

# Candidate Questionnaire

Q1

Category: Exercise

Question: **IN THE PAST 12 MONTHS**, how would you describe your exercise regimen?

Choice1 => NO regular exercise

Choice2 => Exercise year round

Choice3 => Exercise some seasons but not others

Choice4 => Walking briskly at least 20 min; at least 2 times per week

Choice5 => Aerobic exercise (run, bike, stairs, aerobics etc) at least 20 min; at least 2 times per week

Choice6 => Weightlifting at least 20 min; at least 2 times per week

Choice7 => Above exercise choices nearly always total 5 or more times per week

Q2

Category: Exercise

Question: **IN THE PAST 12 MONTHS**, on average, per week how many times did you engage in **PHYSICAL ACTIVITY (at work or not at work) VIGOROUS ENOUGH** to work up a sweat for at least 20 minutes?

Choice1 => None

Choice2 => Monthly but not weekly

Choice3 => 1 to 2 times per week

Choice4 => 3 to 4 times per week

Choice5 => 5 to 7 times per week

Choice6 => 8 or more times per week

Q3

Category: Exercise

Question: **IN THE PAST 4 WEEKS**, how many times did you engage in **PHYSICAL ACTIVITY (at work or not at work) VIGOROUS ENOUGH** to work up a sweat for at least 20 minutes?

Choice1 => None

Choice2 => Monthly but not weekly

Choice3 => 1 to 2 times per week

Choice4 => 3 to 4 times per week

Choice5 => 5 to 7 times per week

Choice6 => 8 or more times per week

Q4

Category: Musculoskeletal Conditions

Question: **The next series of questions are about musculoskeletal problems, fractures, and arthritis.**

**Have you **EVER** suffered any serious or long-lasting (2 OR MORE MONTHS) musculoskeletal or orthopedic problems?**

Choice1 => No

Choice2 => Yes, Arm problem (Anywhere from Shoulder to Fingers)

Choice3 => Yes, Leg problem (Anywhere from Hips to Toes)

Choice4 => Yes, Neck problem

Choice5 => Yes, Back problem

Choice6 => Yes, Head, Skull or Jaw problem

Choice7=> Yes, Arthritis

Q5

Category: Musculoskeletal Conditions

Question: **Have you **EVER** had any of the following shoulder problems?**

Choice1 => None of the below

Choice 2 => Rotator cuff, impingement, tendonitis/ arthritis, bursitis, or cartilage condition (s) of the shoulder

Choice3 => Shoulder dislocation

Choice4 => Shoulder fracture(s)

Choice5 => Other swollen, painful or weak shoulder for 3 consecutive months

Choice6 => Received or recommended shoulder surgery, including arthroscopy, joint replacement or bone hardware (plates/rods)

Choice7 => Required X-rays, CT or MRI scans of shoulder

Q6

Category: Musculoskeletal Conditions

Question: ****CURRENTLY**, my shoulder condition(s) are:**

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q7

Category: Musculoskeletal Conditions

Question: **Have you **EVER** had any of the following **OTHER** upper arm problems?**

Choice1 => None of the below

Choice2 => Painful or swollen upper arm for 3 consecutive months

Choice3 => Upper arm (above elbow) fractures

Choice4 => Tumor of the upper arm

Choice5 => Amputation of the upper arm (above elbow)

Choice6 => Received or recommended upper arm surgery, including skin grafts, bone hardware (plates/rods) or prosthesis

Choice7 => Required X-rays, CT or MRI scans of the upper arm

Q8

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my upper arm condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q9

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following elbow problems?**

Choice1 => None of the below

Choice2 => Tendonitis/ arthritis, bursitis, or cartilage condition (s) of elbow

Choice3 => Elbow fractures

Choice4 => Other swollen, painful or weak elbow for 3 consecutive months

Choice5 => Received or recommended elbow surgery, including arthroscopy, joint replacement or bone hardware (plates/rods)

Choice6 => Required X-rays, CT or MRI scans of elbow

Q10

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my elbow condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q11

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following wrist, hand, or finger problems?**

Choice1 => None of the below

Choice2 => Tendonitis/ arthritis, bursitis, or cartilage condition (s) of the wrist, hand, or fingers

Choice3 => Carpal Tunnel Syndrome

Choice4 => Wrist/ hand/ finger(s) bone fractures

Choice 5 => Other swollen, painful or weak wrist, hand, or finger(s)

Choice 6 => Received or recommended wrist, hand, or finger surgery, including arthroscopy, joint replacement or bone hardware (plates/rods)

Choice 7 => Required X-rays, CT or MRI scans of the wrists, hands, or fingers

Q12

Category : Musculoskeletal Conditions

Question : **CURRENTLY**, my wrist, hand, or finger condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q13

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following OTHER lower arm problems?**

Choice1 => None of the below

Choice2 => Painful or swollen lower arm for 3 consecutive months

Choice3 => Lower arm (below elbow) fractures

Choice4 => Tumor of the lower arm

Choice5 => Amputation of the lower arm (below elbow)

Choice6 => Received or recommended lower arm surgery, including skin grafts, bone hardware (plates/rods) or prosthesis

Choice7 => Required X-rays, CT or MRI scans of the lower arm

Q14

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my lower arm condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q15

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following hip problems?**

Choice1 => None of the below

Choice2 => Tendonitis/ arthritis, bursitis, or cartilage condition (s) of hip

Choice3 => Hip dislocation or instability

Choice4 => Hip fractures

Choice5 => Other swollen, painful, or weak hip for 3 consecutive months

Choice6 => Received or recommended hip surgery, including arthroscopy, joint replacement or bone hardware (plates/rods)

Choice7 => Required X-rays, CT or MRI scans of the hip

Q16

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my hip condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q17

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following OTHER upper leg problems?**

Choice1 => None of the below

Choice2 => Painful or swollen upper leg for 3 consecutive months

Choice3 => Upper leg (above knee) fractures

Choice4 => Tumor of the upper leg

Choice5 => Amputation of the upper leg (above knee)

Choice6 => Received or recommended upper leg surgery, including skin grafts, bone hardware (plates/rods) or prosthesis

Choice7 => Required X-rays, CT or MRI scans of the upper leg

Q18

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my upper leg condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q19

