (1,0)	Required:false
Was there another reason for your fourth CRC surgery?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

146	CRSRG4_R_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your fourth CRC surgery? Specify			

147	CRSRG5_AGE_FU	number (3,0)	Required:false
How old were you when you had your fifth surgery since the date of your last interview?			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

--	--	--	--

148	CRSRG5_T_FU	number (1,0)	Required:false
During that surgery, was your colon completely or only partially removed?			
Allowable Values			
1 Completely			
2 Partially			
8 Not Asked			
9 Unknown/Refused			

149	CRSRG5_R_TUMOR_FU	number (1,0)	Required:false
Was a benign or malignant tumor the reason for your fifth CRC surgery?			
Allowable Values			
1 Yes			
2 No			
8 Not Asked			
9 Unknown/Refused			

150	CRSRG5_R_CAN_FU	number (1,0)	Required:false
Was cancer (malignant tumor) the reason for your fifth CRC surgery?			
Allowable Values			
1 Yes			
2 No			
8 Not Asked			
9 Unknown/Refused			

151	CRSRG5_R_BENIGN_FU	number (1,0)	Required:false
Was a benign tumor (including polyps) the reason for your fifth CRC surgery?			
Allowable Values			
1 Yes			
2 No			
8 Not Asked			
9 Unknown/Refused			

152	CRSRG5_R_DIV_FU	number (1,0)	Required:false
Was diverticular disease the reason for your fifth CRC surgery?			

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

153	CRSRG5_R_COLITIS_FU	number (1,0)	Required:false
Was ulcerative colitis the reason for your fifth CRC surgery?			

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

154	CRSRG5_R_IBD_FU	number (1,0)	Required:false
Was inflammatory bowel disease the reason for your fifth CRC surgery?			

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

155	CRSRG5_R_CROHN_FU	number (1,0)	Required:false
Was Crohn's disease the reason for your fifth CRC surgery?			

Allowable Values	
1	Yes
2	No

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

156	CRSRG5_R_OTHER_FU	number (1,0)	Required:false
Was there another reason for your fifth CRC surgery?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

9	Unknown/Refused
---	-----------------

157	CRSRG5_R_OTH_TEXT_FU	string (40)	Required:false
Was there another reason for your fifth CRC surgery? Specify			

158	CANCER_TOLD_FU	number (1,0)	Required:true
Since the date of your last interview, have you had a diagnosis of any type of cancer, including leukemia, lymphoma or any other malignant tumor?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

9	Unknown/Refused
---	-----------------

159	SITE1_FU	string (4)	Required:false
What type of cancer was it?			

160	AGEDX1_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

Allowable Values	
------------------	--

18 to 120 or 999	Range
------------------------------	-------

999	Unknown/Refused
-----	-----------------

	TX1_SURG_FU	number (1,0)	Required:false
161	Did you have surgery for this cancer? This question is asked as: What treatment(s) did you receive for this cancer? [SELECT ALL THAT APPLY] 1-Surgery; 2-Chemotherapy (IV and/or ORAL); 3-Radiation therapy; 4-Immunotherapy; 5-Other, Specify _____		

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

	TX1_CHEMO_FU	number (1,0)	Required:false
162	Did you receive chemotherapy for this cancer?		

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

	TX1_RAD_FU	number (1,0)	Required:false
163	Did you receive radiation therapy for this cancer?		

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

	TX1_IMMUNO_FU	number (1,0)	Required:false
164	Did you receive immunotherapy for this cancer?		

		Allowable Values		
	1	Yes		

2	No
8	Not Asked
9	Unknown/Refused

165	TX1_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

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

166	TX1_OTH_TXT_FU	string (40)	Required:false
Did you receive other treatment for this cancer? Specify			

167	SITE2_FU	string (4)	Required:false
What type of cancer was it?			

168	AGEDX2_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

169	TX2_SURG_FU	number (1,0)	Required:false
Did you have surgery for this cancer?			

Allowable Values	
1	Yes
2	No

- 8 Not Asked
- 9 Unknown/Refused

170	TX2_CHEMO_FU	number (1,0)	Required:false
Did you receive chemotherapy for this cancer?			

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

171	TX2_RAD_FU	number (1,0)	Required:false
Did you receive radiation therapy for this cancer?			

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

172	TX2_IMMUNO_FU	number (1,0)	Required:false
Did you receive immunotherapy for this cancer?			

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

173	TX2_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

Allowable Values	

1	Yes
2	No
8	Not Asked
9	Unknown/Refused

174	TX2_OTH_TXT_FU	string (40)	Required:false
Did you receive other treatment for this cancer? Specify			

175	SITE3_FU	string (4)	Required:false
What type of cancer was it?			

176	AGEDX3_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

177	TX3_SURG_FU	number (1,0)	Required:false
Did you have surgery for this cancer?			

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

178	TX3_CHEMO_FU	number (1,0)	Required:false
Did you receive chemotherapy for this cancer?			

Allowable Values	
1	Yes

2	No
8	Not Asked
9	Unknown/Refused

179	TX3_RAD_FU	number (1,0)	Required:false
Did you receive radiation therapy for this cancer?			

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

180	TX3_IMMUNO_FU	number (1,0)	Required:false
Did you receive immunotherapy for this cancer?			

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

181	TX3_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

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

182	TX3_OTH_TXT_FU	string (40)	Required:false
Did you receive other treatment for this cancer? Specify			

183	SITE4_FU	string (4)	Required:false
What type of cancer was it?			

184	AGEDX4_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

		Allowable Values	
18	to	Range	
120	or		
999	999		
		Unknown/Refused	

185	TX4_SURG_FU	number (1,0)	Required:false
Did you have surgery for this cancer?			

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

186	TX4_CHEMO_FU	number (1,0)	Required:false
Did you receive chemotherapy for this cancer?			

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

187	TX4_RAD_FU	number (1,0)	Required:false
Did you receive radiation therapy for this cancer?			

		Allowable Values	
--	--	------------------	--

1	Yes
2	No
8	Not Asked
9	Unknown/Refused

188	TX4_IMMUNO_FU	number (1,0)	Required:false
Did you receive immunotherapy for this cancer?			

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

189	TX4_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

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

190	TX4_OTH_TXT_FU	string (40)	Required:false
Did you receive other treatment for this cancer? Specify			

191	SITE5_FU	string (4)	Required:false
What type of cancer was it?			

192	AGEDX5_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

Allowable Values	
18	Range

to 120 or 999	
999	Unknown/Refused

193	TX5_SURG_FU	number (1,0)	Required:false
Did you have surgery for this cancer?			

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

194	TX5_CHEMO_FU	number (1,0)	Required:false
Did you receive chemotherapy for this cancer?			

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

195	TX5_RAD_FU	number (1,0)	Required:false
Did you receive radiation therapy for this cancer?			

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

196	TX5_IMMUNO_FU	number (1,0)	Required:false
Did you receive immunotherapy for this cancer?			

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

197	TX5_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

198	TX5_OTH_TXT_FU	string (40)	Required:false
Did you receive other treatment for this cancer? Specify			

199	SITE6_FU	string (4)	Required:false
What type of cancer was it?			

200	AGEDX6_FU	number (3,0)	Required:false
How old were you when you were diagnosed with this cancer?			

Allowable Values

18 to 120 or 999 Range

999 Unknown/Refused

201	TX6_SURG_FU	number (1,0)	Required:false
Did you have surgery for this cancer?			

Allowable Values

1	Yes
2	No
8	Not Asked
9	Unknown/Refused

202	TX6_CHEMO_FU	number (1,0)	Required:false
Did you receive chemotherapy for this cancer?			

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

203	TX6_RAD_FU	number (1,0)	Required:false
Did you receive radiation therapy for this cancer?			

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

204	TX6_IMMUNO_FU	number (1,0)	Required:false
Did you receive immunotherapy for this cancer?			

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

205	TX6_OTHER_FU	number (1,0)	Required:false
Did you receive other treatment for this cancer?			

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

206	TX6_OTH_TXT_FU	string (40)	Required:false
	Did you receive other treatment for this cancer? Specify		

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

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

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

		Allowable Values	
		1 to 100 or 999	Range
		999	Unknown/Refused

209	HRT_TIME_FU	number (1,0)	Required:false
	(For FEMALES only) Interval for frequency of estrogen medication taken?		

		Allowable Values	
		1	Number of Months
		2	Number of Years

9	Unknown/Refused
---	-----------------

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

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

211	HYST_NO_FU	number (2,0)	Required:false
(For females only) Since the date of your last interview, how many surgeries have you had on your ovaries and/or uterus?			

