

CHRONIC CONDITIONS (CC) NZ SECTION 15

*CC1.	YES (1)	NO (5)	DK (8)	RF (9)
*CC1a. The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: arthritis or rheumatism? (KEY PHRASE: arthritis or rheumatism)	1	5	8	9
*CC1b. Chronic back or neck problems? (KEY PHRASE: back or neck problems)	1	5	8	9
*CC1c. Frequent or severe headaches? (KEY PHRASE: frequent or severe headaches)	1	5	8	9
*CC1d. Any other chronic pain? [KEY PHRASE: (any other) chronic pain]	1	5	8	9
*CC1e. Seasonal allergies like hay fever? (KEY PHRASE: seasonal allergies)	1	5	8	9
*CC1f. A stroke? (KEY PHRASE: stroke)	1	5	8	9
*CC1g. A heart attack? (KEY PHRASE: heart attack)	1	5	8	9
*CC1h. Did a doctor or other health professional ever tell you that you had any of the following illnesses: heart disease? (KEY PHRASE: heart disease)	1	5	8	9
*CC1i. High blood pressure? (KEY PHRASE: high blood pressure)	1	5	8	9
*CC1j. Asthma? (KEY PHRASE: asthma)	1	5	8	9
*CC1k. Tuberculosis? (KEY PHRASE: tuberculosis)	1	5	8	9
*CC1l. Any other chronic lung disease, like COPD or emphysema? (KEY PHRASE: chronic lung disease)	1	5	8	9
*CC1n. Diabetes or high blood sugar? (KEY PHRASE: diabetes or high blood sugar)	1	5	8	9
*CC1o. An ulcer in your stomach or intestine? (KEY PHRASE: ulcer)	1	5	8	9
*CC1r. HIV infection or AIDS? (KEY PHRASE: HIV infection)	1	5	8	9
*CC1s. Epilepsy or seizures? (KEY PHRASE: epilepsy or seizure disorder)	1	5	8	9
*CC1t. Cancer? (KEY PHRASE: cancer)	1	5	8	9

***CC2. INTERVIEWER INSTRUCTION: (SEE *CC1a - *CC1t SERIES)**
CIRCLE ALL ENDORSED CONDITIONS IN *CC1a - *CC1t SERIES IN LEFT COLUMN BELOW AND ON THE FOLLOWING TWO PAGES. THEN ASK FOLLOW-UP QUESTIONS TO THE RIGHT IN SEQUENCE ONE ITEM AT A TIME. IF NO CONDITIONS WERE ENDORSED, GO TO *CC6.1.

	*CC3. How old were you the first time you had (DX)?	*CC4. Did you still have (DX) or receive any treatment for (it/ them) at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
ARTHRITIS OR RHEUMATISM	*CC3a. _____ YEARS DK..... 998 RF 999				
BACK OR NECK PROBLEMS	*CC3b. _____ YEARS DK..... 998 RF 999	*CC4b. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
FREQUENT OR SEVERE HEADACHES	*CC3c. _____ YEARS DK..... 998 RF 999	*CC4c. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
(ANY OTHER) CHRONIC PAIN	*CC3d. _____ YEARS DK..... 998 RF 999	*CC4d. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
SEASONAL ALLERGIES	*CC3e. _____ YEARS DK..... 998 RF 999	*CC4e. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
STROKE	*CC3f. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1				

	*CC3. How old were you when you were first diagnosed with (DX)?	*CC4. Did you still have (DX) or receive any treatment for it at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
HEART ATTACK	*CC3g. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
HEART DISEASE	*CC3h. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
HIGH BLOOD PRESSURE	*CC3i. _____ YEARS DK..... 998 RF 999	*CC4i. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
ASTHMA	*CC3j. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
TUBERCULOSIS	*CC3k. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
CHRONIC LUNG DISEASE	*CC3l. _____ YEARS DK..... 998 RF 999 GO TO *CC3 FOR NEXT DX OR *CC6.1	*CC4k. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1