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following knee problems?**

Choice1 => None of the below

Choice2 => Swollen, painful or weak knee for 3 consecutive months

Choice3 => Chronic tendonitis/ arthritis, bursitis, or cartilage condition (s) of knee

Choice4 => Torn knee meniscus or ACL

Choice5 => Knee fracture

Choice6 => Received or recommended knee surgery, including arthroscopy, joint replacement or bone hardware (plates/rods)

Choice7 => Required X-rays, CT or MRI scans of knee

Q20

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my knee condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q21

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following ankle, foot, or toe problems?**

Choice1 => None of the below

Choice2 => Swollen, painful or weak ankle, foot, or toe for 3 consecutive months

Choice3 => Chronic tendonitis/ arthritis, bursitis, or cartilage condition (s) or bursitis of ankle, foot, or toes

Choice4 => Achilles tendon rupture

Choice5 => Ankle, foot, or toe bone fractures

Choice6 => Received or recommended ankle, foot, or toe surgery, including arthroscopy, joint replacement or bone hardware (e.g., screws/plates/rods)

Choice7 => Required X-rays, CT or MRI scans of ankle, foot, or toe(s)

Q22

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my ankle, foot, or toe condition(s) are:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q23

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following OTHER lower leg problems?**

Choice1 => None of the below

Choice2 => Painful or swollen lower leg for 3 consecutive months

Choice3 => Lower leg (below knee) fractures

Choice4 => Tumor of the lower leg

Choice5 => Amputation of the lower leg (below knee)

Choice6 => Received or recommended lower leg surgery, including skin grafts, bone hardware (plates/rods) or prosthesis

Choice7 => Required X-rays, CT or MRI scans of the lower leg

Q24

Category: Musculoskeletal Conditions

Question: **CURRENTLY, my lower leg condition(s) are:**

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q25

Category: Musculoskeletal Conditions

Question: **Have you EVER had any of the following neck problems?**

Choice1 => None of the below

Choice2 => Neck pain or limitation of motion for 3 consecutive months

Choice3 => Tendonitis/ arthritis/ stenosis in neck

Choice4 => Herniated discs in neck

Choice5 => Neck fracture

Choice6 => Received or recommended neck surgery including discectomy or fusion

Choice7 => Required X-rays, CT or MRI spine scans of neck

Q26

Category: Musculoskeletal Conditions

Question: **CURRENTLY, my neck condition(s) are:**

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q27

Category: Musculoskeletal Conditions

Question: **Have you **EVER** had any of the following BACK problems?**

Choice1 => None of the below

Choice2 => Back pain or limitation of motion for 3 consecutive months

Choice3 => Tendonitis/ arthritis/ stenosis/ scoliosis of back

Choice4 => Herniated discs in back

Choice5 => Back fractures

Choice6 => Received or recommended back surgery, including discectomy or fusion

Choice7 => Required X-rays, CT or MRI scans of the back

Q28

Category: Musculoskeletal Conditions

Question: ****CURRENTLY**, my back condition(s) are:**

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q29

Category: Musculoskeletal Conditions

Question: **Has a doctor or health professional ever told you that you have Arthritis?**

Choice1 => No

Choice2 => Traumatic Arthritis or Osteoarthritis

Choice3 => Gout

Choice4 => Rheumatoid

Choice5 => Lupus

Choice6 => Polymyositis/ Dermatomyositis

Choice7 => Other (for example, Psoriatic, Scleroderma)

Q30

Category: Musculoskeletal Conditions

Question: **What year were you FIRST DIAGNOSED with arthritis?**

Choice1 => Don't Know

Choice1 => YEAR(YYYY)

Q31



Category: Musculoskeletal Conditions

Question: **CURRENTLY**, my Arthritis is:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q32

Category: Musculoskeletal Conditions

Question: **CURRENTLY**, do you have any artificial or surgically implanted joints or prosthesis?

Choice1 => No

Choice2 => Shoulder

Choice3 => Elbow

Choice4 => Wrist

Choice5 => Hip

Choice6 => Knee

Choice7 => Ankle

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Q33

Category: Head and Dental

Question: **Have you EVER** had any of the following skull or dental problems?

Choice1 => No problem

Choice2 => Skull deformity

Choice3 => Other head, skull or jaw condition

Choice4 => Dental disease

Choice5 => Dental insert

Choice6 => Other dental condition

Q34

Question: **CURRENTLY**, my head, skull, jaw or dental problem is:

Choice1 => No Problem

Choice2 => Mild or Slight Problem

Choice3 => Moderate Problem

Choice4 => Severe Problem

Choice5 => As bad as it could be

Q35

Category: Heart

Question: **The next series of questions are about cardiac issues. Has a doctor or health professional **EVER** told you that you have high blood pressure including borderline high blood pressure?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on treatment/medication

Choice5 => Yes, I am on diet/exercise and treatment/medication

Choice6 => The problem has resolved

Q36

Category: Heart

Question: **IN THE LAST 5 YEARS, have you had a stress test?**

Choice1 => No stress test in the last 5 years (age 40 years or younger)

Choice2 => No stress test in the last 5 years (age 40 years or older)

Choice3 => Normal stress test in the last 5 years

Choice4 => Abnormal stress test without other studies

Choice5 => Abnormal stress test with other studies normal

Choice6 => Abnormal stress test with other studies abnormal

Q37

Category: Heart

Question: **Has a doctor or health professional **EVER** told you that you have any of the following conditions?**

Choice1 => No

Choice2 => Aortic Aneurysm

Choice3 => Heart murmur or valve problem

Choice4 => Enlarged heart or heart failure (cardiomyopathy, myocarditis)

Choice5 => Abnormal or irregular heartbeat/ heart rhythm/ palpitations

Choice6 => Coronary artery disease, MI (heart attack), angina (ischemia)

Q38

Category: Heart

Question: **Have you **EVER** received treatment for your Aortic aneurysm?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on or have received medication/treatment

Choice5 => Yes, I am on diet/exercise and medication/treatment

Q39

Category: Heart

Question: **Have you **EVER** received treatment for your heart murmur or valve problem?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on medication/treatment