Allowable Values	
1 to 10 or 99	Range
99	Unknown/Refused

212	HYST1_AGE_FU	number (3,0)	Required:false
(For females only) How old were you when you first had this type of surgery?			

Allowable Values	
18 to 120 or 999	Range
999	Unknown/Refused

213	HYST1_T_P_OV_FU	number (1,0)	Required:false
(For females only) During your first gynecological surgery, did you have a hysterectomy along with one ovary or partial ovary removed? This question is asked as: What type of gynecological surgery did you have? 1-Hysterectomy with one or partial ovary removed; 2-Hysterectomy along with both			

ovaries removed; 3-Hysterectomy only (only uterus or womb removed); 4-One ovary was removed, in whole or part, without hysterectomy; 5-Both ovaries were removed without hysterectomy; 6-Other, Specify _____

Allowable Values

1 Yes

2 No

9 Unknown/Refused

HYST1_T_B_OV_FU

number (1,0)

Required:false

214

(For females only) During your first gynecological surgery, did you have a hysterectomy along with both ovaries removed?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

HYST1_T_ONLY_FU

number (1,0)

Required:false

215

(For females only) During your first gynecological surgery, did you have a hysterectomy only (only uterus or womb removed)?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

OV_P_REM1_FU

number (1,0)

Required:false

216

(For females only) During your first gynecological surgery, did you have one ovary removed, in whole or part, without hysterectomy?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

217

OV_B_REM1_FU

number (1,0)

Required:false

(For females only) During your first gynecological surgery, did you have both ovaries removed without hysterectomy?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

FEM_SURG_OTHER1_FU

number (1,0)

Required:false

218

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

Allowable Values

1 Yes

2 No

9 Unknown/Refused

FEM_SURG_OTH_TEXT1_FU

string (40)

Required:false

219

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

HYST2_AGE_FU

number (3,0)

Required:FALSE

220

(For females only) How old were you when you had your second gynecological surgery?

Allowable Values

999 Unknown/Refused

HYST2_T_P_OV_FU

number (1,0)

Required:false

221

(For females only) During your second gynecological surgery, did you have a hysterectomy along with one ovary or partial ovary removed?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

222	HYST2_T_B_OV_FU	number (1,0)	Required:false								
(For females only) During your second gynecological surgery, did you have a hysterectomy along with both ovaries removed?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No (not selected, NULL)</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No (not selected, NULL)	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No (not selected, NULL)										
9	Unknown/Refused										

223	HYST2_T_ONLY_FU	number (1,0)	Required:false								
(For females only) During your second gynecological surgery, did you have a hysterectomy only (only uterus or womb removed)?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

224	OV_P_REM2_FU	number (1,0)	Required:false								
(For females only) During your second gynecological surgery, did you have one ovary removed, in whole or part, without a hysterectomy?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No (not selected, NULL)</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No (not selected, NULL)	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No (not selected, NULL)										
9	Unknown/Refused										

225	OV_B_REM2_FU	number (1,0)	Required:false								
(For females only) During your second gynecological surgery, did you have both ovaries removed without a hysterectomy?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

226	FEM_SURG_OTHER2_FU	number (1,0)	Required:false								
(For females only) During your second gynecological surgery, did you have other gynecological organs removed?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

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

228	HYST3_AGE_FU	number (3,0)	Required:FALSE				
(For females only) How old were you when you had your third gynecological surgery?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		999	Unknown/Refused
Allowable Values							
999	Unknown/Refused						

229	HYST3_T_P_OV_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have a hysterectomy along with one ovary or partial ovary removed?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

230	HYST3_T_B_OV_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have a hysterectomy along with both ovaries removed?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No (not selected, NULL)</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No (not selected, NULL)	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No (not selected, NULL)										
9	Unknown/Refused										

231	HYST3_T_ONLY_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have a Hysterectomy Only (only uterus or womb removed?)											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 291 949 347">Allowable Values</td> </tr> <tr> <td data-bbox="646 347 678 414">1</td> <td data-bbox="678 347 949 414">Yes</td> </tr> <tr> <td data-bbox="646 414 678 481">2</td> <td data-bbox="678 414 949 481">No</td> </tr> <tr> <td data-bbox="646 481 678 548">9</td> <td data-bbox="678 481 949 548">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

232	OV_P_REM3_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have one ovary removed, in whole or part, without a hysterectomy?											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="606 806 989 862">Allowable Values</td> </tr> <tr> <td data-bbox="606 862 638 929">1</td> <td data-bbox="638 862 989 929">Yes</td> </tr> <tr> <td data-bbox="606 929 638 996">2</td> <td data-bbox="638 929 989 996">No (not selected, NULL)</td> </tr> <tr> <td data-bbox="606 996 638 1064">9</td> <td data-bbox="638 996 989 1064">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No (not selected, NULL)	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No (not selected, NULL)										
9	Unknown/Refused										

233	OV_B_REM3_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have both ovaries removed without a hysterectomy?											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 1323 949 1379">Allowable Values</td> </tr> <tr> <td data-bbox="646 1379 678 1447">1</td> <td data-bbox="678 1379 949 1447">Yes</td> </tr> <tr> <td data-bbox="646 1447 678 1514">2</td> <td data-bbox="678 1447 949 1514">No</td> </tr> <tr> <td data-bbox="646 1514 678 1581">9</td> <td data-bbox="678 1514 949 1581">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

234	FEM_SURG_OTHER3_FU	number (1,0)	Required:false								
(For females only) During your third gynecological surgery, did you have other gynecological organs removed?											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="646 1839 949 1895">Allowable Values</td> </tr> <tr> <td data-bbox="646 1895 678 1962">1</td> <td data-bbox="678 1895 949 1962">Yes</td> </tr> <tr> <td data-bbox="646 1962 678 2029">2</td> <td data-bbox="678 1962 949 2029">No</td> </tr> <tr> <td data-bbox="646 2029 678 2096">9</td> <td data-bbox="678 2029 949 2096">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	9	Unknown/Refused
Allowable Values											
1	Yes										
2	No										
9	Unknown/Refused										

235	FEM_SURG_OTH_TEXT3_FU	string (40)	Required:false
(For females only) During your third gynecological surgery, what other gynecological organs were removed? Specify			

236	ASPIRIN_FU	number (1,0)	Required:true										
Since the date of your last interview, have you ever taken Aspirin, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least twice a week for more than a month?													
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="647 524 949 584">Allowable Values</td> </tr> <tr> <td data-bbox="647 584 687 645">1</td> <td data-bbox="687 584 949 645">Yes</td> </tr> <tr> <td data-bbox="647 645 687 705">2</td> <td data-bbox="687 645 949 705">No</td> </tr> <tr> <td data-bbox="647 705 687 766">8</td> <td data-bbox="687 705 949 766">Not Asked</td> </tr> <tr> <td data-bbox="647 766 687 826">9</td> <td data-bbox="687 766 949 826">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

237	ASPIRIN_FRQ_FU	number (3,0)	Required:false						
Since the date of your last interview, how often did you take Aspirin when you were using it at least 2 times a week for more than a month?									
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="560 1102 1034 1162">Allowable Values</td> </tr> <tr> <td data-bbox="560 1162 632 1361">1 to 70 or 999</td> <td data-bbox="632 1162 1034 1361">Range</td> </tr> <tr> <td data-bbox="560 1361 632 1422">999</td> <td data-bbox="632 1361 1034 1422">Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 70 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 70 or 999	Range								
999	Unknown/Refused								

238	ASPIRIN_INT_FU	number (1,0)	Required:false								
Interval in which Aspirin was taken.											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" data-bbox="647 1664 949 1724">Allowable Values</td> </tr> <tr> <td data-bbox="647 1724 687 1785">1</td> <td data-bbox="687 1724 949 1785">Per Day</td> </tr> <tr> <td data-bbox="647 1785 687 1845">2</td> <td data-bbox="687 1785 949 1845">Per Week</td> </tr> <tr> <td data-bbox="647 1845 687 1906">9</td> <td data-bbox="687 1845 949 1906">Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

239	ASPIRIN_LEN_FU	number (3,0)	Required:false
Since the date of your last interview, how many months or years in total have you taken Aspirin?			