	*CC3. How old were you when you were first diagnosed with (DX)?	*CC4. Did you still have (DX) or receive any treatment for it at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
DIABETES OR HIGH BLOOD SUGAR	*CC3n. _____ YEARS DK.....998 RF.....999	*CC4n. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
(AN/THE) ULCER	*CC3o. _____ YEARS DK.....998 RF.....999	*CC4o. 1 GO TO *CC3 FOR NEXT DX OR *CC6.1	5 GO TO *CC3 FOR NEXT DX OR *CC6.1	8 GO TO *CC3 FOR NEXT DX OR *CC6.1	9 GO TO *CC3 FOR NEXT DX OR *CC6.1
HIV (INFECTION)	*CC3r. _____ YEARS DK.....998 RF.....999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
EPILEPSY OR SEIZURES	*CC3s. _____ YEARS DK.....998 RF.....999 GO TO *CC3 FOR NEXT DX OR *CC6.1				
CANCER	*CC3t. _____ YEARS DK.....998 RF.....999 GO TO *CC6				

*CC6. Are you currently being treated for your cancer, in remission, or has it been cured?

- BEING TREATED1
- REMISSION2
- CURED.....3
- DON'T KNOW8
- REFUSED9

*CC6a. Where (is/ was) your cancer? In what part of your body?

CIRCLE ALL THAT APPLY.

- BREAST CANCER1
- COLON CANCER.....2
- LUNG CANCER3
- LYMPHOMA OR LEUKEMIA4
- PROSTATE CANCER5
- SKIN CANCER (MELANOMA)6
- UTERINE CANCER7
- OVARIAN CANCER.....8
- CERVICAL CANCER9
- OTHER (SPECIFY).....10

-
-
- DON'T KNOW98
 - REFUSED99

*CC6.1. In the past 12 months did you have an accident, injury or poisoning that required medical attention?

- YES.....1
- NO.....2 **GO TO *CC7**
- DON'T KNOW8 **GO TO *CC7**
- REFUSED9 **GO TO *CC7**

*CC6.1a. How many accidents, injuries, or poisonings did you have in the past 12 months that required medical attention?

_____ NUMBER

- DON'T KNOW998
- REFUSED999

*CC6.1b. (Think about the most recent of these accidents, injuries, or poisonings in answering the next questions.) Was that a real accident, or was it something you did to yourself on purpose, or something that happened during a fight or attack?

- ACCIDENT 1
- DID TO SELF ON PURPOSE 2
- DURING FIGHT OR ATTACK 3
- OTHER (SPECIFY) 4

-
-
-
-
- DON'T KNOW 8
 - REFUSED 9

*CC6.1c. Did it happen while you were at work, on work-related travel, or some place else?

WORK.....	1
WORK-RELATED TRAVEL.....	2
SOME PLACE ELSE.....	3
DON'T KNOW	8
REFUSED	9

*CC6.2. (Showcard 34) Which of the conditions on this list or any other conditions resulted from that injury? (Just give me the number from the list?)

RECORD ALL MENTIONS

BROKEN OR DISLOCATED BONES	1
SPRAIN, STRAIN, OR PULLED MUSCLE.....	2
CUTS, SCRAPES, OR PUNCTURE WOUNDS.....	3
HEAD INJURY, CONCUSSION	4
BRUISE, CONTUSION, OR INTERNAL BLEEDING.....	5
BURN, SCALD.....	6
POISONING FROM CHEMICALS, MEDICINES, OR DRUGS.....	7
RESPIRATORY PROBLEM SUCH AS BREATHING, COUGH, PNEUMONIA.....	8
OTHER (SPECIFY).....	96

DON'T KNOW	98
REFUSED	99

*CC6.3. (Showcard 35) Where did the injury occur?

RECORD ALL MENTIONS

R'S HOME OR SECTION.....	1
SOMEONE ELSE'S HOME OR SECTION.....	2
SCHOOL (INCLUDING PLAYGROUND) OR OTHER EDUCATIONAL INSTITUTION	3
WORKPLACE	4
TRAVELING TO OR FROM WORK OR AS PART OF WORK	5
STREET OR ROAD (NOT TRAVELLING FOR WORK).....	6
PUBLIC SPACE (e.g., FOOTPATH) OR BUILDING.....	7
FARM OR AGRICULTURAL AREA	8
PLACE OF RECREATION OR SPORTS (EXCEPT AT SCHOOL)	9
OTHER (SPECIFY).....	96

DON'T KNOW	98
REFUSED	99

*CC6.3.a. What caused the injury? For example, were you hit by a car while riding a bike, burned by a hot pot while you were cooking, or pushed down a flight of stairs during a fight?