Choice5 => Yes, I am on diet/exercise and medication/treatment

Choice6 => The problem has resolved

Q40

Category: Heart

Question: **Have you **EVER** received treatment for your enlarged heart or heart failure, cardiomyopathy, or myocarditis?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on medication/treatment

Choice5 => Yes, I am on diet/exercise and medication/treatment

Choice6 => The problem has resolved

Q41

Category: Heart

Question: **What was or is the nature of your abnormal or irregular heartbeat/heart rhythm/palpitations?**

Choice1 => Atrial fibrillation/flutter

Choice2 => SVT (supraventricular tachycardia)

Choice3 => Ventricular fibrillation/flutter

Choice4 => Abnormal beats on cardiogram (EKG)

Choice5=> Type not listed or unsure which type

Q42

Category: Heart

Question: **Have you **EVER** received medical care, including medications, for your**

**abnormal or irregular heartbeat/heart rhythm/palpitations?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on medication/treatment

Choice5 => Yes, I am on diet/exercise and medication/treatment

Choice6 => The problem has resolved

Q43

Category: Heart

Question: **Have you **EVER** received medical care, including medications, for your coronary artery disease?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on or have received medication/treatment

Choice5 => Yes, I am on diet/exercise and medication/treatment

Q44

Category: Heart

Question: **Have you **EVER** received medical care, including medications, for your angina (also called angina pectoris) or ischemia?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on or have received medication/therapy

Choice5 => Yes, I am on diet/exercise and medication/therapy

Q45

Category: Heart

Question: **Has a doctor or health professional **EVER** told you that you had a heart attack or MI (myocardial infarction)?**

Choice1 => No

Choice2 => Yes, I am being monitored without any therapy

Choice3 => Yes, I am on diet/exercise

Choice4 => Yes, I am on or have received medication/therapy

Choice5 => Yes, I am on diet/exercise and medication/therapy

Q46

Category: Heart

Question: **Has heart surgery **EVER** been done or recommended?**

Choice1 => No heart surgery has been done or suggested

Choice2 => Coronary artery bypass

Choice3 => Coronary artery angioplasty with or without stent

Choice4 => Valve repair or replacement

Choice5 => Pacemaker or auto-defibrillator

Choice6 => Aortic Aneurysm repair

Choice7 => Cardiac rhythm ablation

Q47

Category: Vascular and Neurological

Question: **The next series of questions are about neurologic and vascular issues. Has a doctor or health professional **EVER** told you that you had any of the following conditions?**

Choice1 => No

Choice2 => Brain Aneurysm or bleed

Choice3 => Pulmonary Embolism

Choice4 => Deep Vein Thrombosis (clot)

Choice5 => Stroke, TIA or CVA

Q48

Category: Vascular and Neurological

Question: **Have you **EVER** received treatment for your Brain aneurysm or bleed**

Choice1 => No

Choice2 => Yes, I am on medication/treatment

Choice3 => Yes, but I am no longer on medication/treatment

Q49

Category: Vascular and Neurological

Question: **Have you **EVER** received treatment for your stroke, TIA or CVA?**

Choice1 => No

Choice2 => Yes, I am on medication/treatment

Choice3 => Yes, but I am no longer on medication/treatment

Q50

Category: Vascular and Neurological

Question: **Have you **EVER** received treatment for your Deep Vein Thrombosis or**

### **Pulmonary Embolism?**

Choice1 => No

Choice2 => Yes, I am on medication/treatment

Choice3 => Yes, but I am no longer on medication/treatment

Q51

Category: Vascular and Neurological

Question: **Has a doctor or health professional EVER told you that you had any of the following conditions?**

Choice1 => No

Choice2 => Anemia

Choice3 => Sickle cell disease

Choice4 => Blood clotting disorder

Choice5 => Bleeding disorder

Choice6 => Varicose veins

Q52

Category: Vascular and Neurological

Question: **Has a doctor or health professional EVER told you that you had any of the following conditions?**

Choice1 => No

Choice2 => Myasthenia Gravis

Choice3 => Multiple Sclerosis

Choice4 => Parkinson's

Choice5 => Bell's Palsy

Choice6 => Polio

Q53

Category: Vascular and Neurological

Question: **Has a doctor or health professional EVER told you that you had any of the following conditions?:**

Choice1 => No

Choice2 => ALS

Choice3 => Muscular dystrophy or other muscular disorder

Choice4 => Paralysis, numbness, lack of muscle control, or muscle spasms

Choice5 => Other systemic neurologic disease

Prev Ques to this grid:

Multiple Choice: Yes

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Q54

Category: Endocrine

Question: **The next series of questions pertains to endocrine and hormonal conditions.**

**Has a doctor or health professional **EVER** told you that you have a thyroid hormone problem?**

Choice1 => No thyroid disorders

Choice2 => Borderline thyroid (under or overactive) not requiring treatment

Choice3 => Overactive thyroid requiring treatment

Choice4 => Underactive thyroid requiring treatment (ex. synthroid)

Choice5 => Thyroid nodule (not cancer)

Choice6 => Thyroid cancer

Q55

Category: Endocrine

Question: **IN THE PAST 12 MONTHS, has a doctor or health professional told you that you have a thyroid hormone problem?**

Choice1 => No thyroid disorders

Choice2 => Borderline thyroid (under or overactive) not requiring treatment

Choice3 => Overactive thyroid requiring treatment

Choice4 => Underactive thyroid requiring treatment (ex. Synthroid)

Choice5 => Thyroid nodule (not cancer)

Choice6 => Thyroid cancer

Q56

Category: Endocrine

Question: **Has a doctor or health professional **EVER** told you that you have diabetes, elevated blood sugar, or sugar in your urine?**

Choice1 => No

Choice2 => Yes

Q57

Category: Endocrine

Question: **IN THE PAST 12 MONTHS, what has your doctor or health professional most recently told you about diabetes?**

Choice1 => No diabetes (normal blood sugar)

Choice2 => High blood sugar controlled by diet and/or exercise

Choice3 => High blood sugar controlled by medication(s) other than insulin

Choice4 => High blood sugar controlled by insulin

Choice5 => High blood sugar controlled by insulin and other medications

Choice6 => High blood sugar only when pregnant

Q58

Category: Endocrine

Question: **Has a doctor or health professional EVER told you that you have another metabolic or hormone condition?**