Allowable Values	
1 to 60 or 999	Range
999	Unknown/Refused

240	ASPIRIN_TIME_FU	number (1,0)	Required:false
Interval for total time Aspirin was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

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

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

242	IB_FRQ_FU	number (3,0)	Required:false
Since the date of your last interview, how often did you take this type of medication when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 70 or 999	Range
999	Unknown/Refused

243	IB_INT_FU	number (1,0)	Required:false								
Interval for frequency in which ibuprofen-based medications were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Per Day</td> </tr> <tr> <td>2</td> <td>Per Week</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

244	IB_LEN_FU	number (3,0)	Required:false						
Since your last interview, how many months or years in total did you take this type of medication?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 60 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 60 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 60 or 999	Range								
999	Unknown/Refused								

245	IB_TIME_FU	number (1,0)	Required:false								
Interval for total time ibuprofen-based medication was taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Number of Months</td> </tr> <tr> <td>2</td> <td>Number of Years</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Number of Months	2	Number of Years	9	Unknown/Refused
Allowable Values											
1	Number of Months										
2	Number of Years										
9	Unknown/Refused										

246	COX2_FU	number (1,0)	Required:true										
Since the date of your last interview, have you ever taken Celebrex, Celecoxib, Vioxx, Rofecoxib, Meloxicam, Bextra, or Valdecoxib also known as COX-2 Inhibitors, at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

247	COX2_FRQ_FU	number (3,0)	Required:false
Since the date of your last interview, how often did you take COX-2 inhibitors when you were using it at least 2 times a week for more than a month?			

Allowable Values	
1 to 28 or 999	Range
999	Unknown/Refused

248	COX2_INT_FU	number (1,0)	Required:false
Interval for frequency in which COX-2 inhibitors were taken.			

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

249	COX2_LEN_FU	number (3,0)	Required:false
Since your last interview, how many months or years in total did you take COX-2 inhibitors?			

Allowable Values	
1 to 60 or 999	Range
999	Unknown/Refused

250	COX2_TIME_FU	number (1,0)	Required:false
Interval for total time COX-2 inhibitors were taken.			

Allowable Values	
1	Number of Months
2	Number of Years

9	Unknown/Refused
---	-----------------

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

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

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

Allowable Values	
1 to 70 or 999	Range
999	Unknown/Refused

253	ACET_INT_FU	number (1,0)	Required:false
Interval in which acetaminophen-based medication was taken.			

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

254	ACET_LEN_FU	number (3,0)	Required:false
Since your last interview, how many months or years in total did you take acetaminophen-based medications?			

Allowable Values	

1 to 60 or 999	Range
999	Unknown/Refused

255	ACET_TIME_FU	number (1,0)	Required:false
Interval for total time acetaminophen-based medication was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

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

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

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

Allowable Values	
1 to 28 or 999	Range
999	Unknown/Refused

258	MV_INT_FU	number (1,0)	Required:false
-----	------------------	--------------	----------------

Interval for frequency in which multivitamins were taken.

Allowable Values

1 Per Day

2 Per Week

9 Unknown/Refused

259

MV_LEN_FU

number (3,0)

Required:false

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

Allowable Values

1
to
60
or
999

Range

999 Unknown/Refused

260

MV_TIME_FU

number (1,0)

Required:false

Interval for total time multivitamins were taken.

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown/Refused

261

FOLATE_FU

number (1,0)

Required:true

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

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

262

FA_FRQ_FU

number (3,0)

Required:false

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

Allowable Values

1
to
28 Range
or
999

999 Unknown/Refused

263 **FA_INT_FU** number (1,0) Required:false
Interval for frequency folic acid or folate pills were taken.

Allowable Values

1 Per Day

2 Per Week

9 Unknown/Refused

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

Allowable Values

1
to
60 Range
or
999

999 Unknown/Refused

265 **FA_TIME_FU** number (1,0) Required:false
Interval for total amount of time folic acid or folate pills or tablets were taken.

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown/Refused

266	CALCIUM_FU	number (1,0)	Required:true										
Since the date of your last interview, have you ever taken calcium pills or tablets (not including antacids) at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked												
9	Unknown/Refused												

267	CALCIUM_FRQ_FU	number (3,0)	Required:false						
Since the date of your last interview, how often did you take calcium pills or tablets when you were using it at least 2 times a week for more than a month?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 28 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 28 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 28 or 999	Range								
999	Unknown/Refused								

268	CALCIUM_INT_FU	number (1,0)	Required:false								
Interval for frequency calcium pills or tablets were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Per Day</td> </tr> <tr> <td>2</td> <td>Per Week</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

269	CALCIUM_LEN_FU	number (3,0)	Required:false						
Since your last interview, how long, in total, have you taken calcium pills or tablets?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 60 or 999</td> <td>Range</td> </tr> <tr> <td></td> <td></td> </tr> </table>				Allowable Values		1 to 60 or 999	Range		
Allowable Values									
1 to 60 or 999	Range								

999 Unknown/Refused

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

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown/Refused

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

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

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

Allowable Values

1
to
20
or
999
Range

999 Unknown/Refused

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

Allowable Values

- | | |
|---|-----------------|
| 1 | Per Day |
| 2 | Per Week |
| 9 | Unknown/Refused |

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

- | | |
|----------------------------|-----------------|
| Allowable Values | |
| 1
to
60
or
999 | Range |
| 999 | Unknown/Refused |

275	ANTACIDS_TIME_FU	number (1,0)	Required:false
Interval for total time calcium-based antacids were taken.			

- | | |
|------------------|------------------|
| Allowable Values | |
| 1 | Number of Months |
| 2 | Number of Years |
| 9 | Unknown/Refused |

276	SEMAGLUTIDE_FU	number (1,0)	Required:true
Since the date of your last interview, have you been prescribed Semaglutide by injection or oral medication (such as Ozempic, Wegovy and Rybelsus)?			

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

277	SEM_LEN_FU	number (3,0)	Required:false
How long have you been taking Semaglutide by injection or oral medication?			

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

1 to 60 or 999	Range
999	Unknown/Refused

278	SEM_TIME_FU	number (1,0)	Required:false
Interval for total time Semaglutide was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

279	DIABETES_EVER_FU	number (1,0)	Required:true
Has a doctor ever told you that you had diabetes?			

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

280	DIABETES_AGE_FU	number (3,0)	Required:false
How old were you when your doctor first told you that you had diabetes?			

Allowable Values	
0 to 120 or 999	Range
999	Unknown/Refused

281	DIABETES_MEDS_FU	number (1,0)	Required:false
Have you ever taken Metformin (Glucophage, Riomet, Fortamet, Glumetza and Glucophage XR)?			

Allowable Values

1	Yes
---	-----

2	No
---	----

9	Unknown/Refused
---	-----------------

282	CIG_FU	number (1,0)	Required:true
Since your last interview, have you smoked at least one cigarette a day for 3 months or longer?			

Allowable Values

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

283	CIG_CURR_FU	number (1,0)	Required:false
Do you currently smoke?			

Allowable Values

1	Yes
---	-----

2	No
---	----

9	Unknown/Refused
---	-----------------

284	CIG_STOP_AGE_FU	number (3,0)	Required:false
When did you stop or quit smoking?			

Allowable Values

22 to 120 or 999	Range
------------------------------	-------

999	Unknown/Refused
-----	-----------------

285	CIG_2YR_FU	number (1,0)	Required:true
In the last two years, have you smoked at least one cigarette a day for 3 months or longer?			

Allowable Values	
------------------	--

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

286	ALCOHOL_2YR_FU	number (1,0)	Required:true
In the last two years did you ever consume any alcoholic beverages at least once a week for 6 months or longer?			

Allowable Values	
------------------	--

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

287	CANNABIS_CRC_FU	number (1,0)	Required:true
Have you ever used or been prescribed cannabis for the management of colorectal cancer?			

Allowable Values	
------------------	--

- | | |
|---|--|
| 0 | Not Applicable (never had colorectal cancer) |
| 1 | Yes |
| 2 | No |
| 8 | Not Asked |
| 9 | Unknown/Refused |

288	C_PAIN_FU	number (1,0)	Required:false
Did you use cannabis for pain relief? This question is asked as: For what reason(s) did you use cannabis? [SELECT ALL THAT APPLY] 1-Pain; 2-Relaxation; 3-Stress, anxiety or depression; 4-Loss of appetite or weight loss; 5-Difficulty sleeping; 6-Nausea; 7-Other, Explain _____			

Allowable Values	
------------------	--

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Refused |

289	C_RELAX_FU	number (1,0)	Required:false
Did you use cannabis for relaxation?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

290	C_STRESS_FU	number (1,0)	Required:false
Did you use cannabis for stress, anxiety or depression?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

291	C_WT_LOSS_FU	number (1,0)	Required:false
Did you use cannabis for loss of appetite or weight loss?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

292	C_SLEEP_FU	number (1,0)	Required:false
Did you use cannabis for difficulty sleeping?			

Allowable Values	
1	Yes
2	No
9	Unknown/Refused

293	C_NAUSEA_FU	number (1,0)	Required:false
-----	--------------------	--------------	----------------

Did you use cannabis for nausea?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

294

C_OTHER_FU

number (1,0)

Required:false

Did you use cannabis for other reasons not listed?

