

CREATINE KINASE – CKQ
Target Group: SPs 12+ Years

CKQ.010 In the **past 3 days**, did {you/SP} do any strenuous exercise or heavy physical work?

PROBE IF NEEDED: Strenuous exercise or heavy physical work is exercise or work that causes large increases in breathing or heart rate if they are done for at least 10 minutes continuously.

YES	1
NO	2 (CKQ.030)
REFUSED	7 (CKQ.030)
DON'T KNOW	9 (CKQ.030)

CKQ.020 Did it make {your/SPs} muscles sore or painful?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CKQ.030 In the **past 3 days**, {have you/has SP} had a muscle injury, bruise or injection? (Do not include insulin or allergy injections.)

YES	1
NO	2 (BOX 1)
REFUSED	7 (BOX 1)
DON'T KNOW	9 (BOX 1)

CKQ.040 Did it make {your/SP's} muscles sore or painful?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM CKQ.050:

- IF CKQ.020 = 1 or CKQ.040 = 1, GO TO CKQ.065.
- OTHERWISE, CONTINUE.

CKQ.060 **In the last 3 days**, have {you/SP} had any muscle pain or soreness?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES	1 (CKQ.070)
NO	2 (END SECTION)
REFUSED	7 (END SECTION)
DON'T KNOW	9 (END SECTION)

CKQ.065 **In the last 3 days**, have {you/SP} had any **other** muscle pain, aching or soreness?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE JOINT PAIN.

YES	1 (CKQ.070)
NO	2 (END SECTION)
REFUSED	7 (END SECTION)
DON'T KNOW	9 (END SECTION)

CKQ.070 For how many days, weeks, months or years {have you/has SP} had this pain, aching or soreness?
Q/U

INTERVIEWER INSTRUCTION: IF SP HAS HAD PAIN AT TWO OR MORE SITES, ENTER THE VALUE FOR THE SITE WHERE THE SP HAD MUSCLE PAIN THE LONGEST.

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ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED	77777
DON'T KNOW	99999

ENTER UNIT	
DAYS.....	1
WEEKS	2
MONTHS.....	3
YEARS	4
REFUSED	7
DON'T KNOW	9