Choice1 => No

Choice2 => Adrenal or Pituitary conditions

Choice3 => Heat stroke or Heat coma

Choice4 => Rhabdomyolysis

Choice5 => Other metabolic or hormone conditions

Q59

Category: Cancer Prevention

Question: **IN THE PAST 12 MONTHS, has your urine been dark colored or have you had blood or protein in your urine?**

Choice1 => No

Choice2 => Yes; I have not yet seen a doctor

Choice3 => Yes, my doctor is monitoring me without treatment

Choice4 => Yes, I am under treatment or on medication

Choice5 => Yes, non-cancerous benign growth removed

Choice6 => Yes, cancer removed

Q60

Category: Cancer Prevention

Question: **IN THE PAST 12 MONTHS, have you had a SKIN disorder?**

Choice1 => No skin disorders

Choice2 => Chronic skin condition (psoriasis, eczema, etc.)

Choice3 => Skin rash lasting at least 1 month

Choice4 => Bleed or bruise very easily

Choice5 => Mole, wart or other skin growth getting larger, darker, changing color or bleeds

Q61

Category: Musculoskeletal Conditions

Question: **Have you EVER been hospitalized or been on medical leave for more than 1 month due to a burn injury?**

Choice1 => No burns

Choice2 => Yes, burn(s) without the need for skin graft(s)

Choice3 => Yes, burn(s) with the need for skin graft(s)

Q62

Category: Cancer Prevention



Question: **IN THE PAST 12 MONTHS**, have you had a change in weight of at least **10 pounds**?

Choice1 => No

Choice2 => Yes, I have gained at least 10 pounds

Choice3 => Yes, I have lost at least 10 pounds through diet and/or exercise

Choice4 => Yes, I have lost at least 10 pounds unintentionally with a good appetite

Choice5 => Yes, I have lost at least 10 pounds unintentionally with a poor appetite

Q63

Category: Lower Respiratory Symptoms/Conditions

Question: **The next series of questions are about lower respiratory conditions. IN THE PAST 12 MONTHS**, how often have you had a cold, flu, or respiratory infection?

Choice1 => None

Choice2 => 1 time

Choice3 => 2 times

Choice4 => 3 times

Choice5 => 4 times

Choice6 => 5 or more times

Q64

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 4 WEEKS**, have you had a cold, flu, or respiratory infection?

Choice1 => No

Choice2 => Yes

Q65

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, have you had any of the following symptoms?

Choice1 => No

Choice2 => Wheezing or whistling in your chest

Choice3 => Difficulty taking a full breath in

Choice4 => Shortness of breath

Choice5 => Frequent or usual cough (at least 4 times per day, 4 days per week, 4 consecutive weeks per year)

Q66

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 4 WEEKS**, how often have you had wheezing while you were awake?

Choice1 => None

Choice2 => Monthly but not weekly

Choice3 => 1-2 times per week

Choice4 => 3-6 times per week

Choice5 => Daily or almost daily

Q67

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your wheeze:

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q68

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, have you had difficulty taking full breath in or shortness of breath?

Choice1 => No

Choice2 => At rest

Choice3 => Prevents you from leaving your home

Choice4 => When walking at your own pace on level ground

Choice5 => When walking on level ground at the same pace as people your age

Choice6 => When walking fast or up hills/stairs

Choice7 => When exercising or with strenuous physical activities

Q69

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your shortness of breath:

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q70

Category: Lower Respiratory Symptoms/Conditions

Question: **Has a doctor or health professional **EVER** told you that you had lung problems due to World Trade Center exposures or "World Trade Center Cough"?**

Choice1 => No, was not exposed

Choice2 => No, despite being exposed

Choice3 => Yes

Q71

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, apart from when you had a cold, have you had a regular or usual cough? (At least 4 times per day, 4 days per week, 4 consecutive weeks per year)

Choice1 => No

Choice2 => Yes

Q72

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, has your cough been present on most days during 3 CONSECUTIVE MONTHS?

Choice1 => No

Choice2 => Yes, for at least 3 consecutive months

Choice3 => Yes, nearly all year long

Q73

Category: Lower Respiratory Symptoms/Conditions

Question: **Have you had a WET, productive cough for 3 CONSECUTIVE MONTHS IN EACH OF THE PAST 2 YEARS?**

Choice1 => No

Choice2 => Yes

Q74

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your cough:

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q75

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, have you had any of the following symptoms?

Choice1 => No

Choice2 => Chest Pressure

Choice3 => Chest Stabbing

Choice4 => Chest Burning

Choice5 => Chest Tightness

Choice6 => Chest Pain (other types)

Q76

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, do you have chest pain (any type)?

Choice1 => No chest pain of any type

Choice2 => At rest

Choice3 => Interrupting your sleep

Choice4 => When walking at your normal pace on level ground

Choice5 => When exercising or with strenuous physical activities

Choice6 => While hurrying on level ground or walking up hills/ stairs

Choice7 => While working at fire or EMS runs

Q77

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your chest pain (any type):

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q78

Category: Lower Respiratory Symptoms/Conditions

Question: **Has a doctor or health professional EVER** told you that you had any of the following problems?

Choice1 => No

Choice2 => Sarcoidosis

Choice3 => Pneumonia

Choice4 => Emphysema or COPD (Chronic Obstructive Pulmonary Disease)

Choice5 => Bronchitis, bronchiectasis or bronchiolitis

Choice6 => Asthma/RADS (Reactive Airways Dysfunction Syndrome)

Q79

Category: Lower Respiratory Symptoms/Conditions

Question: **When was the first time a doctor or health professional told you that you have Sarcoidosis?**

Choice1 => Don't Know

Choice2 => YEAR(YYYY)

Q80

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY, has your Sarcoidosis:**

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q81

Category: Lower Respiratory Symptoms/Conditions

Question: **When was the first time a doctor or health professional told you that you had pneumonia?**

Choice1 => Don't Know

Choice2 => YEAR(YYYY)

Q82

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS, has a doctor or health professional told you that you have Pneumonia?**