Allowable Values

1 Yes

2 No

9 Unknown/Refused

295

C_OTH_TXT_FU

string (40)

Required:false

Did you use cannabis for other reasons not listed? Specify

296

Q_SF1_FU

number (1,0)

Required:true

In general, compared to others your same age, would you say your health is... ?

Allowable Values

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

8 Not Asked/Dropped

9 Unknown/Refused

297

Q_SF2_FU

number (1,0)

Required:true

During a typical day, does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Allowable Values

1 Yes, limited a lot

2	Yes, limited a little
3	No, not limited at all
8	Not Asked/Dropped
9	Unknown/Refused

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

Allowable Values	
1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all
8	Not Asked/Dropped
9	Unknown/Refused

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

Allowable Values	
0	All of the time
1	Most of the time
2	Some of the time
3	A little of the time
4	None of the time
8	Not Asked/Dropped
9	Unknown/Refused

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

Allowable Values	
0	All of the time
1	Most of the time

2	Some of the time
3	A little of the time
4	None of the time
8	Not Asked/Dropped
9	Unknown/Refused

301	Q_SF6_FU	number (1,0)	Required:true

Allowable Values	
0	All of the time
1	Most of the time
2	Some of the time
3	A little of the time
4	None of the time
8	Not Asked/Dropped
9	Unknown/Refused

302	Q_SF7_FU	number (1,0)	Required:true

Allowable Values	
0	All of the time
1	Most of the time
2	Some of the time
3	A little of the time
4	None of the time
8	Not Asked/Dropped
9	Unknown/Refused

303	Q_SF8_FU	number (1,0)	Required:true

Allowable Values

1	Not at all
---	------------

2	A little bit
---	--------------

3	Moderately
---	------------

4	Quite a bit
---	-------------

5	Extremely
---	-----------

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

304

Q_SF9_FU

number (1,0)

Required:true

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

Allowable Values

0	All of the time
---	-----------------

1	Most of the time
---	------------------

2	Some of the time
---	------------------

3	A little of the time
---	----------------------

4	None of the time
---	------------------

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

305

Q_SF10_FU

number (1,0)

Required:true

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

Allowable Values

0	All of the time
---	-----------------

1	Most of the time
---	------------------

2	Some of the time
---	------------------

3	A little of the time
---	----------------------

4	None of the time
---	------------------

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

306 Q_SF11_FU number (1,0) Required:true

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

Allowable Values

0 All of the time

1 Most of the time

2 Some of the time

3 A little of the time

4 None of the time

8 Not Asked/Dropped

9 Unknown/Refused

307 Q_SF12_FU number (1,0) Required:true

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

Allowable Values

0 All of the time

1 Most of the time

2 Some of the time

3 A little of the time

4 None of the time

8 Not Asked/Dropped

9 Unknown/Refused

308 QOL_1_FU number (1,0) Required:true

In the last 7 days how difficult was it for you to get around inside and outside (using, for example, walking stick, frame or wheelchair if you usually use them)?

Allowable Values

1 No difficulty

2 Slight difficulty

3 Some difficulty

4 A lot of difficulty

5 Unable

8 Not Asked

9 Unknown/Refused

309 **QOL_2_FU** number (1,0) Required:true
In the last 7 days how difficult was it for you to do day-to-day activities (for example, working, shopping, housework)?

Allowable Values

1 No difficulty

2 Slight difficulty

3 Some difficulty

4 A lot of difficulty

5 Unable

8 Not Asked

9 Unknown/Refused

310 **QOL_3_FU** number (1,0) Required:true
In the last 7 days, how often did you feel exhausted?

Allowable Values

1 None of the time

2 Only occasionally

3 Sometimes

4 Often

5 Most of the time

8 Not Asked

9 Unknown/Refused

311 **QOL_4_FU** number (1,0) Required:true
In the last 7 days, how often did you feel lonely?

Allowable Values

1 None of the time

2 Only occasionally

3 Sometimes

- 4 Often
- 5 Most of the time
- 8 Not Asked
- 9 Unknown/Refused

312	QOL_5_FU	number (1,0)	Required:true
In the last 7 days, how often did you have trouble concentrating or thinking clearly?			

Allowable Values	
1	None of the time
2	Only occasionally
3	Sometimes
4	Often
5	Most of the time
8	Not Asked
9	Unknown/Refused

313	QOL_6_FU	number (1,0)	Required:true
In the last 7 days, how often did you feel anxious?			

Allowable Values	
1	None of the time
2	Only occasionally
3	Sometimes
4	Often
5	Most of the time
8	Not Asked
9	Unknown/Refused

314	QOL_7_FU	number (1,0)	Required:true
In the last 7 days, how often did you feel sad or depressed?			

Allowable Values	
1	None of the time

- 2 Only occasionally
- 3 Sometimes
- 4 Often
- 5 Most of the time
- 8 Not Asked
- 9 Unknown/Refused

315	QOL_8_FU	number (1,0)	Required:true
In the last 7 days, how often did you feel you had no control over your day-to-day life?			

Allowable Values	
1	None of the time
2	Only occasionally
3	Sometimes
4	Often
5	Most of the time
8	Not Asked
9	Unknown/Refused

316	QOL_9_FU	number (1,0)	Required:true
Describe your experience in the last 7 days....			

Allowable Values	
1	I had no physical pain
2	I had mild physical pain
3	I had moderate physical pain
4	I had severe physical pain
5	I had very severe physical pain
8	Not Asked
9	Unknown/Refused

317	SUPPORT_GRP_FU	number (1,0)	Required:true
How often do you participate in any social groups, such as religious meetings or services, self-help groups, charities, public service or community groups?			

Allowable Values	
1	Never or almost never
2	Less than once a month
3	1 to 3 times a month
4	Once a week
5	More than once a week
8	Not Asked
9	Unknown/Refused

318	SUPPORT_FAM_FU	number (1,0)	Required:true
How many relatives and friends do you have, whom you feel close to?			

Allowable Values	
1	None
2	1 to 2
3	3 to 5
4	6 to 9
5	10 or more
8	Not Asked
9	Unknown/Refused

319	SUPPORT_SP_FU	number (1,0)	Required:true
Is there one special person you feel very close to, someone you feel you can share confidences and feelings with?			

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

320	SUPPORT_SP_FRQ_FU	number (1,0)	Required:false
IF YES, how often do you see or talk to this person?			

Allowable Values

1	Daily
2	Weekly
3	Monthly
4	Several times a year
5	Once a year or less
9	Unknown/Refused

321	SUPPORT_EMO_FRQ_FU	number (1,0)	Required:true
How often can you count on someone to provide you with emotional support (talking over problems or helping you make a difficult decision)?			

		Allowable Values		
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			
8	Not Asked			
9	Unknown/Refused			

322	SUPPORT_EMO_CNT_FU	number (1,0)	Required:true
How many people can you count on to provide you with emotional support?			

		Allowable Values		
1	None			
2	One			
3	Two			
4	Three or more			
8	Not Asked			
9	Unknown/Refused			

323	WEIGHT_FU	number (3,0)	Required:true
How much do you currently weigh in kilograms? (1 pound = 0.453 kilogram)			

Allowable Values	
25 to 450 or 888, 999	Range
888	Not Asked/Dropped
999	Unknown/Refused

324	Q_RISK_FU	number (1,0)	Required:true
Do you think your chance of getting colon [bowel] cancer is higher or lower than the average person of your age and sex? According to the questionnaire, participant can skip this question if he/she has ever been diagnosed with colorectal cancer.			

Allowable Values	
1	Much Lower
2	Somewhat Lower
3	The Same
4	Somewhat Higher
5	Much Higher
8	Not Asked/Dropped
9	Unknown/Refused, don't include on self

325	Q_STUDIES_FU	number (1,0)	Required:true
Have you ever participated in any other genetic or family-based cancer studies, other than this study?			

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

326	Q_STUDIES_TEXT_FU	string (40)	Required:false
Which studies have you participated in?			

--	--	--	--

327	GENE_TEST_FU	number (1,0)	Required:true
Have you ever/Since your last interview, have you had a blood test to look for gene mutations that indicate a possible increased risk for cancer? Please do not include if you had a blood test as part of this research study.			

