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
Choice 2 => Tendonitis/ arthritis, bursitis, or cartilage condition(s) of the wrist, hand, or fingers
Choice 3 => Carpal Tunnel Syndrome
Choice 4 => 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:
Choice 1 => No Problem
Choice 2 => Mild or Slight Problem
Choice 3 => Moderate Problem
Choice 4 => Severe Problem
Choice 5 => As bad as it could be

Q13
Category: Musculoskeletal Conditions
Question: Have you EVER had any of the following OTHER lower arm problems?
Choice 1 => None of the below
Choice 2 => Painful or swollen lower arm for 3 consecutive months
Choice 3 => Lower arm (below elbow) fractures
Choice 4 => Tumor of the lower arm
Choice 5 => Amputation of the lower arm (below elbow)
Choice 6 => Received or recommended lower arm surgery, including skin grafts, bone hardware (plates/rods) or prosthesis
Choice 7 => Required X-rays, CT or MRI scans of the lower arm

Q14
Category: Musculoskeletal Conditions
Question: CURRENTLY, my lower arm condition(s) are:
Choice 1 => No Problem
Choice 2 => Mild or Slight Problem
Choice 3 => Moderate Problem
Choice 4 => Severe Problem
Choice 5 => 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

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

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 \(\rightarrow\) Yes

Q116
Category: Sleep
Question: **When was the FIRST time a doctor or health professional told you that you had Sleep Apnea?**
Choice1 \(\rightarrow\) Don’t know
Choice2 \(\rightarrow\) YEAR(YYYY)

Q117
Category: Sleep
Question: **Has a CPAP/BIPAP mask or dental device been recommended for obstructive sleep apnea?**
Choice1 \(\rightarrow\) No
Choice2 \(\rightarrow\) Yes, but I am no longer using it
Choice3 \(\rightarrow\) Yes, and I am still using it

Q118
Category: Sleep: BERLIN
Question: **Do you snore?**
Choice1 \(\rightarrow\) No
Choice2 \(\rightarrow\) Yes
Choice3 \(\rightarrow\) Don't Know

Q119
Category: Sleep: BERLIN
Question: **Your snoring is:**
Choice1 \(\rightarrow\) Slightly louder than breathing
Choice2 \(\rightarrow\) As loud as talking
Choice3 \(\rightarrow\) Louder than talking

Q120
Category: Sleep: BERLIN
Question: **How often do you snore?**
Choice1 \(\rightarrow\) Almost every day
Choice2 \(\rightarrow\) 3-4 times per week
Choice3 \(\rightarrow\) 1-2 times per week
Choice4 \(\rightarrow\) 1-2 times per month
Choice5 \(\rightarrow\) 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)
Choice 3 => Lower gastrointestinal bleeding (colon, rectum) not due to hemorrhoids
Choice 4 => 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
Choice 6 => Gallbladder/Liver
Choice 7 => Pancreas

Q154
Category: Cancer
Question: Identify organ(s) with current or cured cancer. (Do not identify organs with benign, non-cancerous growths.)
Choice 1 => None of the below
Choice 2 => Prostate
Choice 3 => Testicular
Choice 4 => Kidney/Bladder
Choice 5 => Breast
Choice 6 => Ovarian/Uterine/Cervical
Choice 7 => Other

Q155
Category: Cancer
Question: What year was your MOST RECENT cancer diagnosis?
Choice 1 => Don’t Know
Choice 1 => 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)?**

Choice 1 => No  
Choice 2 => 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)?**  
Choice 1 => No  
Choice 2 => 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)?**  
Choice 1 => No  
Choice 2 => 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”]