Choice1 => No

Choice2 => Yes

Q83

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY, has your Pneumonia:**

Choice1 => Resolved (gone away)  
Choice2 => Feel normal when on medication/treatment  
Choice3 => Improved  
Choice4 => Stayed the same  
Choice5 => Worsened

Q84

Category: Lower Respiratory Symptoms/Conditions

Question: **When was the first time a doctor or health professional told you that you have Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?**

Choice1 => Don't Know  
Choice2 => YEAR(YYYY)

Q85

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY, has your Emphysema or COPD:**

Choice1 => Resolved (gone away)  
Choice2 => Feel normal when on medication/treatment  
Choice3 => Improved  
Choice4 => Stayed the same  
Choice5 => Worsened

Q86

Category: Lower Respiratory Symptoms/Conditions

Question: **When was the first time a doctor or health professional told you that you had Bronchitis, bronchiectasis or bronchiolitis?**

Choice1 => Don't Know  
Choice2 => YEAR(YYYY)

Q87

Category: Lower Respiratory Symptoms/Conditions

Question: **Has your doctor or health professional told you that your Bronchitis, bronchiectasis or bronchiolitis is:**

Choice1 => Acute  
Choice2 => Chronic  
Choice3 => Both  
Choice4 => Unspecified or don't know

Q88

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, has a doctor or health professional told you **that you have Bronchitis, bronchiectasis, or bronchiolitis?**

Choice1 => No

Choice2 => Yes

Q89

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY** has your **Bronchitis, bronchiectasis, or bronchiolitis:**

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q90

Category: Lower Respiratory Symptoms/Conditions

Question: **When was the first time a doctor or health professional told you that you had Asthma or RADS?**

Choice1 => Don't Know

Choice2 => YEAR(YYYY)

Q91

Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, has a doctor or health professional told you **that you have Asthma or RADS?**

Choice1 => No

Choice2 => Yes

Q92

Category: Lower Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your **Asthma or RADS:**

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q93

Category: Lower Respiratory Symptoms/Conditions

Question: **Has a doctor or health professional **EVER** told you that you had any of the following conditions?**

Choice1 => No

Choice2 => Pleurisy

Choice3 => Lung scarring/ fibrosis or asbestosis

Choice4 => Bleeding in lungs or windpipe (pulmonary hemorrhage)

Choice5 => Mesothelioma

Choice6 => Lung cancer

Choice7 => Lung surgery or Tracheostomy

Q94

Category: Lower Respiratory Symptoms/Conditions

Question: **Has a doctor or health professional **EVER** told you that you have Tuberculosis (TB) with positive skin test?**

Choice1 => No

Choice2 => Yes, no treatment

Choice3 => Yes, currently on treatment

Choice4 => Yes, finished treatment

Q95

Category: Lower Respiratory Symptoms/Conditions

Question: **How many overnight hospital stays have you **EVER** had for respiratory symptoms/conditions (Lungs, NOT throat or nose)?**

Choice1 => None

Choice2 => 1 time

Choice3 => 2 times

Choice4 => 3 times

Choice5 => 4 times

Choice6 => 5 or more times

Q96

Category: Lower Respiratory Symptoms/Conditions

Question: **When was your last overnight hospital stay for these symptoms/conditions?**

Choice1 => Don't Know

Choice2 => YEAR(YYYY)

Q97



Category: Lower Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, have you received any of the following medications?

Choice1 => No

Choice2 => Antibiotics for cough or breathing

Choice3 => Bronchodilators (ex. Albuterol, Proventil, Atrovent, Combivent)

Choice4 => Steroids (ex. prednisone, medrol, Advair, Pulmicort, Azmacort, Flovent, Symbicort, Asmanex, other)

Choice5 => Nebulized medications

Choice6 => Other medication for cough or breathing problem

Q98

Category: Provocability

Question: **IN THE PAST 12 MONTHS**, have you had cough, wheeze, shortness of breath, or chest tightness during any of the following irritant conditions?

Choice1 => Does not apply

Choice2 => During exercise or physical activity

Choice3 => When exposed to smoke or fumes

Choice4 => When exposed to dust

Choice5 => When exposed to allergens (pets, trees, dust, pollen)

Choice6 => When the seasons change

Choice7 => When exposed to temperature or humidity extremes

Q99

Category: Provocability

Question: **CURRENTLY**, has your cough, wheeze, shortness of breath, or chest tightness during those irritant conditions:

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q100

Category: Upper Respiratory Symptoms/Conditions

Question: **The next series of questions pertains to eye, ear, nose, and throat conditions.**

**IN THE PAST 12 MONTHS**, apart from when you had a cold or flu, did you have any of the following for 3 OR MORE CONSECUTIVE MONTHS?

Choice1 => No

- Choice2 => Frequent headaches
- Choice3 => Sinus or face pain or pressure
- Choice4 => Nasal or sinus congestion
- Choice5 => Runny nose or postnasal drip
- Choice6 => Frequent nosebleeds
- Choice7 => Other nasal or sinus condition

Q101

Category: Upper Respiratory Symptoms/Conditions

Question: **CURRENTLY**, apart from when you had a cold or flu, have your sinus and nose symptoms (headaches, congestion, drip, irritation, soreness, burning, bleeds):

- Choice1 => Resolved (gone away)
- Choice2 => Feel normal when on medication/treatment
- Choice3 => Improved
- Choice4 => Stayed the same
- Choice5 => Worsened

Q102

Category: Upper Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, did you have any of the following for 3 OR MORE CONSECUTIVE MONTHS?

- Choice1 => No
- Choice2 => Ear pain or earache
- Choice3 => Ears ringing
- Choice4 => Ear fullness/blockage (like on a plane)

Q103

Category: Upper Respiratory Symptoms/Conditions

Question: **CURRENTLY**, have your ear symptoms (pain, ache, ringing, fullness, blockage):

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q104

Category: Upper Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, apart from when you have a cold or flu, have you had any of the following for 3 OR MORE CONSECUTIVE MONTHS?

Choice1 => No

Choice2 => Sore throat or throat irritation

Choice3 => Hoarse voice or voice change

Choice4 => Throat closure or spasms

Q105

Category: Upper Respiratory Symptoms/Conditions

Question: **CURRENTLY**, has your throat soreness, irritation, hoarseness, or voice change:

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q106

Category: Upper Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, do you have throat closure or spasms triggered by any of the following irritant conditions?