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

328	GENE_RES_RCD_FU	number (1,0)	Required:false
Have you received your gene test result?			

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

329	GENE_RES_TXT_FU	string (40)	Required:false
What was the result? Specify			

Module: colon-epi-followup

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colon-epi-followup-ncore

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- 191.[PSA_FU_PROB_FU](#)
- 192.[PSA_OTHER_FU](#)
- 193.[PSA_OTH_TEXT_FU](#)

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

Allowable Values

11	Sinai Health Systems (formerly Cancer Care Ontario)
12	University of Southern California Consortium (USCC)
13	University of Melbourne
14	University of Hawaii Cancer Center
15	Mayo Clinic
16	Fred Hutch, Seattle
17	University of California at San Francisco (UCSF) (formerly CPIC, originally Northern California (NCCC))

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

--	--	--	--

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

Allowable Values	
------------------	--

1	1st Follow-up
---	---------------

2	2nd Follow-up
---	---------------

3	3rd Follow-up
---	---------------

4	4th Follow-up
---	---------------

5	5th Follow-up
---	---------------

4	FU_PHASE	number (1,0)	Required:true
Funding phase during which the FU QNR was administered.			

Allowable Values	
------------------	--

1	FU Epi Qx administered at Phase II
---	------------------------------------

2	FU Epi Qx administered at Phase III
---	-------------------------------------

3	FU Epi Qx administered at Phase IV
---	------------------------------------

4	FU Epi Qx administered at Phase V
---	-----------------------------------

5	FU Epi Qx administered at Phase VI
---	------------------------------------

5	CMPLDATE_FU	string (8)	Required:true
Date participant completed follow-up questionnaire.			

Date Value Check

The date must follow to the following format:

Format YYYYMMDD. Must consist of valid date.

Components of date should be right justified and zero filled.

MM = 01 - 12, 88, 99

DD = 01 - 31, 88, 99

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

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

Use 99, 9999 for not known.

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

If MM = 99 then DD must = 99.

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

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

The following special parameters are used:

6	AGE_EPI_FU	number (3,0)	Required:true
	Age at the time follow-up questionnaire completed.		
Allowable Values			
18 to 120 or 999		Range	
999		UNKNOWN/REFUSED	

7	SEX	number (1,0)	Required:false
	Participant's gender.		
Allowable Values			
1		Male	
2		Female	
3		Other	
9		Unknown	

8	SUN_EXP	number (1,0)	Required:true
	Pseudo entry question (not asked) to use for validations if sun exposure questions were asked.		
Allowable Values			
1		Yes	
2		No	

9	SUN_EXP_WKDAY_40_FU	number (1,0)	Required:false
	In your 40s and 50s (age: 40 to 59 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?		
Allowable Values			
1		Less than 1 hour	
2		1 to 2 hours	
3		3 to 4 hours	
4		More than 4 hours	

8 Not Asked/Dropped

9 Unknown/Refused

10 **SUN_EXP_WKND_40_FU** number (1,0) Required:false
In your 40s and 50s (age: 40 to 59 years), on a typical weekend (Saturday and Sunday) in the summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values

1 Less than 1 hour

2 1 to 2 hours

3 3 to 4 hours

4 More than 4 hours

8 Not Asked/Dropped

9 Unknown/Refused

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

Allowable Values

1 Never

2 Sometimes

3 Always

8 Not Asked/Dropped

9 Unknown/Refused

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

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

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

Allowable Values	
1 to 20 or 99	Range
99	Unknown/Refused

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

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

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

Allowable Values	
1 to 20 or 99	Range
99	Unknown/Refused

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

19	SUN_EXP_40_COUNTRY3_FU	number (3,0)	Required:false
In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the third city where you lived for at least 1 year?			

20	SUN_EXP_40_YR3_FU	number (2,0)	Required:false
In your 40s and 50s (age: 40-59 years), how many years did you live in the third city where you lived for at least 1 year?			

Allowable Values	
1 to	Range

20	
or	
99	Unknown/Refused

21	SUN_EXP_40_CITY4_FU	string (200)	Required:false
In your 40s and 50s (age: 40-59 years), which is the fourth city where you lived for at least 1 year?			

22	SUN_EXP_40_COUNTRY4_FU	number (3,0)	Required:false
In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where you lived for at least 1 year?			

23	SUN_EXP_40_YR4_FU	number (2,0)	Required:false
In your 40s and 50s (age: 40-59 years), how many years did you live in the fourth city for at least 1 year?			

		Allowable Values	
1	Range		
to			
20			
or			
99	Unknown/Refused		

24	SUN_EXP_WKDAY_60_FU	number (1,0)	Required:false
In your 60s and 70s (age: 60 to 79 years), on a typical weekday in the summer, (May-September), about how many hours per day did you spend outside in the sun?			

		Allowable Values	
1	Less than 1 hour		
2	1 to 2 hours		
3	3 to 4 hours		
4	More than 4 hours		
8	Not Asked/Dropped		
9	Unknown/Refused		

25	SUN_EXP_WKND_60_FU	number (1,0)	Required:false
In your 60s and 70s (age: 60 to 79 years), on a typical weekend (Saturday and Sunday) in the			

summer, (May-September), about how many hours per day did you spend outside in the sun?

Allowable Values

1 Less than 1 hour

2 1 to 2 hours

3 3 to 4 hours

4 More than 4 hours

8 Not Asked/Dropped

9 Unknown/Refused

SUNSCREEN_60_FU

number (1,0)

Required:false

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

Allowable Values

1 Never

2 Sometimes

3 Always

8 Not Asked/Dropped

9 Unknown/Refused

SUN_EXP_60_CITY1_FU

string (200)

Required:false

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

SUN_EXP_60_COUNTRY1_FU

number (3,0)

Required:false

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

SUN_EXP_60_YR1_FU

number (2,0)

Required:false

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

Allowable Values

1
to
20
or
99

Range

99 Unknown/Refused

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

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

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

Allowable Values	
1 to 20 or 99	Range
99	Unknown/Refused

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

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

35	SUN_EXP_60_YR3_FU	number (2,0)	Required:false
In your 60s and 70s (age: 60 to 79 years), how many years did you live in the third city where you lived for at least 1 year?			

Allowable Values	
1 to 20 or 99	Range
99	Unknown/Refused

36	SUN_EXP_60_CITY4_FU	string (200)	Required:false
In your 60s and 70s (age: 60 to 79 years), which is the fourth city where you lived for at least 1 year?			

37	SUN_EXP_60_COUNTRY4_FU	number (3,0)	Required:false
In your 40s and 50s (age: 40-59 years), which is the COUNTRY of the fourth city where you lived for at least 1 year?			

38	SUN_EXP_60_YR4_FU	number (2,0)	Required:false
In your 60s and 70s (age: 60 to 79 years), , how many years did you live in the fourth city where you lived for at least 1 year?			

		Allowable Values	
1	to	Range	
20			
99			
99	Unknown/Refused		

39	Q_CRC_OPINION	number (1,0)	Required:true
Pseudo entry question (not asked) for next block of questions			

		Allowable Values	
1	Yes		
2	No		

40	Q_TEST_ADVISE_FU	number (1,0)	Required:false
Has a doctor, nurse or other health professional ever advised you to get a test to check for colorectal cancer?			

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

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

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

Allowable Values

1 Strongly agree

2 Somewhat agree

3 Somewhat disagree

4 Strongly disagree

8 Not Asked/Dropped

9 No opinion

Q_PREVENT_CRC_FU

number (1,0)

Required:false

42 There are so many different recommendations about preventing colorectal cancer, it's hard to know which ones to follow.

Allowable Values

1 Strongly agree

2 Somewhat agree

3 Somewhat disagree

4 Strongly disagree

8 Not Asked/Dropped

9 No opinion

Q_CAUSE_CRC_FU

number (1,0)

Required:false

43 It seems like almost everything causes colorectal cancer.

Allowable Values

1 Strongly agree

2 Somewhat agree

3 Somewhat disagree

4 Strongly disagree

8 Not Asked/Dropped

9 No opinion

Q_SCREEN_FAMILY_SUPPORT_FU

number (1,0)

Required:false

44 I get encouragement from my family members to have a colorectal cancer screening test.

Allowable Values	
1	Strongly agree
2	Somewhat agree
3	Somewhat disagree
4	Strongly disagree
8	Not Asked/Dropped
9	No opinion

45	Q_SCREEN_FRIEND_SUPPORT_FU	number (1,0)	Required:false
I get encouragement from my friends to have a colorectal cancer screening test.			

