

Affix Label

**Medical History: Men**

Has a doctor or nurse ever said you had any of the following:

	No	Yes	Not Sure	
A08HBP	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.01 High blood pressure?
A08HCHOL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.02 High cholesterol?
A08HEART	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.03 Heart problem?
A08DIAB	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.04 Diabetes (high sugar in blood or urine)?
A08KIDNY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.05 Kidney problem?
A08THYRD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.06 Thyroid problem?
A08ULCER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.07 Ulcer of your stomach or duodenum?
A08LIVER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.08 Liver problem?
A08CANCER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.09 Cancer or tumor?

Has a doctor or nurse ever said you had any of the following:

	No	Yes	Not Sure	
A08MENTL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.10 Nervous, emotional or mental disorder?
A08GALL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.11 Gallstones or gall bladder disease?
A08SICKLE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.12 Sickle cell trait?
A08OTHZ	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.13 Any other major disease or health problem?

Please answer the following questions:

	No	Yes	Not Sure	
A08VASEC	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	2.00 Have you had a vasectomy?
A08BPMED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	4.00 Have you ever taken medication for high blood pressure?
A08HRMED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	4.01 Have you ever taken medication for a heart condition?
A08ASMA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	4.04 Do you take medicine for asthma or any other breathing problem?
A08OTMED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	4.05 Are you currently taking any other prescription medications?

Interviewer Id. A08 IV ID2 2  A08HELP2