Choice1 => None or uncertain

Choice2 => Temperature extremes

Choice3 => Exercise

Choice4 => Odors

Choice5 => Dust

Choice6 => Smoke or fumes

Choice7 => Allergens (pollen, animals, dust)

Q107

Category: Upper Respiratory Symptoms/Conditions

Question: **CURRENTLY, has your throat closure or spasms:**

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q108

Category: Upper Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS, apart from when you had a cold or flu, have you had any of the following?**

Choice1 => No

Choice2 => Difficulty tasting

Choice3 => Difficulty smelling

Choice4 => Difficulty hearing

Q109

Category: Upper Respiratory Symptoms/Conditions

Question: **CURRENTLY, have your taste, smell, and/or hearing problems:**

Choice1 => Resolved (gone away)

Choice2 => Feel normal when on medication/treatment

Choice3 => Improved

Choice4 => Stayed the same

Choice5 => Worsened

Q110

Category: Eye

Question: **IN THE PAST 12 MONTHS, have you had any eye or vision disorders?**

Choice1 => None of the below

Choice2 => Vision has markedly declined (e.g., reading or driving)

Choice3 => Color Blindness

Choice4 => Blurred or double vision

Choice5 => Need glasses or contact lenses for activities other than reading

Choice6 => Received eye surgery for vision correction

Choice7 => Physician has diagnosed other persistent eye disorder(s)

Q111

Category: Ear

Question: **IN THE PAST 12 MONTHS**, have you had any ear or hearing disorders?

Choice1 => No ear or hearing disorder(s)

Choice2 => Hearing has markedly decreased

Choice3 => Received or recommended to wear hearing aid

Choice4 => Persistent or intermittent ringing in ears (tinnitus)

Choice5 => Recurrent ear infection or ruptured eardrum

Choice6 => Chronic vertigo or impaired balance

Choice7 => Other ear or hearing condition

Q112

Category: Upper Respiratory Symptoms/Conditions

Question: **IN THE PAST 12 MONTHS**, has a doctor or health professional told you **that you have Sinusitis/Rhinitis?**

Choice1 => No

Choice2 => Yes

Q113

Category: Upper Respiratory Symptoms/Conditions

Question: **Have you EVER had sinus or nose surgery for a sinus or nasal symptom/condition?**

Choice1 => No

Choice2 => Yes, once

Choice3 => Yes, multiple times

Q114

Category: Sleep

Question: **The next series of questions are about sleep and fatigue. Has a doctor or health professional EVER recommended that you have a sleep test for Sleep Apnea?**

Choice 1 => No

Choice 2 => Yes

Q115

Category: Sleep

Question: **Has a doctor or health professional EVER told you that you have Sleep Apnea?**

Choice 1 => No

Choice 2 => Yes

Q116

Category: Sleep

Question: **When was the FIRST time a doctor or health professional told you that you had Sleep Apnea?**

Choice1 => Don't know

Choice2 => YEAR(YYYY)

Q117

Category: Sleep

Question: **Has a CPAP/BIPAP mask or dental device been recommended for obstructive sleep apnea?**

Choice1 => No

Choice2 => Yes, but I am no longer using it

Choice3 => Yes, and I am still using it

Q118

Category: Sleep: BERLIN

Question: **Do you snore?**

Choice1 => No

Choice2 => Yes

Choice3 => Don't Know

Q119

Category: Sleep: BERLIN

Question: **Your snoring is:**

Choice1 => Slightly louder than breathing

Choice2 => As loud as talking

Choice3 => Louder than talking

Q120

Category: Sleep: BERLIN

Question: **How often do you snore?**

Choice1 => Almost every day

Choice2 => 3-4 times per week

Choice3 => 1-2 times per week

Choice4 => 1-2 times per month

Choice5 => Rarely or never

Q121

Category: Sleep: BERLIN

Question: **Has your snoring ever bothered other people?**

Choice1 => No

Choice2 => Yes

Choice3 => Don't Know

Q122

Category: Sleep: BERLIN

Question: **Has anyone noticed that you stop breathing during your sleep?**

Choice1 => Almost every day

Choice2 => 3-4 times per week

Choice3 => 1-2 times per week

Choice4 => 1-2 times per month

Choice5 => Rarely or never

Q123

Category: Sleep: BERLIN

Question: **How often do you feel tired or fatigued after you sleep?**

Choice1 => Almost every day

Choice2 => 3-4 times a week

Choice3 => 1-2 times a week

Choice4 => 1-2 times a month

Choice5 => Rarely or never

Q124

Category: Sleep: BERLIN

Question: **During your waking time, do you feel tired, fatigued or not up to par?**

Choice1 => Almost every day

Choice2 => 3-4 times a week

Choice3 => 1-2 times a week

Choice4 => 1-2 times a month

Choice5 => Rarely or never

Q125

Category: Sleep: BERLIN

Question: **Have you ever nodded off or fallen asleep while driving a vehicle?**

Choice1 => No

Choice2 => Yes

Q126

Category: Sleep: BERLIN

Question: **How often does this occur?**

Choice1 => Almost every day

Choice2 => 3-4 times a week

Choice3 => 1-2 times a week

Choice4 => 1-2 times a month

Choice5 => Rarely or never

Q127

Category: Sleep: BERLIN

Question: **Do you have high blood pressure?**

Choice1 => No

Choice2 => Yes

Q128

Category: Sleep: EPWORTH

Question: [**How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:] Sitting and reading**

Choice1 => Would never doze

Choice2 => Slight chance of dozing

Choice3 => Moderate chance of dozing

Choice4 => High chance of dozing

Q129

Category: Sleep: EPWORTH

Question: **Watching TV**

Choice1 => Would never doze

Choice2 => Slight chance of dozing

Choice3 => Moderate chance of dozing

Choice4 => High chance of dozing

Q130

Category: Sleep: EPWORTH

Question: **Sitting, inactive in a public place (e.g. a theatre or a meeting)**



Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q131

Category: Sleep: EPWORTH

Question: **As a passenger in a car for an hour without a break**

Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q132

Category: Sleep: EPWORTH

Question: **Lying down to rest in the afternoon when circumstances permit**

Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q133

Category: Sleep: EPWORTH

Question: **Sitting and talking to someone**

Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q134

Category: Sleep: EPWORTH

Question: **Sitting quietly after a lunch without alcohol**

Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q135

Category: Sleep: EPWORTH

Question: **In a car, while stopped for a few minutes in the traffic**

- Choice1 => Would never doze  
Choice2 => Slight chance of dozing  
Choice3 => Moderate chance of dozing  
Choice4 => High chance of dozing