Allowable Values	
1	Rarely or never
2	Sometimes
3	Often
4	All the time
8	Not Asked/Dropped
9	No opinion

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

Allowable Values	
1	Rarely or never
2	Sometimes
3	Often
4	All the time
8	Not Asked/Dropped
9	No opinion

47	CHOLESTROL_FU	number (1,0)	Required:true
Since the date of your last interview, have you ever taken Cholesterol lowering drugs (statins) [such as Lipitor, Mevacor, Altocor , Pravachol, Torvast, Lescol, Crestor, Zocor] (do not include Zetia Ezetrol, and Ezemibe and/or Niacin), at least 2 times a week for more than a month?			

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

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

49	CHOLESTROL_INT_FU	number (1,0)	Required:false
	Interval in which Cholesterol lowering drugs (statins) was taken.		

Allowable Values	
1	Per Day
2	Per Week
9	Unknown

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

Allowable Values	
1 to 900 or 999	Range
9999	Unknown/Refused

51	CHOLESTROL_TIME_FU	number (1,0)	Required:false								
Interval for total time Cholesterol lowering drugs (statins) was taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Number of Months</td> </tr> <tr> <td>2</td> <td>Number of Years</td> </tr> <tr> <td>9</td> <td>Unknown</td> </tr> </table>				Allowable Values		1	Number of Months	2	Number of Years	9	Unknown
Allowable Values											
1	Number of Months										
2	Number of Years										
9	Unknown										

52	LAXATIVE_FU	number (1,0)	Required:true										
Since the date of your last interview, have you ever taken polyethylene glycol laxatives such as MiraLax, Glyco Lax, or GoLYTELY (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

53	LAXATIVE_FRQ_FU	number (4,0)	Required:false						
Since the date of your last interview, how often did you take polyethylene glycol laxatives when you were using it at least 2 times a week for more than a month?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 900 or 999	Range								
999	Unknown/Refused								

54	LAXATIVE_INT_FU	number (1,0)	Required:false								
Interval in which polyethylene glycol laxative was taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Per Day</td> </tr> <tr> <td>2</td> <td>Per Week</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

55	LAXATIVE_LEN_FU	number (4,0)	Required:false
Since your last interview, how many months or years in total did you take polyethylene glycol laxative ?			

Allowable Values	
1 to 900 or 9999	Range
999	Unknown

56	LAXATIVE_TIME_FU	number (1,0)	Required:false
Interval for total time polyethylene glycol laxative was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

57	DIABETES_FU	number (1,0)	Required:true
Since the date of your last interview, have you ever taken medication to control diabetes - either insulin or oral medications, at least twice a week for more than a month?			

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

58	DIAB_MED_TYPE_FU	number (1,0)	Required:false
Since the date of your last questionnaire , what type of medication to control diabetes did you take?			

Allowable Values	
1	Pills
2	Insulin Injections

3	Both Pills and Insulin Injections
4	Insulin Pump
5	Both Pills and Insulin Pump
6	Both Insulin Injections + Insulin Pump
7	Both Pills, Insulin Injections, + Insulin Pump
9	Unknown

59	DIAB_ORAL_LEN_FU	number (4,0)	Required:false
	Since your last interview, how many months or years in total did you take oral medication to control diabetes ?		

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

60	DIAB_ORAL_TIME_FU	number (1,0)	Required:false
	Interval for total time oral medication to control diabetes was taken.		

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

61	DIAB_INS_INJ_LEN_FU	number (4,0)	Required:false
	Since your last interview, how many months or years in total did you take insulin injections to control diabetes ?		

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

62	DIAB_INS_INJ_TIME_FU	number (1,0)	Required:false
Interval for total time insulin injections to control diabetes was taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

63	DIAB_INS_PUMP_LEN_FU	number (4,0)	Required:false
Since your last interview, how many months or years in total did you use insulin pump to control diabetes ?			

Allowable Values	
1 to 900 or 999	Range
999	Unknown

64	DIAB_INS_PUMP_TIME_FU	number (1,0)	Required:false
Interval for total time insulin pump to control diabetes was used.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

65	HORMON_MEDS_FU	number (1,0)	Required:false
(For females only) Since the date of your last interview, have you ever taken hormonal medication for menopausal symptoms or disease prevention, at least twice a week for more than a month?			
ONTARIO Q: have you taken estrogen pill or patch alone or in combination with another hormone continuously for 6 months/ (do not include hormone therapy for birth control/infertility or hormone therapy delivered by injections/vaginal creams/suppositories or herbal/soy products).			

Allowable Values	
1	Yes
2	No

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

HORMON_MEDS_TYPE_FU

number (1,0)

Required:false

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

Allowable Values

1	Estrogen alone
---	----------------

2	Estrogen + Progesterone
---	-------------------------

3	Estrogen + Testosterone
---	-------------------------

4	Other
---	-------

9	Unknown/Refused
---	-----------------

HORMON_MEDS_TYPE_SPECIFY_FU

string (200)

Required:false

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

HORMON_MEDS_FRQ_FU

number (4,0)

Required:false

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

Allowable Values

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

HORMON_MEDS_INT_FU

number (1,0)

Required:false

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

Allowable Values

1	Per Day
---	---------

2	Per Week
---	----------

--	--

9 Unknown

HORMON_MEDS_LEN_FU

number (4,0)

Required:false

70

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

Allowable Values

1
to
900
or
999

Range

999 Unknown/Refused

HORMON_MEDS_TIME_FU

number (1,0)

Required:false

71

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

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown

ALT_MED_EVER_FU

number (1,0)

Required:true

72

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

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

ALT_MED_PROV1_SPECIFY_FU

string (200)

Required:false

73

Type of alternative health care provider, Specify

ALT_MED_PROV1_TIME_FU

number (1,0)

Required:false

74

When was your last treatment provided by the alternative health care provider?

Allowable Values

- 1 In the past month
- 2 In the past year
- 3 More than 1 year ago
- 4 More than 5 years ago
- 9 Unknown/Refused

75 ALT_MED_PROV2_SPECIFY_FU string (200) Required:false
Type of alternative health care provider, Specify

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

Allowable Values

- 1 In the past month
- 2 In the past year
- 3 More than 1 year ago
- 4 More than 5 years ago
- 9 Unknown/Refused

77 ALT_MED_PROV3_SPECIFY_FU string (200) Required:false
Type of alternative health care provider, Specify

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

Allowable Values

- 1 In the past month
- 2 In the past year
- 3 More than 1 year ago
- 4 More than 5 years ago
- 9 Unknown/Refused

79	VIT_A_FU	number (1,0)	Required:true										
Since the date of your last interview, have you taken Vitamin A pills or tablets at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

80	VIT_A_FRQ_FU	number (4,0)	Required:false						
Since the date of your last interview, how often did you take Vitamin A pills or tablets when you were using it at least 2 times a week for more than a month?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 900 or 999	Range								
999	Unknown/Refused								

81	VIT_A_INT_FU	number (1,0)	Required:false								
Interval for frequency in which Vitamin A pills or tablets were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Per Day</td> </tr> <tr> <td>2</td> <td>Per Week</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

82	VIT_A_LEN_FU	number (4,0)	Required:false						
Since the date of your last interview, how many months or years in total did you take Vitamin As?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td></td> <td></td> </tr> </table>				Allowable Values		1 to 900 or 999	Range		
Allowable Values									
1 to 900 or 999	Range								

999	Unknown/Refused
-----	-----------------

83	VIT_A_TIME_FU	number (1,0)	Required:false
Interval for total time Vitamin A pills or tablets were taken.			

Allowable Values	
------------------	--

1	Number of Months
---	------------------

2	Number of Years
---	-----------------

9	Unknown/Refused
---	-----------------

84	VIT_B_FU	number (1,0)	Required:true
Since the date of your last interview, have you taken Vitamin B pills or tablets at least twice a week for more than a month?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

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

Allowable Values	
------------------	--

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

86	VIT_B_INT_FU	number (1,0)	Required:false
Interval for frequency in which Vitamin B pills or tablets were taken.			

Allowable Values	
------------------	--

1	Per Day
---	---------

2	Per Week
---	----------

9	Unknown/Refused
---	-----------------

87	VIT_B_LEN_FU	number (4,0)	Required:false
Since the date of your last interview, how many months or years in total did you take Vitamin B?			

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

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

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

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

Allowable Values	

1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Per Day
2	Per Week
9	Unknown

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown

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

--	--	--	--

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

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

Allowable Values	
------------------	--

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

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

Allowable Values	
------------------	--

1	Per Day
---	---------

2	Per Week
---	----------

9	Unknown/Refused
---	-----------------

97	VIT_D_LEN_FU	number (4,0)	Required:false
Since the date of your last interview, how many months or years in total did you take Vitamin Ds?			