***CC7. INTERVIEWER CHECKPOINT:** (SEE *CC1a, *CC1f, *CC1g, *CC1h, *CC1j, *CC1l, *CC1r, *CC1s, *CC1t, *CC4b, *CC4c, *CC4d, *CC4e, *CC4i, *CC4k, *CC4n, *CC4o, *CC6, *CC6.1)

*CC1a EQUALS '1' OR *CC1f EQUALS '1' OR *CC1g EQUALS '1' OR *CC1h EQUALS '1'
 OR *CC1j EQUALS '1' OR *CC1l EQUALS '1' OR *CC1r EQUALS '1' OR *CC1s EQUALS '1'
 OR *CC1t EQUALS '1' OR *CC4b EQUALS '1' OR *CC4c EQUALS '1' OR *CC4d EQUALS '1'
 OR *CC4e EQUALS '1' OR *CC4i EQUALS '1' OR *CC4k EQUALS '1' OR *CC4n EQUALS '1'
 OR *CC4o EQUALS '1' OR *CC6 EQUALS '1' OR *CC6.1 EQUALS '1'1
 ALL OTHERS2 GO TO *FD1
 NEXT SECTION

***CC8. INTERVIEWER CHECKPOINT:** (SEE *CC1a, *CC1f, *CC1g, *CC1h, *CC1j, *CC1l, *CC1r, *CC1s, *CC1t, *CC4b, *CC4c, *CC4d, *CC4e, *CC4i, *CC4k, *CC4n, *CC4o, *CC6, *CC6.1)

COUNT THE NUMBER OF R'S CONDITIONS.

STEP 1. CIRCLE THAT NUMBER IN LEFT-HAND COLUMN BELOW. THE RIGHT-HAND COLUMN BELOW GIVES NUMBER OF RANDOMLY ASSIGNED CONDITION.

TOTAL NUMBER OF CONDITION TYPES REPORTED	RANDOM CONDITION
1	1
2	(random b/w 1-2)
3	(random b/w 1-3)
4	(random b/w 1-4)
5	(random b/w 1-5)
6	(random b/w 1-6)
7	(random b/w 1-7)
8	(random b/w 1-8)
9	(random b/w 1-9)
10	(random b/w 1-10)
11	(random b/w 1-11)
12	(random b/w 1-12)
13	(random b/w 1-13)
14	(random b/w 1-14)
15	(random b/w 1-15)
16	(random b/w 1-16)
17	(random b/w 1-17)
18	(random b/w 1-18)
19	(random b/w 1-19)
20	(random b/w 1-20)
21	(random b/w 1-21)
22	(random b/w 1-22)

STEP 2. RECORD KEY PHRASE FOR RANDOMLY-ASSIGNED CONDITION: (SEE *CC1a, *CC1f, *CC1g, *CC1h, *CC1j, *CC1l, *CC1r, *CC1s, *CC1t, *CC4b, *CC4c, *CC4d, *CC4e, *CC4i, *CC4k, *CC4n, *CC4o, *CC6, *CC6.1)

*CC9. The next questions are about (the condition/ one of the conditions) you reported, (RANDOM CONDITION). How many times did you see a doctor or other health professional in the past 12 months for treatment of your (RANDOM CONDITION)?

_____ TIMES

DON'T KNOW..... 998

REFUSED..... 999

No Interference	Mild	Moderate	Severe	Very Severe Interference
0	1 2 3	4 5 6	7 8 9	10

*CC10. (Showcard 40) Think about the month or longer in the past 12 when (RANDOM CONDITION) or its consequences were most severe. Using a 0 to 10 scale on your showcard 40, where 0 means no interference and 10 means very severe interference, what number describes how much (RANDOM CONDITION) or its consequences interfered with each of the following activities during that time? Please tell me if any of these things do not apply to you.

(IF NEC: How much did (RANDOM CONDITION) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*CC10a. Your home responsibilities, like cleaning, shopping, and taking care of the (house/flat/ apartment)? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*CC10b. Your ability to work or study? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*CC10c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*CC10d. Your social life? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*CC11. INTERVIEWER CHECKPOINT: (SEE *CC10a - *CC10d)

ALL FOUR RESPONSES TO *CC10a - *CC10d SERIES EQUAL '0' OR '97' 1 **GO TO *FD1**
..... **NEXT SECTION**
ALL OTHERS..... 2

*CC12. During the past 12 months, about how many days out of those 365 were you totally unable to work or carry out your normal activities because of (RANDOM CONDITION)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ DAYS

DON'T KNOW 998
REFUSED 999

GO TO *FD1, NEXT SECTION