Q136

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **The next set of questions pertains to gastrointestinal conditions.**  
**IN THE PAST 12 MONTHS, have you had any of the following gastrointestinal conditions?**

- Choice1 => None of the below  
Choice2 => Difficulty swallowing (feels like food gets stuck)  
Choice3 => Coughing after you lie down or eat  
Choice4 => Frequent nausea  
Choice5 => Frequent sour or acid taste in the mouth (at least twice per week)  
Choice6 => Frequent Gastroesophageal/ Acid reflux/ regurgitation into mouth (at least twice per week)  
Choice7 => Frequent heartburn/ indigestion (at least twice per week)

Q137

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **CURRENTLY, has your acid reflux, regurgitation, heartburn, indigestion, and/or nausea:**

- Choice1 => Resolved (gone away)  
Choice2 => Feel normal when on medication/treatment  
Choice3 => Improved  
Choice4 => Stayed the same  
Choice5 => Worsened

Q138

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **IN THE PAST 12 MONTHS, have you had any of the following?**

- Choice 1 => None of the below  
Choice 2 => Upper gastrointestinal bleeding (esophagus, stomach, small intestine)  
Choice3 => Lower gastrointestinal bleeding (colon, rectum) not due to hemorrhoids  
Choice4 => Hemorrhoids

Q139

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **CURRENTLY, has your gastrointestinal bleeding or hemorrhoids:**

- Choice1 => Resolved (gone away)  
Choice2 => Feel normal when on medication/treatment

Choice3 => Improved  
Choice4 => Stayed the same  
Choice5 => Worsened

Q140

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **Has a doctor or health professional EVER told you that you had any of the following conditions?**

Choice1 => None of the below  
Choice2 => Appendicitis or Appendectomy  
Choice3 => Gallbladder problem or Gallbladder removed

Choice4 => Hepatitis (liver irritation)  
Choice5 => Cirrhosis or Jaundice (liver failure)  
Choice6 => Enlarged or absent spleen  
Choice7 => Pancreatitis

Q141

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **Has a doctor or health professional EVER told you that you have any of the following intestinal conditions?**

Choice1 => None of the below  
Choice2 => Chronic abdominal pain (tests normal)  
Choice3 => Irritable Bowel Syndrome (IBS, Colitis)  
Choice4 => Chronic diarrhea (tests normal)  
Choice5 => Intestinal blockage  
Choice6 => Crohn's disease  
Choice7 => Ulcerative Colitis

Q142

Category: Gastrointestinal and Other Respiratory Symptoms

Question: **Has a doctor or health professional EVER told you that you have a hernia?**

Choice1 => No inguinal or abdominal wall hernia(s)  
Choice2 => Diagnosed an inguinal (groin) hernia  
Choice3 => Diagnosed an abdominal wall hernia  
Choice4 => Received or recommended hernia surgery

Q143

Category: Urinary system

Question: **Has a doctor or health professional EVER told you that you have any of the following urinary or kidney conditions?**

Choice1 => None of the below

Choice2 => Enlarged prostate

Choice3 => Kidney stones

Choice4 => Kidney failure

Choice5 => Kidney dialysis

Choice6 => Kidney transplant

Choice7 => Other urinary or kidney condition

Q144

Category: Other

Question: **Has a doctor or health professional EVER told you that you have any of the following conditions?**

Choice1=> None of the below

Choice2 => Tumor (not cancer)

Choice3=> Cyst

Choice4 => Malaria

Choice5 => Rheumatic fever

Choice6 => Lyme's disease

Q145

Category: Medications and Allergies

Question: **The next series of questions are about medications and allergies. Have you EVER taken or been prescribed any of the following medications?**

Choice1 => None of the below

Choice2 => Medication(s) for HEART condition(s)

Choice3 => Medication(s) for HIGH BLOOD PRESSURE

Choice4 => Medication(s) for BREATHING

Choice5 => Medication(s) for DIABETES

Choice6 => Medication(s) for DIET or Weight Loss

Q146

Category: Medications and Allergies

Question: **IN THE PAST 12 MONTHS, have you taken or been prescribed any of the following medications?**

Choice1 => None of the below

Choice2 => Medication(s) for HEART condition(s)

Choice3 => Medication(s) for HIGH BLOOD PRESSURE

Choice4 => Medication(s) for BREATHING  
Choice5 => Medication(s) for DIABETES  
Choice6 => Medication(s) for DIET or Weight Loss

Q147

Category: Medications and Allergies

Question: **Have you EVER taken or been prescribed any of the following medications?**

Choice1 => None of the below  
Choice2 => SEIZURE medication(s)  
Choice3 => Blood Thinners  
Choice4 => NARCOTICS  
Choice5=> Medication(s) for mental health condition (e.g. depression anxiety, bipolar or schizophrenia, attention deficit syndromes, PTSD, etc)  
Choice6 => OTHER prescription medication(s)

Q148

Category: Medications and Allergies

Question: **IN THE PAST 12 MONTHS, have you taken or been prescribed any of the following medications?**

Choice1 => None of the below  
Choice2 => SEIZURE medication(s)  
Choice3 => Blood Thinners  
Choice4 => NARCOTICS  
Choice5=> Medication(s) for mental health condition (e.g. depression anxiety, bipolar or schizophrenia, attention deficit syndromes, PTSD, etc)  
Choice6 => Taking OTHER prescription medication(s)

Q149

Category: Medications and Allergies

Question: **My ALLERGIC history is best described as:**

Choice1 => No known allergies to medications, foods, latex, etc.  
Choice2 => Allergy to penicillin  
Choice3 => Allergy to other medication(s)  
Choice4 => Allergy to foods or seasonal allergies (hay fever, ragweed, poison ivy, etc.)  
Choice5 => Allergy to latex (medical gloves, etc.)