Allowable Values	
------------------	--

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

98	VIT_D_TIME_FU	number (1,0)	Required:false
----	----------------------	--------------	----------------

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

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown/Refused

VIT_E_FU

number (1,0)

Required:true

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

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

VIT_E_FRQ_FU

number (4,0)

Required:false

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

Allowable Values

1
to
900
or
999

Range

999 Unknown/Refused

VIT_E_INT_FU

number (1,0)

Required:false

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

Allowable Values

1 Per Day

2 Per Week

9 Unknown/Refused

102	VIT_E_LEN_FU	number (4,0)	Required:false						
Since the date of your last interview, how many months or years in total did you take Vitamin Es?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 900 or 999	Range								
999	Unknown/Refused								

103	VIT_E_TIME_FU	number (1,0)	Required:false								
Interval for total time Vitamin E pills or tablets were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Number of Months</td> </tr> <tr> <td>2</td> <td>Number of Years</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Number of Months	2	Number of Years	9	Unknown/Refused
Allowable Values											
1	Number of Months										
2	Number of Years										
9	Unknown/Refused										

104	SELENIUM_FU	number (1,0)	Required:true										
Since the date of your last interview, have you taken selenium pills or tablets at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

105	SELENIUM_FRQ_FU	number (4,0)	Required:false				
Since the date of your last interview, how often did you take selenium pills or tablets when you were using it at least 2 times a week for more than a month?							
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range
Allowable Values							
1 to 900 or 999	Range						

999	Unknown/Refused
-----	-----------------

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

Allowable Values	
------------------	--

1	Per Day
---	---------

2	Per Week
---	----------

9	Unknown
---	---------

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

Allowable Values	
------------------	--

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

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

Allowable Values	
------------------	--

1	Number of Months
---	------------------

2	Number of Years
---	-----------------

9	Unknown/Refused
---	-----------------

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

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked/Dropped
---	-------------------

9 Unknown/Refused

ZINC_FRQ_FU number (4,0) Required:false

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

ZINC_INT_FU number (1,0) Required:false

111 Interval for frequency in which zinc pills or tablets were taken.

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

ZINC_LEN_FU number (4,0) Required:false

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

ZINC_TIME_FU number (1,0) Required:false

113 Interval for total time zinc pills or tablets were taken.

Allowable Values	
1	Number of Months

2	Number of Years
---	-----------------

9	Unknown/Refused
---	-----------------

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

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

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

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

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

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

121	LYCOPENE_INT_FU	number (1,0)	Required:false								
Interval for frequency in which lycopene pills or tablets were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Per Day</td> </tr> <tr> <td>2</td> <td>Per Week</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

122	LYCOPENE_LEN_FU	number (4,0)	Required:false						
Since the date of your last interview, how many months or years in total did you take lycopene?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 900 or 999	Range								
999	Unknown/Refused								

123	LYCOPENE_TIME_FU	number (1,0)	Required:false								
Interval for total time lycopene pills or tablets were taken.											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Number of Months</td> </tr> <tr> <td>2</td> <td>Number of Years</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Number of Months	2	Number of Years	9	Unknown/Refused
Allowable Values											
1	Number of Months										
2	Number of Years										
9	Unknown/Refused										

124	GINGKO_FU	number (1,0)	Required:true										
Since the date of your last interview, have you taken ginkgo biloba pills or tablets at least twice a week for more than a month?													
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>8</td> <td>Not Asked/Dropped</td> </tr> <tr> <td>9</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

128	GINGKO_TIME_FU	number (1,0)	Required:false
Interval for total time ginkgo biloba pills or tablets were taken.			

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

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

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

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

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

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

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

Allowable Values	
1 to 900	Range

or 999	
999	Unknown/Refused

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

		Allowable Values	
1	Number of Months		
2	Number of Years		
9	Unknown/Refused		

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

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

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

		Allowable Values	
1 to 900 or 999	Range		
999	Unknown/Refused		

136	GARLIC_INT_FU	number (1,0)	Required:false
Interval for frequency in which garlic pills or tablets were taken.			

--	--	--	--

Allowable Values	
------------------	--

1	Per Day
---	---------

2	Per Week
---	----------

9	Unknown/Refused
---	-----------------

137	GARLIC_LEN_FU	number (4,0)	Required:false
-----	----------------------	--------------	----------------

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

Allowable Values	
------------------	--

1 to 900 or 999	Range
-----------------------------	-------

999	Unknown/Refused
-----	-----------------

138	GARLIC_TIME_FU	number (1,0)	Required:false
-----	-----------------------	--------------	----------------

Interval for total time garlic pills or tablets were taken.

Allowable Values	
------------------	--

1	Number of Months
---	------------------

2	Number of Years
---	-----------------

9	Unknown/Refused
---	-----------------

139	CHON_SULF_FU	number (1,0)	Required:true
-----	---------------------	--------------	---------------

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

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked/Dropped
---	-------------------

9	Unknown/Refused
---	-----------------

140	CHON_SULF_FRQ_FU	number (4,0)	Required:false
-----	-------------------------	--------------	----------------

Since the date of your last interview, how often did you take Chondroitin sulfate pills or tablets when

you were using it at least 2 times a week for more than a month?

Allowable Values

1
to
900
or
999

Range

999

Unknown/Refused

141 **CHON_SULF_INT_FU**

number (1,0)

Required:false

Interval for frequency in which Chondroitin sulfate pills or tablets were taken.

Allowable Values

1

Per Day

2

Per Week

9

Unknown/Refused

142 **CHON_SULF_LEN_FU**

number (4,0)

Required:false

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

Allowable Values

1
to
900
or
999

Range

999

Unknown/Refused

143 **CHON_SULF_TIME_FU**

number (1,0)

Required:false

Interval for total time cod liver oil/other fish oil pills or tablets were taken.

Allowable Values

1

Number of Months

2

Number of Years

9

Unknown/Refused

144	GLUCOSAMINE_FU	number (1,0)	Required:true										
Since the date of your last interview, have you taken glucosamine pills or tablets at least twice a week for more than a month?													
<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Not Asked/Dropped</td></tr> <tr><td>9</td><td>Unknown/Refused</td></tr> </table>				Allowable Values		1	Yes	2	No	8	Not Asked/Dropped	9	Unknown/Refused
Allowable Values													
1	Yes												
2	No												
8	Not Asked/Dropped												
9	Unknown/Refused												

145	GLUCOSAMINE_FRQ_FU	number (4,0)	Required:false						
Since the date of your last interview, how often did you take glucosamine pills or tablets when you were using it at least 2 times a week for more than a month?									
<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		1 to 900 or 999	Range	999	Unknown/Refused
Allowable Values									
1 to 900 or 999	Range								
999	Unknown/Refused								

146	GLUCOSAMINE_INT_FU	number (1,0)	Required:false								
Interval for frequency in which glucosamine pills or tablets were taken.											
<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr><td>1</td><td>Per Day</td></tr> <tr><td>2</td><td>Per Week</td></tr> <tr><td>9</td><td>Unknown/Refused</td></tr> </table>				Allowable Values		1	Per Day	2	Per Week	9	Unknown/Refused
Allowable Values											
1	Per Day										
2	Per Week										
9	Unknown/Refused										

147	GLUCOSAMINE_LEN_FU	number (4,0)	Required:false						
Since the date of your last interview, how many months or years in total did you take glucosamine?									
<table border="1"> <tr><td colspan="2">Allowable Values</td></tr> <tr> <td>1 to 900 or 999</td> <td>Range</td> </tr> <tr> <td></td> <td></td> </tr> </table>				Allowable Values		1 to 900 or 999	Range		
Allowable Values									
1 to 900 or 999	Range								

999 Unknown/Refused

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

Allowable Values

1 Number of Months

2 Number of Years

9 Unknown/Refused

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

Allowable Values

1 Yes

2 No

8 Not Asked/Dropped

9 Unknown/Refused

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

Allowable Values

1 to 900 or 999 Range

999 Unknown/Refused

151 **ST_JOHNS_WORT_INT_FU** number (1,0) Required:false
Interval for frequency St. John's Wort pills, capsules or tablets were taken.

Allowable Values

1 Per Day

2	Per Week
9	Unknown/Refused

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

		Allowable Values	
1	to	Range	
900	or		
999			
999	Unknown/Refused		

153	ST_JOHNS_WORT_TIME_FU	number (1,0)	Required:false
Interval for total time St. John's Wort pills, capsules or tablets were taken.			

		Allowable Values	
1	Number of Months		
2	Number of Years		
9	Unknown/Refused		

154	OTHER_PILL_FU	number (1,0)	Required:true
Since the date of your last interview, have you ever taken other pills at least twice a week for more than a month?			

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

155	OTHER_PILL_SPECIFY	string (200)	Required:false
List other pills, capsules or tablets taken since the date of your last questionnaire, when you were taking the pills at least 2 times a week for more than a month:			

156	OTHER_PILL_FRQ_FU	number (4,0)	Required:false
-----	--------------------------	--------------	----------------

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

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

157 **OTHER_PILL_INT_FU** number (1,0) Required:false
Interval for frequency other pills, capsules or tablets were taken.

Allowable Values	
1	Per Day
2	Per Week
9	Unknown/Refused

158 **OTHER_PILL_LEN_FU** number (4,0) Required:false
Since your last interview, how long, in total, have you taken other pills, capsules or tablets?

Allowable Values	
1 to 900 or 999	Range
999	Unknown/Refused

159 **OTHER_PILL_TIME_FU** number (1,0) Required:false
Interval for total time other pills, capsules or tablets were taken.

Allowable Values	
1	Number of Months
2	Number of Years
9	Unknown/Refused

160	BODY_MEASURE	number (1,0)	Required:true						
Pseudo entry question (not asked) for next block of questions									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>				Allowable Values		1	Yes	2	No
Allowable Values									
1	Yes								
2	No								

161	HIP_CIRCUM_FU	number (4,0)	Required:true								
What is your current hip circumference (measurements)?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>10 to 900 or 888, 999</td> <td>Range</td> </tr> <tr> <td>888</td> <td>Not Asked</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		10 to 900 or 888, 999	Range	888	Not Asked	999	Unknown/Refused
Allowable Values											
10 to 900 or 888, 999	Range										
888	Not Asked										
999	Unknown/Refused										

162	HIP_CIRCUM_UNIT_FU	number (1,0)	Required:false						
What is the unit of measure used for hip circumference?									
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>1</td> <td>Centimeters</td> </tr> <tr> <td>2</td> <td>Inches</td> </tr> </table>				Allowable Values		1	Centimeters	2	Inches
Allowable Values									
1	Centimeters								
2	Inches								

163	WAIST_CIRCUM_FU	number (4,0)	Required:true								
What is your current waist circumference (measurements)?											
<table border="1"> <tr> <td colspan="2">Allowable Values</td> </tr> <tr> <td>10 to 900 or 888, 999</td> <td>Range</td> </tr> <tr> <td>888</td> <td>Not Asked</td> </tr> <tr> <td>999</td> <td>Unknown/Refused</td> </tr> </table>				Allowable Values		10 to 900 or 888, 999	Range	888	Not Asked	999	Unknown/Refused
Allowable Values											
10 to 900 or 888, 999	Range										
888	Not Asked										
999	Unknown/Refused										

164	WAIST_CIRCUM_UNIT_FU	number (1,0)	Required:false
What is the unit of measure used for waist circumference?			

Allowable Values	
1	Centimeters
2	Inches

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

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

166	TEETH_MISSING_CNT_FU	number (2,0)	Required:false
How many permanent teeth failed to form?			

Allowable Values	
1 to 28 or 88, 99	Range
88	Not Asked
99	Unknown/Refused

167	PAPSMEAR_FU	number (1,0)	Required:true
Have you ever had a pap smear?			

Allowable Values	
1	Yes
2	No

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

168	PAPSMEAR_NO_FU	number (2,0)	Required:false
-----	-----------------------	--------------	----------------

On how many separate occasions have you had a pap smear?

Allowable Values

1 to 10 or 88, 99	Range
----------------------------------	-------

88	Not Asked
----	-----------

99	Unknown/Refused
----	-----------------

169	PAPSMEAR_LST_AGE_FU	number (3,0)	Required:false
-----	----------------------------	--------------	----------------

How old were you at your most recent pap smear?

Allowable Values

888	Not Asked
-----	-----------

999	Unknown/Refused
-----	-----------------

170	PAP_PROBLEM_FU	number (1,0)	Required:false
-----	-----------------------	--------------	----------------

Was the reason for your pap smear to investigate a new problem? This question is asked as: What were the reasons for the test? [SELECT ALL THAT APPLY] 1-TO INVESTIGATE A NEW PROBLEM; 2-FAMILY HISTORY OF CANCER; 3-ROUTINE EXAM OR CHECK-UP; 4-FOLLOW-UP OF A PREVIOUS PROBLEM; 6-OTHER, Specify_____ * Note, it is not always possible to distinguish between "NO" responses and "UNKNOWN/REFUSED"-- only that the reason was not selected as affirmative.

Allowable Values

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

171	PAP_FAMHX_FU	number (1,0)	Required:false
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Was the reason for your pap smear because of a family history of cancer?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

172

PAP_ROUTINE_FU

number (1,0)

Required:false

Was the reason for your pap smear as part of a routine/yearly exam or check-up?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

173

PAP_FU_PROB_FU

number (1,0)

Required:false

Was the reason for your pap smear to follow-up on a previous problem?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

174

PAP_OTHER_FU

number (1,0)

Required:false

Was there another reason for your pap smear?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

175	PAP_OTH_TEXT_FU	string (200)	Required:false
Was there another reason for your pap smear? Specify			

176	MAMMO_FU	number (1,0)	Required:true
Have you ever had a mammogram?			

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

177	MAMMO_NO_FU	number (2,0)	Required:false
On how many separate occasions have you had a mammogram?			

		Allowable Values	
		88	Not Asked
		99	Unknown/Refused

178	MAMMO_LST_AGE_FU	number (3,0)	Required:false
How old were you at your most recent mammogram?			

		Allowable Values	
		888	Not Asked
		999	Unknown/Refused

179	MAM_PROBLEM_FU	number (1,0)	Required:false
Was the reason for your mammogram, to investigate a new problem? This question is asked as: What were the reasons for your mammogram? [SELECT ALL THAT APPLY] 1-TO INVESTIGATE A NEW PROBLEM 2-FAMILY HISTORY OF CANCER 3-ROUTINE EXAM OR CHECK-UP 4-FOLLOW-UP OF A PREVIOUS PROBLEM 6-OTHER, Specify _____			

		Allowable Values	
		1	Yes
		2	No
		8	Not Asked

9	Unknown/Refused
---	-----------------

180	MAM_FAMHX_FU	number (1,0)	Required:false
Was the reason for your mammogram, because of a family history of cancer?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

181	MAM_ROUTINE_FU	number (1,0)	Required:false
Was the reason for your mammogram as part of a routine/yearly exam or check-up?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

182	MAM_FU_PROB_FU	number (1,0)	Required:false
Was the reason for your mammogram to follow-up on a previous problem?			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

183	MAM_OTHER_FU	number (1,0)	Required:false
Was there another reason for your mammogram?			

Allowable Values	
------------------	--

1	Yes
---	-----

--	--

- | | |
|---|-----------------|
| 2 | No |
| 8 | Not Asked |
| 9 | Unknown/Refused |

184	MAM_OTH_TEXT_FU	string (200)	Required:false
Was there another reason for your mammogram? Specify			

185	PSA_FU	number (1,0)	Required:true
Have you ever had PSA (Prostate Specific Antigen) testing)?			

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

186	PSA_NO_FU	number (2,0)	Required:false
On how many separate occasions have you had a PSA?			

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

187	PSA_LST_AGE_FU	number (3,0)	Required:false
How old were you at your most recent PSA?			

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

188	PSA_PROBLEM_FU	number (1,0)	Required:false
Was the reason for your PSA to investigate a new problem"? This question is asked as: What were the reasons for your PSA test? [SELECT ALL THAT APPLY] 1-TO INVESTIGATE A NEW PROBLEM 2-FAMILY HISTORY OF CANCER 3-ROUTINE EXAM OR CHECK-UP 4-FOLLOW-UP OF A PREVIOUS PROBLEM 6-OTHER, Specify_____			

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

189

PSA_FAMHX_FU

number (1,0)

Required:false

Was the reason for your PSA because of a family history of cancer?

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

190

PSA_ROUTINE_FU

number (1,0)

Required:false

Was the reason for your PSA as part of a routine/yearly exam or check-up?

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

191

PSA_FU_PROB_FU

number (1,0)

Required:false

Was the reason for your PSA to follow-up on a previous problem?

Allowable Values	
------------------	--

1	Yes
---	-----

2	No
---	----

8	Not Asked
---	-----------

9	Unknown/Refused
---	-----------------

192

PSA_OTHER_FU

number (1,0)

Required:false

Was there another reason for your PSA test?

Allowable Values

1 Yes

2 No

8 Not Asked

9 Unknown/Refused

193

PSA_OTH_TEXT_FU

string (200)

Required:false

Was there another reason for your PSA test? Specify