Q150

Category: Cancer

Question: **The next series of questions are about cancer. Has your doctor EVER told**

**you that you have or had cancer?**

Choice1 => No cancer

Choice2 => Cancer, receiving treatment (chemo, radiation/ surgery)

Choice3 => Cancer in remission

Choice4 => Cancer cured (usually means 5 year remission)

Choice5 => Cancer, no treatment possible or acceptable

Q151

Category: Cancer

**Question: Identify organ(s) with current or cured cancer. (Do not identify organs with benign, non-cancerous growths.)**

Choice1 => None of the below

Choice2 => Basal or Squamous skin

Choice3 => Melanoma skin

Choice4 => Brain

Choice5 => Bone

Choice6 => Lymphoma

Choice7 => Leukemia

Q152

Category: Cancer

**Question: Identify organ(s) with current or cured cancer. (Do not identify organs with benign, non-cancerous growths.)**

Choice1 => None of the below

Choice2 => Sinus

Choice3 => Mouth (includes tongue/ lip)

Choice4 => Throat (includes vocal cords/larynx)

Choice5 => Thyroid

Choice6 => Thymus/Thymoma

Q153

Category: Cancer

**Question: Identify organ(s) with current or cured cancer. (Do not identify organs with benign, non-cancerous growths.)**

Choice1 => None of the below

Choice2 => Lung (cancer including Mesothelioma)

Choice3 => Esophageal (food pipe)

Choice4 => Gastric (stomach)

Choice5 => Colon/ Rectal

Choice6 => Gallbladder/Liver

Choice7 => Pancreas

Q154

Category: Cancer

Question: **Identify organ(s) with current or cured cancer. (Do not identify organs with benign, non-cancerous growths.)**

Choice1 => None of the below

Choice2 => Prostate

Choice3 => Testicular

Choice4 => Kidney/Bladder

Choice5 => Breast

Choice6 => Ovarian/Uterine/Cervical

Choice7 => Other

Q155

Category: Cancer

Question: **What year was your **MOST RECENT** cancer diagnosis?**

Choice1 => Don't Know

Choice1 => YEAR(YYYY)

Q156

Category: Smoking and Tobacco Use

Question: **Have you **EVER** regularly used any of the following tobacco products? (We define regular as at least once every day for 6 months.)**

Choice 1 => None

Choice 2 => Cigarettes

Choice 3 => Pipes

Choice 4 => Cigars

Choice 5 => Water pipes or Hookahs

Choice 6 => E-Cigarette (vaporizers)

Choice 7 => Chewing Tobacco

Q157

Category: Smoking and Tobacco Use

Question: ****CURRENTLY**, do you regularly use any of the following tobacco products? (We define regular as at least once every day for 6 months.)**

Choice 1 => None

Choice 2 => Cigarettes

Choice 3 => Pipes

Choice 4 => Cigars

Choice 5 => Water pipes or Hookahs

Choice 6 => E-Cigarette (vaporizers)

Choice 7 => Chewing Tobacco

Q158

Category: Gender-Related Health

Question: **The next series of questions are about gender related conditions. To display only the questions that are relevant, what is your birth gender?**

Choice1 => I am male

Choice2 => I am female

Q159

Category: Gender-Related Health

Question: **I have or have had one or more of the following:**

Choice1 => None of the below

Choice2 => New, changing, or abnormal breast swelling or lump

Choice3 => Unexplained change in menstrual pattern (not pregnant or menopause)

Choice4 => Pelvic Inflammatory Disease (Physician diagnosed)

Choice5 => Endometriosis (Physician diagnosed)

Choice6 => Pregnant or suspect I may be pregnant

Q160

Category: Gender-Related Health

Question: **I have or have had one or more of the following:**

Choice1 => None

Choice2 => New, changing, or abnormal breast swelling or lump

Choice3 => Genital (penis, testicular) pain, swelling, lump or discharge

Choice4 => Prostate enlargement

Choice5 => Elevated PSA (Prostate Specific Antigen) Test

Choice6 => Received or recommended Prostate Biopsy/Surgery

Q161

Category: Physical Disability

Question: **The next series of questions are about disability. Have you ever been evaluated for or requested to be evaluated for a disability for a physical condition (excludes mental health conditions)?**

Choice1 => No

Choice2 => Yes

Q162

Category: Physical Disability



Question: **Have you ever been the recipient of or been certified for any benefit, pension or monetary award due to a disability for a physical condition (excludes mental health conditions)?**

Choice1 => No

Choice2 => Yes

Q163

Category: Physical Disability

Question: **Have you ever been disqualified from any other employment or military service due to a medical reason for a physical condition (excluding mental health conditions)?**

Choice1 => No

Choice2 => Yes

Q164

Category: Physical Disability

Question: **Do you have an application pending for any benefit, pension or monetary award due to a disability for a physical condition (excluding mental health conditions)?**

Choice1 => No

Choice2 => Yes

By clicking below, I declare under penalty of perjury and other penalties provided by law that (1) I [insert name] personally completed this questionnaire; (2) the information I have provided in this questionnaire is, to the best of my knowledge, true, correct, and complete; and (3) I have not knowingly or willfully made a false statement regarding my physical, mental or medical condition in connection with my application for employment with the Fire Department of the City of New York (FDNY). I acknowledge that any material misrepresentation of fact, omission of material fact, or other false statement in completing this questionnaire or made during a medical and/or psychological examination in connection with my application for employment with the FDNY may result in my disqualification or in revocation of my appointment. I also acknowledge false statements made in this questionnaire are punishable as a Class A misdemeanor pursuant to section 210.45 of the New York State Penal Law.

I understand that appointment to the FDNY is subject to my successfully passing medical and psychological evaluations and such other qualifications as may be required pursuant to the provisions of the NYS Civil Service Law, the Personnel Rules and Regulations of the City of New York, and the Notice of Examination for the position. I acknowledge that my failure to fulfill such qualifications may result in my disqualification or in revocation of my appointment.

[Two check boxes: "I Agree with Declaration" and "I Do NOT Agree with Declaration"]